

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00080027	2 Total pages filed: 96	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Philip A.	MI	OFFICE USE ONLY
	NICKNAME Phil	LAST Grant	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 22200 Bailey Grove Rd. Montgomery, TX 77356			Date Hand-delivered or Date Postmarked
				Receipt # Amount
				Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST J.R.	MI	
	NICKNAME	LAST Moore	SUFFIX Jr.	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 22 Cape Jasmine Pl. The Woodlands, TX 77381			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(281)	796-6686		
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year 07/01/2015	THROUGH	Month Day Year 12/31/2015	
10 ELECTION	ELECTION DATE Month Day Year 03/01/2016		ELECTION TYPE	
			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) District Judge District 9th	

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

2 of 96

13 C / OH NAME Grant, Philip A. (Mr.) **14 Filer ID** (Ethics Commission Filers)
00080027

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

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

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

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 4,220.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 52,632.76
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 48,893.35
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 13,335.25
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFADAVIT

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

Mr. Philip A. Grant

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - JC/OH

18 FILER NAME Grant, Philip A. (Mr.)	19 Filer ID (Ethics Commission Filers) 00080027
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20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 43,407.76
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 9,225.00
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 48,893.35
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/46 Rpt: 4/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 09/17/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Daniel 6 Contributor address; City; State; Zip Code Conroe, TX 77304	7 Amount of Contribution (\$) \$475.00
8 Contributor's Principal Occupation Retired		9 Contributor's Job Title
10 Contributor's employer/law firm Retired		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Daniel Contributor address; City; State; Zip Code Conroe, TX 77304	Amount of Contribution (\$) \$30.00
Contributor's Principal Occupation Retired		Contributor's Job Title
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/08/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Addison, Glenn Contributor address; City; State; Zip Code Magnolia, TX 77354	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Funeral Home		Contributor's Job Title Owner
Contributor's employer/law firm Magnolia Funeral Home		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/46 Rpt: 5/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 08/31/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Chris	7 Amount of Contribution (\$) \$1,750.00
	6 Contributor address; City; State; Zip Code Conroe, TX 77301	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title
10 Contributor's employer/law firm Law Office of Chris Allen		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison, Stephen	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Blairsville, GA 30512	
Contributor's Principal Occupation Attorney		Contributor's Job Title
Contributor's employer/law firm Law Office of Scott M. Ledford, LLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison, Steve	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Liberty Hill, TX 78642	
Contributor's Principal Occupation DA investigator		Contributor's Job Title
Contributor's employer/law firm Williamson County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/46 Rpt: 6/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 09/17/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Kristen	7 Amount of Contribution (\$) \$30.00
	6 Contributor address; City; State; Zip Code Montgomery, TX 77356	
8 Contributor's Principal Occupation Homemaker		9 Contributor's Job Title
10 Contributor's employer/law firm Self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrea, Fry	Amount of Contribution (\$) \$160.00
	Contributor address; City; State; Zip Code The Woodlands, TX 77381	
Contributor's Principal Occupation Homemaker		Contributor's Job Title
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armbruster, Bob	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Houston, TX 77007	
Contributor's Principal Occupation Attorney		Contributor's Job Title
Contributor's employer/law firm Houston Police Officer's Union		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 4/46 Rpt: 7/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 07/20/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Douglas 6 Contributor address; City; State; Zip Code Montgomery, TX 77356	7 Amount of Contribution (\$) \$2,500.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title
10 Contributor's employer/law firm Douglas W. Atkinson		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bendiksen, Mike Contributor address; City; State; Zip Code Montgomery, TX 77359	Amount of Contribution (\$) \$125.00
Contributor's Principal Occupation Retired		Contributor's Job Title
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/03/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackburn, Celeste Contributor address; City; State; Zip Code Conroe, TX 77304	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title
Contributor's employer/law firm Celeste Blackburn, P.L.L.C.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
(Empty space for additional information)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 5/46 Rpt: 8/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 09/17/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair, Samantha 6 Contributor address; City; State; Zip Code Montgomery, TX 77316	7 Amount of Contribution (\$) \$40.00
8 Contributor's Principal Occupation Stylist		9 Contributor's Job Title
10 Contributor's employer/law firm Self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/28/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blakewell, Michael Contributor address; City; State; Zip Code The Woodlands, TX 77380	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation CEO		Contributor's Job Title
Contributor's employer/law firm Entergy		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/15/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bourque, Gerald Contributor address; City; State; Zip Code The Woodlands, TX 77380	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title
Contributor's employer/law firm Law Firm of Gerald E. Bourque		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 6/46 Rpt: 9/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 09/28/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyett, Molly <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77388	7 Amount of Contribution (\$) \$25.00
8 Contributor's Principal Occupation Retired		9 Contributor's Job Title
10 Contributor's employer/law firm Retired		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyett, Molly <hr/> Contributor address; City; State; Zip Code Spring, TX 77388	Amount of Contribution (\$) \$220.00
Contributor's Principal Occupation Retired		Contributor's Job Title
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Kathy <hr/> Contributor address; City; State; Zip Code Austin, TX 78735	Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation Housewife		Contributor's Job Title
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 7/46 Rpt: 10/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 09/02/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckalew, Don <hr/> 6 Contributor address; City; State; Zip Code Conroe, TX 77305	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation Owner		9 Contributor's Job Title
10 Contributor's employer/law firm Buckalew Chevrolet		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/03/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckalew Jr., Don <hr/> Contributor address; City; State; Zip Code Conroe, TX 77305	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Owner		Contributor's Job Title
Contributor's employer/law firm Buckalew Chevrolet		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bulger, Kenni <hr/> Contributor address; City; State; Zip Code Conroe, TX 77304	Amount of Contribution (\$) \$450.00
Contributor's Principal Occupation Owner		Contributor's Job Title
Contributor's employer/law firm The Carriage House		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 8/46 Rpt: 11/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 09/25/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Rockey <hr/> 6 Contributor address; City; State; Zip Code Willis, TX 77318-4954	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation Construction		9 Contributor's Job Title
10 Contributor's employer/law firm Self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, Richard <hr/> Contributor address; City; State; Zip Code Conroe, TX 77384-4713	Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation Retired		Contributor's Job Title
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calhoun, Tempe <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of Contribution (\$) \$425.00
Contributor's Principal Occupation Paralegal		Contributor's Job Title
Contributor's employer/law firm Montgomery County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 9/46 Rpt: 12/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 09/17/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cash, Philip	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Willis, TX 77378	
8 Contributor's Principal Occupation Sheriff's Deputy		9 Contributor's Job Title
10 Contributor's employer/law firm Montgomery County		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 08/31/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ciborowski, Amy	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Magnolia, TX 77354	
Contributor's Principal Occupation Homemaker		Contributor's Job Title
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clifton, Bruce	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Magnolia, TX 77355	
Contributor's Principal Occupation Owner		Contributor's Job Title
Contributor's employer/law firm Clifton Drilling Consulting Inc		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 10/46 Rpt: 13/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 09/17/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Consolidated Communications PAC	7 Amount of Contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code Conroe, TX 77304		
8 Contributor's Principal Occupation		9 Contributor's Job Title
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 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corradi, Sara	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Conroe, TX 77304		
Contributor's Principal Occupation Assistant DA		Contributor's Job Title
Contributor's employer/law firm Montgomery County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corradi, Sara	Amount of Contribution (\$) \$1,035.00
Contributor address; City; State; Zip Code Conroe, TX 77304		
Contributor's Principal Occupation Assistant DA		Contributor's Job Title
Contributor's employer/law firm Montgomery County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 11/46 Rpt: 14/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 09/17/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coyne, Bev <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77356	7 Amount of Contribution (\$) \$60.00
8 Contributor's Principal Occupation Self		9 Contributor's Job Title
10 Contributor's employer/law firm Self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/08/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Damuth, Dorie <hr/> Contributor address; City; State; Zip Code Magnolia, TX 77354	Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation Rancher		Contributor's Job Title
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Joel <hr/> Contributor address; City; State; Zip Code Spring, TX 77381	Amount of Contribution (\$) \$150.00
Contributor's Principal Occupation Assistant DA		Contributor's Job Title
Contributor's employer/law firm Montgomery County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 12/46 Rpt: 15/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 09/17/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport, Stephanie	7 Amount of Contribution (\$) \$325.00
6 Contributor address; City; State; Zip Code Conroe, TX 77304		
8 Contributor's Principal Occupation Treasurer		9 Contributor's Job Title
10 Contributor's employer/law firm Montgomery County		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeForest, Gene	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Conroe, TX 77305		
Contributor's Principal Occupation Constable		Contributor's Job Title
Contributor's employer/law firm Montgomery County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/11/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DiMaio, Samantha	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code San Antonio, TX 78256		
Contributor's Principal Occupation Assistant DA		Contributor's Job Title
Contributor's employer/law firm Bexar County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 13/46 Rpt: 16/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 08/28/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dishongh, Johnnie <hr/> 6 Contributor address; City; State; Zip Code Conroe, TX 77301	7 Amount of Contribution (\$) \$2,500.00
8 Contributor's Principal Occupation Owner		9 Contributor's Job Title
10 Contributor's employer/law firm Dishongh Bail Bonds		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyal, Craig <hr/> Contributor address; City; State; Zip Code Conroe, TX 77305	Amount of Contribution (\$) \$200.00
Contributor's Principal Occupation County Judge		Contributor's Job Title
Contributor's employer/law firm Montgomery County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/09/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyle, Paul <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title
Contributor's employer/law firm Paul Doyle and Associates		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 14/46 Rpt: 17/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 09/30/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drewniok, Sally <hr/> 6 Contributor address; City; State; Zip Code Willis, TX 77318-5234	7 Amount of Contribution (\$) \$265.00
8 Contributor's Principal Occupation Retired		9 Contributor's Job Title
10 Contributor's employer/law firm Retired		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/12/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Driskell, Craig <hr/> Contributor address; City; State; Zip Code Arlington, TX 76016	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title
Contributor's employer/law firm CLEAT		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunman, Ray <hr/> Contributor address; City; State; Zip Code Highlands, TX 77562	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Retired		Contributor's Job Title
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 15/46 Rpt: 18/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 09/01/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunman, Tyler <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77316	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation Assistant DA		9 Contributor's Job Title
10 Contributor's employer/law firm Montgomery County		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dupuis, Philip <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77316	Amount of Contribution (\$) \$110.00
Contributor's Principal Occupation Police Chief		Contributor's Job Title
Contributor's employer/law firm City of Houston		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enax, Blake <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77382	Amount of Contribution (\$) \$45.00
Contributor's Principal Occupation Assistant DA		Contributor's Job Title
Contributor's employer/law firm Montgomery County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 16/46 Rpt: 19/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 09/16/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escott, Mark <hr/> 6 Contributor address; City; State; Zip Code Magnolia, TX 77354	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation Doctor		9 Contributor's Job Title
10 Contributor's employer/law firm Montgomery County Public Health		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faulkner, Darla <hr/> Contributor address; City; State; Zip Code Huntsville, TX 77340	Amount of Contribution (\$) \$130.00
Contributor's Principal Occupation Assistant DA		Contributor's Job Title
Contributor's employer/law firm Montgomery County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Femea, Erin <hr/> Contributor address; City; State; Zip Code Spring, TX 77388	Amount of Contribution (\$) \$120.00
Contributor's Principal Occupation Legal Assistant		Contributor's Job Title
Contributor's employer/law firm Montgomery County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 17/46 Rpt: 20/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 09/18/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferdinand, Michael <hr/> 6 Contributor address; City; State; Zip Code Magnolia, TX 77354	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation Owner		9 Contributor's Job Title
10 Contributor's employer/law firm Interquest Group		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franke, Marion <hr/> Contributor address; City; State; Zip Code Willis, TX 77378	Amount of Contribution (\$) \$30.00
Contributor's Principal Occupation Realtor		Contributor's Job Title
Contributor's employer/law firm Keller Williams		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/03/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franke, Marion <hr/> Contributor address; City; State; Zip Code Willis, TX 77378	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Realtor		Contributor's Job Title
Contributor's employer/law firm Keller Williams		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 18/46 Rpt: 21/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 09/17/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gable, Ryan 6 Contributor address; City; State; Zip Code Spring, TX 77393	7 Amount of Contribution (\$) \$200.00
8 Contributor's Principal Occupation Constable		9 Contributor's Job Title
10 Contributor's employer/law firm Montgomery County		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Lorena Contributor address; City; State; Zip Code Conroe, TX 77303-2266	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Director of Custodial		Contributor's Job Title
Contributor's employer/law firm Montgomery County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gebolys, Paul Contributor address; City; State; Zip Code The Woodlands, TX 77381	Amount of Contribution (\$) \$17.76
Contributor's Principal Occupation Instructor		Contributor's Job Title
Contributor's employer/law firm Heart of Texas DD School		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 19/46 Rpt: 22/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 09/16/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gentry, James <hr/> 6 Contributor address; City; State; Zip Code Conroe, TX 77305	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation Real Estate		9 Contributor's Job Title
10 Contributor's employer/law firm Self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grant, Carolyn <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$90.00
Contributor's Principal Occupation Retired		Contributor's Job Title
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grant, Carolyn <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$810.00
Contributor's Principal Occupation Retired		Contributor's Job Title
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 20/46 Rpt: 23/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 11/04/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grant, Chuck	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code DENTON, TX 76205	
8 Contributor's Principal Occupation Retired		9 Contributor's Job Title
10 Contributor's employer/law firm Retired		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Janet	Amount of Contribution (\$) \$800.00
	Contributor address; City; State; Zip Code Conroe, TX 77303-4590	
Contributor's Principal Occupation Retired		Contributor's Job Title
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Charles	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Montgomery, TX 77356	
Contributor's Principal Occupation Retired		Contributor's Job Title
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 21/46 Rpt: 24/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 09/17/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, David <hr/> 6 Contributor address; City; State; Zip Code The Woodlands, TX 77380	7 Amount of Contribution (\$) \$50.00
8 Contributor's Principal Occupation Retired		9 Contributor's Job Title
10 Contributor's employer/law firm Retired		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/05/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ham, Duane <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of Contribution (\$) \$225.00
Contributor's Principal Occupation Business Owner		Contributor's Job Title
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardin, Nancy <hr/> Contributor address; City; State; Zip Code Chapel Hill, NC 27516	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Retired		Contributor's Job Title
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 22/46 Rpt: 25/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 09/13/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Linda <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77356	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation Nurse		9 Contributor's Job Title
10 Contributor's employer/law firm Dr. Shane Simpson, M.D.		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/16/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hatchley, Robert <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of Contribution (\$) \$115.00
Contributor's Principal Occupation Retired		Contributor's Job Title
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/16/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayden, Jerry <hr/> Contributor address; City; State; Zip Code Cleveland, TX 77328	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Clerk		Contributor's Job Title
Contributor's employer/law firm Montgomery County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 23/46 Rpt: 26/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 09/21/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herbert, Nancy <hr/> 6 Contributor address; City; State; Zip Code Conroe, TX 77388-9030	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation Assistant DA		9 Contributor's Job Title
10 Contributor's employer/law firm Montgomery County		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Marcy <hr/> Contributor address; City; State; Zip Code Conroe, TX 77304	Amount of Contribution (\$) \$30.00
Contributor's Principal Occupation Human Resource Manager		Contributor's Job Title
Contributor's employer/law firm HTRI		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, David <hr/> Contributor address; City; State; Zip Code Magnolia, TX 77355	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Constable		Contributor's Job Title
Contributor's employer/law firm Montgomery County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 24/46 Rpt: 27/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 09/30/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Anne	7 Amount of Contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code Montgomery, TX 77356		
8 Contributor's Principal Occupation Retired		9 Contributor's Job Title
10 Contributor's employer/law firm Retired		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, TJ	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Willis, TX 77318-5671		
Contributor's Principal Occupation Retired		Contributor's Job Title
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/06/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hyden, Toby	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Conroe, TX 77304		
Contributor's Principal Occupation Realtor		Contributor's Job Title
Contributor's employer/law firm Keller Williams		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 25/46 Rpt: 28/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 08/06/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johns, Joe	7 Amount of Contribution (\$) \$75.00
	6 Contributor address; City; State; Zip Code Montgomery, TX 77356	
8 Contributor's Principal Occupation Retired		9 Contributor's Job Title
10 Contributor's employer/law firm Retired		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Karl	Amount of Contribution (\$) \$1,395.00
	Contributor address; City; State; Zip Code Montgomery, TX 77316	
Contributor's Principal Occupation Retired		Contributor's Job Title
Contributor's employer/law firm Silver Hills, Inc.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/07/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan, Jennifer	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Conroe, TX 77304	
Contributor's Principal Occupation Assistant DA		Contributor's Job Title
Contributor's employer/law firm Montgomery County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 26/46 Rpt: 29/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 09/17/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Kevin <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77356	7 Amount of Contribution (\$) \$15.00
8 Contributor's Principal Occupation President		9 Contributor's Job Title
10 Contributor's employer/law firm Kennedy Fabricating		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 08/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lehman, Donald <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77380	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Retired		Contributor's Job Title
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/12/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ligon, Brett <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation District Attorney		Contributor's Job Title
Contributor's employer/law firm State of Texas		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 27/46 Rpt: 30/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 09/17/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ligon, Shannon <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77356-5933	7 Amount of Contribution (\$) \$80.00
8 Contributor's Principal Occupation Anadarko		9 Contributor's Job Title
10 Contributor's employer/law firm Accountant		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Brandie <hr/> Contributor address; City; State; Zip Code New Waverly, TX 77358	Amount of Contribution (\$) \$15.00
Contributor's Principal Occupation Clerk		Contributor's Job Title
Contributor's employer/law firm Montgomery County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCabe, Robert <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$200.00
Contributor's Principal Occupation Attorney		Contributor's Job Title
Contributor's employer/law firm McCable Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 28/46 Rpt: 31/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 09/17/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarrahan, R.W.	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Conroe, TX 77304	
8 Contributor's Principal Occupation Retired		9 Contributor's Job Title
10 Contributor's employer/law firm Retired		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merillat, A.P.	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Conroe, TX 77304	
Contributor's Principal Occupation Investigator		Contributor's Job Title
Contributor's employer/law firm Montgomery County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metts Jr., James	Amount of Contribution (\$) \$90.00
	Contributor address; City; State; Zip Code Cleveland, TX 77328	
Contributor's Principal Occupation Owner		Contributor's Job Title
Contributor's employer/law firm Metts Company		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 29/46 Rpt: 32/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 08/31/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michel, Thomas 6 Contributor address; City; State; Zip Code Montgomery, TX 77356	7 Amount of Contribution (\$) \$150.00
8 Contributor's Principal Occupation Director of Finance and Administration		9 Contributor's Job Title
10 Contributor's employer/law firm San Jacinto River Authority		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, J.R. Contributor address; City; State; Zip Code The Woodlands, TX 77381	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Retired		Contributor's Job Title
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munier, Nathan Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$45.00
Contributor's Principal Occupation Assistant DA		Contributor's Job Title
Contributor's employer/law firm Montgomery County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 30/46 Rpt: 33/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 07/05/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naftzger, Sally <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78738	7 Amount of Contribution (\$) \$50.00
8 Contributor's Principal Occupation Housewife		9 Contributor's Job Title
10 Contributor's employer/law firm Self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osborn, Mary <hr/> Contributor address; City; State; Zip Code Conroe, TX 77304	Amount of Contribution (\$) \$200.00
Contributor's Principal Occupation Law Clerk		Contributor's Job Title
Contributor's employer/law firm Montgomery County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osborn, Mary <hr/> Contributor address; City; State; Zip Code Conroe, TX 77304	Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation Law Clerk		Contributor's Job Title
Contributor's employer/law firm Montgomery County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 31/46 Rpt: 34/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 10/07/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osborn, Mary <hr/> 6 Contributor address; City; State; Zip Code Conroe, TX 77304	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation Law Clerk		9 Contributor's Job Title
10 Contributor's employer/law firm Montgomery County		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/03/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pattillo, Bill <hr/> Contributor address; City; State; Zip Code Conroe, TX 77301	Amount of Contribution (\$) \$1,750.00
Contributor's Principal Occupation Attorney		Contributor's Job Title
Contributor's employer/law firm Law Office of William Pattillo		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/19/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul, Barbara <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of Contribution (\$) \$120.00
Contributor's Principal Occupation Retired		Contributor's Job Title
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 32/46 Rpt: 35/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 09/17/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena, Melody	7 Amount of Contribution (\$) \$30.00
	6 Contributor address; City; State; Zip Code Conroe, TX 77301	
8 Contributor's Principal Occupation Legal Assistant		9 Contributor's Job Title
10 Contributor's employer/law firm Montgomery County		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Carmen	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Montgomery, TX 77356	
Contributor's Principal Occupation Interior Design		Contributor's Job Title
Contributor's employer/law firm Haute Interiors		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redmond, Rhonda	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code Magnolia, TX 77354	
Contributor's Principal Occupation Owner		Contributor's Job Title
Contributor's employer/law firm Genuwine		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 33/46 Rpt: 36/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 09/17/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Angela <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77356	7 Amount of Contribution (\$) \$75.00
8 Contributor's Principal Occupation Teacher		9 Contributor's Job Title
10 Contributor's employer/law firm MISD		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert, Judy <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of Contribution (\$) \$15.00
Contributor's Principal Occupation Self Employed		Contributor's Job Title
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/10/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roelke, Gregg <hr/> Contributor address; City; State; Zip Code Magnolia, TX 77355	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Sales Rep		Contributor's Job Title
Contributor's employer/law firm Ferrari Merchants		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 34/46 Rpt: 37/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 09/17/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romanchuck, Lisa <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77356	7 Amount of Contribution (\$) \$390.00
8 Contributor's Principal Occupation Housewife		9 Contributor's Job Title
10 Contributor's employer/law firm Self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Randy <hr/> Contributor address; City; State; Zip Code Conroe, TX 77305	Amount of Contribution (\$) \$1,025.00
Contributor's Principal Occupation District Director		Contributor's Job Title
Contributor's employer/law firm Centerpoint Energy		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santini, Vincenzo <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of Contribution (\$) \$15.00
Contributor's Principal Occupation Assistant DA		Contributor's Job Title
Contributor's employer/law firm Montgomery County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 35/46 Rpt: 38/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 09/17/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Stephen 6 Contributor address; City; State; Zip Code Willis, TX 77318	7 Amount of Contribution (\$) \$50.00
8 Contributor's Principal Occupation Business Coach		9 Contributor's Job Title
10 Contributor's employer/law firm The Houston Business Coach		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seiter, Billy Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of Contribution (\$) \$1,700.00
Contributor's Principal Occupation Construction		Contributor's Job Title
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Doris Contributor address; City; State; Zip Code Spring, TX 77373	Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation Retired		Contributor's Job Title
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 36/46 Rpt: 39/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 09/17/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sicola, Vincent <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77070	7 Amount of Contribution (\$) \$15.00
8 Contributor's Principal Occupation Oliver Equipment company		9 Contributor's Job Title
10 Contributor's employer/law firm Oliver Equipment company		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/02/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Greg <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Owner		Contributor's Job Title
Contributor's employer/law firm Sam Houston Memorial Funeral Home		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starr, Glen <hr/> Contributor address; City; State; Zip Code Conroe, TX 77304	Amount of Contribution (\$) \$150.00
Contributor's Principal Occupation Financial Advisor		Contributor's Job Title
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 37/46 Rpt: 40/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 10/06/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephenson, John <hr/> 6 Contributor address; City; State; Zip Code Conroe, TX 77304	7 Amount of Contribution (\$) \$60.00
8 Contributor's Principal Occupation Investigator		9 Contributor's Job Title
10 Contributor's employer/law firm Montgomery County		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephenson, John <hr/> Contributor address; City; State; Zip Code Conroe, TX 77304	Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation DA Investigator		Contributor's Job Title
Contributor's employer/law firm Montgomery County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephenson, John <hr/> Contributor address; City; State; Zip Code Conroe, TX 77304	Amount of Contribution (\$) \$15.00
Contributor's Principal Occupation DA Investigator		Contributor's Job Title
Contributor's employer/law firm Montgomery County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 38/46 Rpt: 41/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 09/17/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Lisa <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77356	7 Amount of Contribution (\$) \$80.00
8 Contributor's Principal Occupation Assistant DA		9 Contributor's Job Title
10 Contributor's employer/law firm Montgomery County		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stricker, Kathy <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of Contribution (\$) \$925.00
Contributor's Principal Occupation Owner		Contributor's Job Title
Contributor's employer/law firm Conroe Medical Message		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strong, Bret <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77380	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title
Contributor's employer/law firm The Strong Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 39/46 Rpt: 42/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 10/16/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suder, Aaron <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77007	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title
10 Contributor's employer/law firm Houston Police Officer's Union		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swineford, Lincoln <hr/> Contributor address; City; State; Zip Code Moseley, VA 23120	Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation Manager		Contributor's Job Title
Contributor's employer/law firm Zannino Engineering		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Talbert, Dale <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77316	Amount of Contribution (\$) \$15.00
Contributor's Principal Occupation Pastor		Contributor's Job Title
Contributor's employer/law firm Fellowship of Montgomery		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 40/46 Rpt: 43/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 09/17/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tate, John <hr/> 6 Contributor address; City; State; Zip Code Conroe, TX 77303-3920	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation Owner		9 Contributor's Job Title
10 Contributor's employer/law firm Texacution Entertainment		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Charles <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$75.00
Contributor's Principal Occupation Attorney		Contributor's Job Title
Contributor's employer/law firm Law Firm of Charles Thompson		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/08/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tidwell, James <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77316	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Retired		Contributor's Job Title
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 41/46 Rpt: 44/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 09/16/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tomlinson, Micah <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77356	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation Doctor		9 Contributor's Job Title
10 Contributor's employer/law firm Self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Townsend, David <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Retired		Contributor's Job Title
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traylor, Pamela <hr/> Contributor address; City; State; Zip Code Conroe, TX 77303	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Victim Witness Coordinator		Contributor's Job Title
Contributor's employer/law firm Montgomery County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 42/46 Rpt: 45/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 12/09/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turnbull, Ed <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77007	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title
10 Contributor's employer/law firm Turnbull Legal Group		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/15/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vernon, Roy <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of Contribution (\$) \$30.00
Contributor's Principal Occupation Retired		Contributor's Job Title
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walding, Michael <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Construction		Contributor's Job Title
Contributor's employer/law firm Lakeway Construction		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 43/46 Rpt: 46/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 10/01/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Jarrod <hr/> 6 Contributor address; City; State; Zip Code Conroe, TX 77301	7 Amount of Contribution (\$) \$725.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title
10 Contributor's employer/law firm Self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 08/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb, Brenda <hr/> Contributor address; City; State; Zip Code New Caney, TX 77357	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Public Official		Contributor's Job Title
Contributor's employer/law firm East Montgomery County Improvement District		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welsh, Charlotte <hr/> Contributor address; City; State; Zip Code Conroe, TX 77301	Amount of Contribution (\$) \$35.00
Contributor's Principal Occupation Paralegal		Contributor's Job Title
Contributor's employer/law firm Linebarger Googan Blair		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 44/46 Rpt: 47/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 09/19/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Michael <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77356	7 Amount of Contribution (\$) \$350.00
8 Contributor's Principal Occupation Deputy		9 Contributor's Job Title
10 Contributor's employer/law firm Montgomery County		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilder, Kyla <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77380	Amount of Contribution (\$) \$30.00
Contributor's Principal Occupation Paralegal		Contributor's Job Title
Contributor's employer/law firm The Strong Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Jamaar <hr/> Contributor address; City; State; Zip Code Willis, TX 77318	Amount of Contribution (\$) \$15.00
Contributor's Principal Occupation Retired		Contributor's Job Title
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 45/46 Rpt: 48/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 08/02/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Shay 6 Contributor address; City; State; Zip Code Montgomery, TX 77356	7 Amount of Contribution (\$) \$200.00
8 Contributor's Principal Occupation Owner		9 Contributor's Job Title
10 Contributor's employer/law firm Kiva Consulting		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Stephen Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of Contribution (\$) \$15.00
Contributor's Principal Occupation Finance Manager		Contributor's Job Title
Contributor's employer/law firm City of Conroe		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zamalis, Michael Contributor address; City; State; Zip Code Mount Sidney, VA 24467	Amount of Contribution (\$) \$75.00
Contributor's Principal Occupation Director of Engineering		Contributor's Job Title
Contributor's employer/law firm Daikin Industries		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 46/46 Rpt: 49/96
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027
4 Date 09/17/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zelek, Erica	7 Amount of Contribution (\$) \$60.00
	6 Contributor address; City; State; Zip Code Montgomery, TX 77356	
8 Contributor's Principal Occupation Realtor		9 Contributor's Job Title
10 Contributor's employer/law firm Keller Williams		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/14 Rpt: 50/96	
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/17/2015	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold, Ricky	8 Amount of contribution (\$) \$150.00	9 In-kind contribution description Gift Certificate
	7 Contributor address; City; State; Zip Code Conroe, TX 77301	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) Dry cleaning		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) Loop Cleaners		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Rockey	Amount of contribution (\$) \$1,000.00	In-kind contribution description Billboard space
	Contributor address; City; State; Zip Code Willis, TX 77318-4954	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) Construction		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL) Self		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castleschouldt, Stephanie	Amount of contribution (\$) \$75.00	In-kind contribution description Desk
	Contributor address; City; State; Zip Code Conroe, TX 77301	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) Owner		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL) Moxie Hair and Wigs		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/14 Rpt: 51/96	
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/17/2015	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeCastro, Kacie	8 Amount of contribution (\$) \$35.00	9 In-kind contribution description Haircut
	7 Contributor address; City; State; Zip Code Conroe, TX 77304	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) Owner		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) Krimped by Kacie		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyal, Craig	Amount of contribution (\$) \$60.00	In-kind contribution description Wine basket
	Contributor address; City; State; Zip Code Conroe, TX 77305	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) County Judge		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL) Montgomery County		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunman, Tyler	Amount of contribution (\$) \$170.00	In-kind contribution description Football tickets and parking pass
	Contributor address; City; State; Zip Code Montgomery, TX 77316	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) Assistant DA		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL) Montgomery County District Attorney		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 3/14 Rpt: 52/96	
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/17/2015	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dupuis, Philip	8 Amount of contribution (\$) \$165.00	9 In-kind contribution description Skeet package
	7 Contributor address; City; State; Zip Code Montgomery, TX 77316	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) Police Chief		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) City of Conroe		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Christi	Amount of contribution (\$) \$800.00	In-kind contribution description Wine Dinner and Round of Golf for Four
	Contributor address; City; State; Zip Code Montgomery, TX 77356	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) Construction		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL) Silverlake Homes		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freyer, Robert	Amount of contribution (\$) \$925.00	In-kind contribution description Duck hunt, and two weekend beach house rentals.
	Contributor address; City; State; Zip Code Spring, TX 77382	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) Attorney		Contributor's job title (FOR JUDICIAL) (See instructions) Assistant DA	
Contributor's employer/law firm (FOR JUDICIAL) Montgomery County District Attorney		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 4/14 Rpt: 53/96	
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/17/2015	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenn, Debbie	8 Amount of contribution (\$) \$100.00	9 In-kind contribution description Gift Certificate
	7 Contributor address; City; State; Zip Code Conroe, TX 77301		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) Owner		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) Red Brick Tavern		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grant, Carolyn	Amount of contribution (\$) \$35.00	In-kind contribution description Mens Watch
	Contributor address; City; State; Zip Code Georgetown, TX 78633		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) Retired		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL) Retired		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grant, Carolyn	Amount of contribution (\$) \$150.00	In-kind contribution description Nolan Ryan Autograph Picture
	Contributor address; City; State; Zip Code Georgetown, TX 78633		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) Retired		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL) Retired		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 5/14 Rpt: 54/96	
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/17/2015	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grant, Carolyn	8 Amount of contribution (\$) \$60.00	9 In-kind contribution description Bow Tie Quilt
	7 Contributor address; City; State; Zip Code Georgetown, TX 78633	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) Retired		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) Retired		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grant, Carolyn	Amount of contribution (\$) \$200.00	In-kind contribution description Rag Quilt
	Contributor address; City; State; Zip Code Georgetown, TX 78633	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) Retired		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL) Retired		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grant, Carolyn	Amount of contribution (\$) \$100.00	In-kind contribution description Wall Hanging
	Contributor address; City; State; Zip Code Georgetown, TX 78633	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) Retired		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL) Retired		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 6/14 Rpt: 55/96	
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/17/2015	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grant, Carolyn	8 Amount of contribution (\$) \$50.00	9 In-kind contribution description NRA Knife
	7 Contributor address; City; State; Zip Code Georgetown, TX 78633		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) Retired		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) Retired		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grant, Carolyn	Amount of contribution (\$) \$50.00	In-kind contribution description Christmas Hanging
	Contributor address; City; State; Zip Code Georgetown, TX 78633		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) Retired		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL) Retired		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grant, Carolyn	Amount of contribution (\$) \$60.00	In-kind contribution description Holiday Placemats
	Contributor address; City; State; Zip Code Georgetown, TX 78633		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) Retired		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL) Retired		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 7/14 Rpt: 56/96	
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/17/2015	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grant, Carolyn	8 Amount of contribution (\$) \$45.00	9 In-kind contribution description Navy Throw
	7 Contributor address; City; State; Zip Code Georgetown, TX 78633		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) Retired		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) Retired		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grant, Carolyn	Amount of contribution (\$) \$125.00	In-kind contribution description Blue Quilt
	Contributor address; City; State; Zip Code Georgetown, TX 78633		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) Retired		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL) Retired		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Philip	Amount of contribution (\$) \$150.00	In-kind contribution description Gift Baskets
	Contributor address; City; State; Zip Code Montgomery, TX 77316		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) Distributor		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL) Big Red		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 8/14 Rpt: 57/96	
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/17/2015	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Linda	8 Amount of contribution (\$) \$100.00	9 In-kind contribution description Chest
	7 Contributor address; City; State; Zip Code Montgomery, TX 77356	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) Nurse		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) Methodist Hospital		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Shannon	Amount of contribution (\$) \$50.00	In-kind contribution description Bath and Body Products
	Contributor address; City; State; Zip Code Conroe, TX 77304	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) Owner		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL) Wear us Out Boutique		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janca, James	Amount of contribution (\$) \$150.00	In-kind contribution description Cross
	Contributor address; City; State; Zip Code Conroe, TX 77304	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) Woodcarving		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL) Self		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 9/14 Rpt: 58/96	
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/17/2015	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Emily	8 Amount of contribution (\$) \$60.00	9 In-kind contribution description Planter
	7 Contributor address; City; State; Zip Code Montgomery, TX 77356		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) Owner		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) Pecan Hill Florist		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Marilyn	Amount of contribution (\$) \$500.00	In-kind contribution description T-posts
	Contributor address; City; State; Zip Code Montgomery, TX 77356		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) Retired		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL) Retired		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ligon, Brett	Amount of contribution (\$) \$675.00	In-kind contribution description Shotgun
	Contributor address; City; State; Zip Code Montgomery, TX 77356		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) District Attorney		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL) Montgomery County District Attorney		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 10/14 Rpt: 59/96	
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/17/2015	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Ricky	8 Amount of contribution (\$) \$350.00	9 In-kind contribution description Cooler
	7 Contributor address; City; State; Zip Code Conroe, TX 77301		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) Manager		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) Conroe Welding Supply		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olszowy, Sylvia	Amount of contribution (\$) \$200.00	In-kind contribution description Aggie Cooler and Swag
	Contributor address; City; State; Zip Code Willis, TX 77318		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) Adminstrative Assistant		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL) Montgomery County		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osborn, Mary	Amount of contribution (\$) \$500.00	In-kind contribution description Rocking chair
	Contributor address; City; State; Zip Code Conroe, TX 77304		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) Law Clerk		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL) Montgomery County District Attorney		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 12/14 Rpt: 61/96	
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/17/2015	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ream, Tish	8 Amount of contribution (\$) \$75.00	9 In-kind contribution description Gift Basket
	7 Contributor address; City; State; Zip Code Conroe, TX 77304	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) Realtor		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) Keller Williams		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redwine, Tobin	Amount of contribution (\$) \$200.00	In-kind contribution description Framed photographs
	Contributor address; City; State; Zip Code Montgomery, TX 77316	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) Professor		Contributor's job title (FOR JUDICIAL) (See instructions) Professor	
Contributor's employer/law firm (FOR JUDICIAL) Texas A&M University		Law firm of contributor's spouse (if any) (FOR JUDICIAL) Montgomery County District Attorney's Office	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Allyson	Amount of contribution (\$) \$40.00	In-kind contribution description Southern Roots
	Contributor address; City; State; Zip Code Montgomery, TX 77356	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) Stylist		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL) Self		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 13/14 Rpt: 62/96	
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/17/2015	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Angie	8 Amount of contribution (\$) \$80.00	9 In-kind contribution description Montgomery ISD
	7 Contributor address; City; State; Zip Code Montgomery, TX 77356		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) Teacher		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) Montgomery ISD		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruonavar, Jodi	Amount of contribution (\$) \$50.00	In-kind contribution description Cross
	Contributor address; City; State; Zip Code Porter, TX 78633		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) Business Owner		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL) Self		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schneider, Steve	Amount of contribution (\$) \$225.00	In-kind contribution description Flashlight
	Contributor address; City; State; Zip Code Conroe, TX 77301		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) Owner		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL) Texas Top Cop Shop		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 14/14 Rpt: 63/96	
2 FILER NAME Grant, Philip A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00080027	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/17/2015	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singleton, Brenda	8 Amount of contribution (\$) \$340.00	9 In-kind contribution description Quilts
	7 Contributor address; City; State; Zip Code Montgomery, TX 77356		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) Retired		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) Retired		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 12/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Scott	Amount of contribution (\$) \$600.00	In-kind contribution description BBQ Pit
	Contributor address; City; State; Zip Code Magnolia, TX 77354		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) Detective		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL) MCSO		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/17/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stricker, Kathy	Amount of contribution (\$) \$60.00	In-kind contribution description Gift Certificate
	Contributor address; City; State; Zip Code Conroe, TX 77301		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) Owner		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL) Conroe Medical Message		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/33 Rpt: 64/96	2 FILER NAME Grant, Philip A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00080027
4 Date 12/17/2015	5 Payee name Airbrush Images	
6 Amount (\$) \$952.60	7 Payee address; City; State; Zip Code 851 N FM 3083 E Conroe, TX 77303	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing of Vinyl for 2 billboards
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/18/2015	Payee name Airbrush Images	
Amount (\$) \$54.13	Payee address; City; State; Zip Code 851 N FM 3083 E Conroe, TX 77303	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Billboard expenses
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/07/2015	Payee name Auttomatic, Inc.	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 132 Hawthorne Street San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PG email address; WPcharge
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/33 Rpt: 65/96	2 FILER NAME Grant, Philip A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00080027
4 Date 12/15/2015	5 Payee name BOONDOCKED PAYPAL	
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 161 Rainbow Dr. #6116 Livingston, TX 77399	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GRAPHIC WORK
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/04/2015	Payee name Bentwater Country Club	
Amount (\$) \$16.00	Payee address; City; State; Zip Code 800 Bentwater Dr. Montgomery, TX 77356	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Luncheon
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/09/2015	Payee name Bentwater Country Club	
Amount (\$) \$16.00	Payee address; City; State; Zip Code 800 Bentwater Dr. Montgomery, TX 77356	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Luncheon
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/33 Rpt: 66/96	2 FILER NAME Grant, Philip A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00080027
4 Date 11/16/2015	5 Payee name Bentwater Country Club	
6 Amount (\$) \$16.00	7 Payee address; City; State; Zip Code 800 Bentwater Dr. Montgomery, TX 77356	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Luncheon
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/04/2015	Payee name Bentwater Country Club	
Amount (\$) \$16.00	Payee address; City; State; Zip Code 800 Bentwater Dr. Montgomery, TX 77356	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Luncheon
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/09/2015	Payee name CARD AND PARTY Factory Conroe	
Amount (\$) \$73.33	Payee address; City; State; Zip Code 705 W. Davis Conroe, TX 77301	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser decorations
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/33 Rpt: 67/96	2 FILER NAME Grant, Philip A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00080027
4 Date 09/23/2015	5 Payee name CC Plus	
6 Amount (\$) \$2,110.85	7 Payee address; City; State; Zip Code 4205 W. Davis St. Conroe, TX 77304	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Guns sold at fundraiser
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/21/2015	Payee name CHRIST, KRISTIN	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 29567 TUDOR WAY MAGNOLIA, TX 77355	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT TO CAMPAIGN MGR
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/09/2015	Payee name CHRIST, KRISTIN	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 29567 TUDOR WAY MAGNOLIA, TX 77355	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT TO CAMPAIGN MGR
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/33 Rpt: 68/96	2 FILER NAME Grant, Philip A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00080027
4 Date 12/14/2015	5 Payee name CHRIST, KRISTIN	
6 Amount (\$) \$385.89	7 Payee address; City; State; Zip Code 29567 Tudor Way Magnolia, TX 77355	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Expense Report from Campaign Mgr.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2015	Payee name Carriage House	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 3845 Sapp Road Conroe, TX 77304	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser space rental
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/17/2015	Payee name Cecil Bell Jr. Campaign	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 18320 FM 1488 Magnolia, TX 77354	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship for Cecil's Campaign Kickoff in Magnolia
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/33 Rpt: 69/96	2 FILER NAME Grant, Philip A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00080027
4 Date 12/17/2015	5 Payee name Childrens Safe Harbor	
6 Amount (\$) \$20.00	7 Payee address; City; State; Zip Code 1500 N Frazier Conroe, TX 77301	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/17/2015	Payee name DATAMINER	
Amount (\$) \$9.95	Payee address; City; State; Zip Code 16600 Sherman Way Van Nuys, CA 91406	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/14/2015	Payee name DATAMINER	
Amount (\$) \$9.95	Payee address; City; State; Zip Code 16600 Sherman Way Van Nuys, CA 91406	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/33 Rpt: 70/96	2 FILER NAME Grant, Philip A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00080027
4 Date 09/21/2015	5 Payee name DAVIS, STEPHANIE	
6 Amount (\$) \$405.94	7 Payee address; City; State; Zip Code 6917 Gentle Breeze Willis, TX 77318	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photography
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/02/2015	Payee name DAVIS, STEPHANIE	
Amount (\$) \$216.50	Payee address; City; State; Zip Code 6917 Gentle Breeze Willis, TX 77318	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photography
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/17/2015	Payee name Diamonds in the Rough	
Amount (\$) \$2,670.00	Payee address; City; State; Zip Code 155 N. Mill Trace The Woodlands, TX 77381	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Memorabilia for Fundraiser
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/33 Rpt: 71/96	2 FILER NAME Grant, Philip A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00080027
4 Date 11/16/2015	5 Payee name East Montgomery County Fair Association	
6 Amount (\$) \$1,316.66	7 Payee address; City; State; Zip Code 21679 McClesky Rd. New Caney, TX 77357	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorships
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/25/2015	Payee name Events Plus	
Amount (\$) \$1,653.96	Payee address; City; State; Zip Code 8809 Fawn Trail Conroe, TX 77385	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser stage, tablecloths, etc.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/13/2015	Payee name FACEBOOK	
Amount (\$) \$25.16	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94205	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ADVERTISING ON SOCIAL MEDIA
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/33 Rpt: 72/96	2 FILER NAME Grant, Philip A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00080027
4 Date 10/29/2015	5 Payee name FACEBOOK	
6 Amount (\$) \$50.04	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94205	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ADVERTISING WITH SOCIAL MEDIA
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/02/2015	Payee name FACEBOOK	
Amount (\$) \$37.43	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94205	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ADVERTISING WITH SOCIAL MEDIA
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/16/2015	Payee name FACEBOOK	
Amount (\$) \$250.02	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94205	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ADVERTISING WITH SOCIAL MEDIA
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/33 Rpt: 73/96	2 FILER NAME Grant, Philip A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00080027
4 Date 12/01/2015	5 Payee name FACEBOOK	
6 Amount (\$) \$112.45	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94205	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ADVERTISING WITH SOCIAL MEDIA
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/09/2015	Payee name FIRST TRADITION	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 11210 Amber Park Conroe, TX 77303	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL CONSULTANT
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/17/2015	Payee name FLOWERS TEXAS STYLE CONROE TX	
Amount (\$) \$38.93	Payee address; City; State; Zip Code 903 W Davis St. Conroe, TX 77301	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser Decorations
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/33 Rpt: 74/96	2 FILER NAME Grant, Philip A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00080027
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4 Date 11/24/2015	5 Payee name GENUWINE
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6 Amount (\$) \$36.93	7 Payee address; City; State; Zip Code 6503 Farm to Market Rd 1488 #401 MAGNOLIA, TX 77354
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL DINNER
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/24/2015	Payee name GENUWINE
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Amount (\$) \$240.00	Payee address; City; State; Zip Code 6503 Farm to Market Rd 1488 #401 Magnolia, TX 77354
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT-MEET&GREET
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/01/2015	Payee name Gofundme
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Amount (\$) \$158.36	Payee address; City; State; Zip Code Po Box 711798 San Diego, CA 92171
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/33 Rpt: 75/96	2 FILER NAME Grant, Philip A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00080027
4 Date 09/19/2015	5 Payee name HACIENDA MIS PADRES ME CONROE	
6 Amount (\$) \$78.80	7 Payee address; City; State; Zip Code 5104 W Davis St, Conroe Conroe, TX 77304	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign team lunch
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/18/2015	Payee name HARRIS, LINDA	
Amount (\$) \$97.10	Payee address; City; State; Zip Code 14232 Lawrence Dr. Montgomery, TX 77356	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser Supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/20/2015	Payee name HICKORY CORRAL MAGNOLIA	
Amount (\$) \$28.60	Payee address; City; State; Zip Code 18535 Farm to Market 1488 Magnolia, TX 77354	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DINNER WITH CONSTABLE HILL
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/33 Rpt: 76/96	2 FILER NAME Grant, Philip A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00080027
4 Date 09/10/2015	5 Payee name HOBBY LOBBY #0203 CONROE TX	
6 Amount (\$) \$92.10	7 Payee address; City; State; Zip Code 1217 TX-336 Loop Conroe, TX 77301	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser decorations
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/18/2015	Payee name HOBBY-LOBBY #0203 CONROE TX	
Amount (\$) \$6.81	Payee address; City; State; Zip Code 1217 TX-336 Loop Conroe, TX 77301	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser deCoration
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/19/2015	Payee name HOBBY-LOBBY #0203 CONROE TX	
Amount (\$) \$17.06	Payee address; City; State; Zip Code 1217 TX-336 Loop Conroe, TX 77301	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser decorations
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/33 Rpt: 77/96	2 FILER NAME Grant, Philip A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00080027
4 Date 12/19/2015	5 Payee name High Meadow Ranch	
6 Amount (\$) \$2,089.00	7 Payee address; City; State; Zip Code 37300 Golf Club Trail Magnolia, TX 77355	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meet and Greet catering
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2015	Payee name I love Being a Moco Republican	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 409 S Rivershire Conroe, TX 77304	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/19/2015	Payee name JIM'S HARDWARE	
Amount (\$) \$101.65	Payee address; City; State; Zip Code 14460 Liberty St MONTGOMERY, TX 77356	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGN SUPPLIES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/33 Rpt: 78/96	2 FILER NAME Grant, Philip A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00080027
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4 Date 09/14/2015	5 Payee name JOSE'S VILLA ITALIA CONRE TX
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6 Amount (\$) \$199.41	7 Payee address; City; State; Zip Code 603 N Thompson St Conroe, TX 77301
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign meeting food
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/11/2015	Payee name KROGER
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Amount (\$) \$17.29	Payee address; City; State; Zip Code Kroger 6616 FM 1488 Magnolia, TX 77354
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parade Supplies
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/21/2015	Payee name Kroger Tomball
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Amount (\$) \$20.49	Payee address; City; State; Zip Code 14060 FM 2920 Tomball, TX 77377
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas for sign crew
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/33 Rpt: 79/96	2 FILER NAME Grant, Philip A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00080027
4 Date 11/24/2015	5 Payee name Lake Conroe Area Republican Women	
6 Amount (\$) \$47.00	7 Payee address; City; State; Zip Code PO Box 737 Montgomery, TX 77356	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership and luncheon
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/18/2015	Payee name MAGNOLIA DINER MONTGOMERY TX	
Amount (\$) \$25.27	Payee address; City; State; Zip Code 19784 TX-105 Montgomery, TX 77356	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign breakfast
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/24/2015	Payee name Magonlia Area Republican Women	
Amount (\$) \$15.00	Payee address; City; State; Zip Code PO Box 729 Pinehurst, TX 77362	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/33 Rpt: 80/96	2 FILER NAME Grant, Philip A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00080027
4 Date 12/09/2015	5 Payee name Montgomery County Homeless Coalition	
6 Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 2257 N Loop 336 Conroe, TX 77304	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Homeless walk
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/07/2015	Payee name Montgomery County Republican Party	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 310 Metcalf St. Conroe, TX 77301	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2015	Payee name North Shore Republican Women PAC	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 803 N. rivershire Dr. Conroe, TX 77304	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/33 Rpt: 81/96	2 FILER NAME Grant, Philip A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00080027
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4 Date 08/18/2015	5 Payee name North Shore Republican Women PAC
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6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 803 N. rivershire Dr. Conroe, TX 77304
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Silent Auction basket
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/13/2015	Payee name North Shore Republican Women PAC
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Amount (\$) \$20.00	Payee address; City; State; Zip Code 803 N. rivershire Dr. Conroe, TX 77304
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/18/2015	Payee name OFFICE DEPOT #620
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Amount (\$) \$12.45	Payee address; City; State; Zip Code 1319 W Davis St Conroe, TX 77304
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign supplies
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/33 Rpt: 82/96	2 FILER NAME Grant, Philip A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00080027
4 Date 09/18/2015	5 Payee name OFFICE DEPOT #620	
6 Amount (\$) \$14.20	7 Payee address; City; State; Zip Code 1319 W Davis St Conroe, TX 77304	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/18/2015	Payee name OFFICE DEPOT #620	
Amount (\$) \$34.61	Payee address; City; State; Zip Code 1319 W Davis St Conroe, TX 77304	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/01/2015	Payee name Office Depot	
Amount (\$) \$50.27	Payee address; City; State; Zip Code 1319 W Davis St Conroe, TX 77304	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Badges
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/33 Rpt: 83/96	2 FILER NAME Grant, Philip A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00080027
4 Date 09/16/2015	5 Payee name PANERA BREAD #4033 CONROE	
6 Amount (\$) \$8.40	7 Payee address; City; State; Zip Code 1302 W Davis St Conroe, TX 77304	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for setup team
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/01/2015	Payee name PAYPAL - MARW Event	
Amount (\$) \$100.00	Payee address; City; State; Zip Code P.O. Box 729 Pinehurst, TX 77362	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MARW EVENT REGISTRATION (money was returned)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/16/2015	Payee name Paypal	
Amount (\$) \$28.00	Payee address; City; State; Zip Code 2211 North First St. San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/33 Rpt: 84/96	2 FILER NAME Grant, Philip A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00080027
4 Date 07/01/2015	5 Payee name Performance Marketing	
6 Amount (\$) \$7,500.00	7 Payee address; City; State; Zip Code 200 N Houston Ave Humble, TX 77338	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Consultant Marc Davenport
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/22/2015	Payee name Performance Marketing	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 200 N. Houston Avenue Humble, TX 77338	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Marketing expenses
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/04/2015	Payee name Performance Marketing	
Amount (\$) \$3,250.36	Payee address; City; State; Zip Code 200 N. Houston Humble, TX 77338	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign expenses - signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/33 Rpt: 85/96	2 FILER NAME Grant, Philip A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00080027
4 Date 09/14/2015	5 Payee name Performance Marketing	
6 Amount (\$) \$4,765.84	7 Payee address; City; State; Zip Code 200 N Houston Ave Humble, TX 77338	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs, mail outs, reports, etc.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/12/2015	Payee name RANSICK, DEBRA	
Amount (\$) \$504.29	Payee address; City; State; Zip Code 26710 Elm Magnolia, TX 77355	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T-Shirt and Executive Shirt Printing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/13/2015	Payee name RANSOM'S STEAKHOUSE	
Amount (\$) \$20.34	Payee address; City; State; Zip Code 300 C B Stewart Dr MONTGOMERY, TX 77356	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign meeting food
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/33 Rpt: 86/96	2 FILER NAME Grant, Philip A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00080027
4 Date 09/22/2015	5 Payee name ROSS, VINCE	
6 Amount (\$) \$450.00	7 Payee address; City; State; Zip Code 183 Harley Dr. Montgomery, TX 77356	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Auctioneering
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/19/2015	Payee name Red Onion Company	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 410 Moonwalk Montgomery, TX 77356	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Luncheon sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/01/2015	Payee name River Plantation Country Club	
Amount (\$) \$30.00	Payee address; City; State; Zip Code 550 Country Club Drive Conroe, TX 77302	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Luncheon
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/33 Rpt: 87/96	2 FILER NAME Grant, Philip A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00080027
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4 Date 12/07/2015	5 Payee name River Plantation Country Club
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6 Amount (\$) \$15.00	7 Payee address; City; State; Zip Code 550 Country Club Drive Conroe, TX 77302
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Luncheon
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/11/2015	Payee name SALTGRASS CONROE
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Amount (\$) \$113.67	Payee address; City; State; Zip Code 810 Interstate 45 N Conroe, TX 77301
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Team luncheon
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/18/2015	Payee name SAMS CLUB #6421 CONROE
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Amount (\$) \$38.98	Payee address; City; State; Zip Code 2000 Westview Blvd Conroe, TX 77304
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser supplies
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 25/33 Rpt: 88/96	2 FILER NAME Grant, Philip A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00080027
4 Date 10/22/2015	5 Payee name SIGNS OF MAGNOLIA	
6 Amount (\$) \$538.00	7 Payee address; City; State; Zip Code P.O. Box 1678 Conroe, TX 77305	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense YARD SIGNS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/18/2015	Payee name SIGNS OF MAGNOLIA	
Amount (\$) \$2,419.39	Payee address; City; State; Zip Code P.O. Box 1678 Conroe, TX 77305	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DEPOSIT ON LARGE SIGNS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/15/2015	Payee name SIGNS OF MAGNOLIA	
Amount (\$) \$2,419.39	Payee address; City; State; Zip Code P.O. Box 1678 Conroe, TX 77305	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BALANCE FOR BIG SIGNS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 26/33 Rpt: 89/96	2 FILER NAME Grant, Philip A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00080027
4 Date 11/10/2015	5 Payee name SPRINGCREEK SHENANDOAH	
6 Amount (\$) \$23.22	7 Payee address; City; State; Zip Code 19099 N Fwy Service Rd SHENANDOAH, TX 77385	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEETING WITH JOE WILLIAMS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/20/2015	Payee name Shake FX, LLC	
Amount (\$) \$1,461.38	Payee address; City; State; Zip Code 4711 Braesvalley Dr. Houston, TX 77096	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website design
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/10/2015	Payee name TEXAS SECRETARY OF STATE	
Amount (\$) \$1.03	Payee address; City; State; Zip Code 1019 Brazos Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation research
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 27/33 Rpt: 90/96	2 FILER NAME Grant, Philip A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00080027
4 Date 09/14/2015	5 Payee name THE HOME DEPOT 508 CONROE	
6 Amount (\$) \$7.60	7 Payee address; City; State; Zip Code 1341 W Davis St Conroe, TX 77304	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/19/2015	Payee name THE HOME DEPOT 508 CONROE TX	
Amount (\$) \$94.18	Payee address; City; State; Zip Code 1341 W Davis St Conroe, TX 77304	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign materials
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/14/2015	Payee name THE TOASTED YOLK CAFE	
Amount (\$) \$32.77	Payee address; City; State; Zip Code 2129 W Davis St CONROE, TX 77304	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign meeting - Nathan Arazate
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 28/33 Rpt: 91/96	2 FILER NAME Grant, Philip A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00080027
4 Date 10/02/2015	5 Payee name The UPS Store	
6 Amount (\$) \$137.00	7 Payee address; City; State; Zip Code 3915 W. Davis Conroe, TX 77304	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PO Box
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/10/2015	Payee name The Woodlands Republican Women	
Amount (\$) \$22.00	Payee address; City; State; Zip Code PO Box 7294 The Woodlands, TX 77387	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Luncheon
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/15/2015	Payee name The Woodlands Republican Women	
Amount (\$) \$22.00	Payee address; City; State; Zip Code PO Box 7294 The Woodlands, TX 77387	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Luncheon
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 29/33 Rpt: 92/96	2 FILER NAME Grant, Philip A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00080027
4 Date 07/24/2015	5 Payee name Trey Kirby Campaign	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code PO Box 1032 Montgomery, TX 77356	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/23/2015	Payee name VILLASENOR, LORENA	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 902 Queenswood Montgomery, TX 77356	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Paintings sold at fundraiser
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/07/2015	Payee name VISTAPRINT	
Amount (\$) \$28.97	Payee address; City; State; Zip Code 275 Wyman St Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BUSINESS CARDS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 30/33 Rpt: 93/96	2 FILER NAME Grant, Philip A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00080027
4 Date 10/17/2015	5 Payee name VISTAPRINT	
6 Amount (\$) \$78.47	7 Payee address; City; State; Zip Code 275 Wyman St Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense NOTE CARDS (STATIONARY) AND ADDRESS LABELS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/17/2015	Payee name WAL-MART #0400 CONROE TEXAS	
Amount (\$) \$54.16	Payee address; City; State; Zip Code 1407 N Loop 336 Conroe, TX 77304	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/13/2015	Payee name WALMART	
Amount (\$) \$81.86	Payee address; City; State; Zip Code 1407 N Loop 336 Conroe, TX 77304	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parade supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 31/33 Rpt: 94/96	2 FILER NAME Grant, Philip A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00080027
4 Date 09/18/2015	5 Payee name WHATABURGER 858 Q26 CONROE TX	
6 Amount (\$) \$14.43	7 Payee address; City; State; Zip Code 2123 W Davis St Conroe, TX 77304	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for setup crew
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/04/2015	Payee name WM SUPERCENTER # Lake Conroe	
Amount (\$) \$22.76	Payee address; City; State; Zip Code 18700 Highway 105 W Montgomery, TX 77356	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stamps
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/02/2015	Payee name Woodforest National Bank	
Amount (\$) \$29.95	Payee address; City; State; Zip Code PO Box 8339 The Woodlands, TX 77387	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card setup
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 32/33 Rpt: 95/96	2 FILER NAME Grant, Philip A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00080027
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4 Date 10/02/2015	5 Payee name Woodforest National Bank
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6 Amount (\$) \$154.82	7 Payee address; City; State; Zip Code PO Box 8339 The Woodlands, TX 77387
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser Credit Card Fees
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/02/2015	Payee name Woodforest National Bank
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Amount (\$) \$24.95	Payee address; City; State; Zip Code PO Box 8339 The Woodlands, TX 77387
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/21/2015	Payee name Woodforest National Bank
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Amount (\$) \$15.00	Payee address; City; State; Zip Code PO Box 8339 The Woodlands, TX 77387
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DEBIT CARD FOR CAMPAIGN MGR
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 33/33 Rpt: 96/96	2 FILER NAME Grant, Philip A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00080027
4 Date 12/02/2015	5 Payee name Woodforest National Bank	
6 Amount (\$) \$24.95	7 Payee address; City; State; Zip Code PO Box 8339 The Woodlands, TX 77387	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Debit Card setup fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held