

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 24px;">22</div>						
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR. JAMES F NICKNAME LAST SUFFIX Jim NAPOLITANO	<div style="border: 2px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> <p style="margin: 0;">MONTGOMERY COUNTY ELECTIONS ADMINISTRATOR</p> <p style="font-size: 24px; font-weight: bold; margin: 5px 0;">RECEIVED</p> <p style="margin: 5px 0;">FEB 22 2016</p> <p style="font-size: 18px; margin: 5px 0;">Walker Nest 22 pages</p> </div> <p style="font-size: 10px; margin-top: 5px;">Date Received</p> <p style="font-size: 10px; margin-top: 5px;">Date Hand-delivered or Date Postmarked</p> <table style="width:100%; border-collapse: collapse; font-size: 10px;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged	
Receipt #	Amount \$								
Date Processed									
Date Imaged									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 110 HARBOUR TOWN LANE MONTGOMERY, TX 77356								
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 475-9343								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI DR. JOHN C NICKNAME LAST SUFFIX MATOCHA								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 38 N. ROYAL FERN DR. SPRING, TX 77380								
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 545-5128								
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)								
10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: 10px;">Month Day Year</td> <td style="width: 20%; text-align: center; font-size: 10px;">THROUGH</td> <td style="text-align: center; font-size: 10px;">Month Day Year</td> </tr> <tr> <td style="text-align: center; font-size: 24px;">1 / 22 / 16</td> <td></td> <td style="text-align: center; font-size: 24px;">2 / 20 / 16</td> </tr> </table>	Month Day Year	THROUGH	Month Day Year	1 / 22 / 16		2 / 20 / 16		
Month Day Year	THROUGH	Month Day Year							
1 / 22 / 16		2 / 20 / 16							
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; border-bottom: 1px solid black;"> ELECTION DATE Month Day Year 3 / 1 / 16 </td> <td style="width:60%; border-bottom: 1px solid black;"> ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>	ELECTION DATE Month Day Year 3 / 1 / 16	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special						
ELECTION DATE Month Day Year 3 / 1 / 16	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special								
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	SHERIFF						

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT


FORM C/OH
COVER SHEET PG 2

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
--------------	--

16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> 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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 596.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 28,670.36
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 17,766.35
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 22,389.20
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT



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

James L. [Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Apprille L. Moore, this the 22ND day of February, 2016, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Apprille Moore
Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Jim NAPOLITANO</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 20,256
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 7,818.36
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 14,464.41
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 3,301.94
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME JIM NAPOLITANO		3 Filer ID (Ethics Commission Filers)
4 Date 2-10-16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOIS McLENDON 6 Contributor address; City; State; Zip Code 7 FARINGTON WAY SPRING, TX 77382	7 Amount of contribution (\$) 750.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-15-16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAN MILLER Contributor address; City; State; Zip Code 3506 CUPRESS POINT CIR MONTGOMERY, TX 77356	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-15-16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLAYTON KRAWIEC Contributor address; City; State; Zip Code PO BOX 2482 TRUSCO, TX 75034	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-8-16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD & DAWN RAWSON Contributor address; City; State; Zip Code 22 GRAND COLONIAL DR SPRING, TX 77382	Amount of contribution (\$) 19,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME JIM NAPOLITANO		3 Filer ID (Ethics Commission Filers)
4 Date 2-16-16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANK NEWTON	7 Amount of contribution (\$) 750.00
6 Contributor address; City; State; Zip Code 10 GOLDEN THRUSH PL THE WOODLANDS, TX 77381		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-14-16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Gann	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 5826 GLEN GROVE ST HUMBLE, TX 77396		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-14-16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEAN MANN	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 603 W NEW AVERY PL THE WOODLANDS, TX 77382		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-14-16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TIM TERRY	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 216 WATERS EDGE ST MOUNTGOMERY, TX 77356		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <p style="text-align: center; font-size: 1.2em;">Jim NAPOLITANO</p>		3 Filer ID (Ethics Commission Filers)
4 Date <p style="font-size: 1.2em;">2-15-16</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">MOHAMMED KARIM</p> 6 Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">18 SERENADE PINES PLACE THE WOODLANDS, TX 77382</p>	7 Amount of contribution (\$) <p style="font-size: 1.2em;">1000.00</p>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <p style="font-size: 1.2em;">2-15-16</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">DANIEL WALLER</p> Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">1119 APRIL WATER NORTH DR. MONTGOMERY, TX 77356</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">250.00</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p style="font-size: 1.2em;">2-15-16</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">MICHAEL KILLION</p> Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">1170 APRIL WATERS NORTH MONTGOMERY, TX 77356</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">2000.00</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p style="font-size: 1.2em;">2-19-16</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">MARY MEJIA</p> Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">20 S BROOK PEBBLE CT THE WOODLANDS, TX 77380</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">100.00</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME JIM NAPOLITANO		3 Filer ID (Ethics Commission Filers)
4 Date 1/28/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALTER WEST 6 Contributor address; City; State; Zip Code 25355 DOGWOOD LN SPLENDORA, TX 77372	7 Amount of contribution (\$) \$ 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/30/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DENNIS WALLER Contributor address; City; State; Zip Code 1119 APRIL WATER DR. N MONTGOMERY, TX 77356	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/2/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GINGER RUSSELL Contributor address; City; State; Zip Code 9902 WOODLANE BLVD MAGNOLIA, TX 77354	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/12/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBIN BOBBITT Contributor address; City; State; Zip Code 4318 JONATHAN BELLAIRE, TX 77401	Amount of contribution (\$) \$ 300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME JIM NAPOLITANO		3 Filer ID (Ethics Commission Filers)
4 Date 1/24/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DANIEL CRUM	7 Amount of contribution (\$) 300.00
6 Contributor address; City; State; Zip Code 155 W LILAC RIDGE PL THE WOODLANDS, TX 77384		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/25/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAWRENCE EDWARDS	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 1345 BLALOCK HOUSTON, TX 77055		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/15/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF JARROD WALKER	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 223 SIMONTON ST CONROE, TX 77301		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-15-16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID MENDOZA	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 36 GREEN HAVEN DR THE WOODLANDS, TX 77381		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <p style="text-align: center; font-size: 1.2em;">JIM NAPOLITANO</p>		3 Filer ID (Ethics Commission Filers)
4 Date <p style="font-size: 1.2em;">2/15/16</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">ANDREA FAHRENTHOLD</p> 6 Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">111 LAKESIDE DR. MONTGOMERY, TX 77356</p>	7 Amount of contribution (\$) <p style="font-size: 1.2em;">250.00</p>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <p style="font-size: 1.2em;">2/15/16</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">BARRY FREECE</p> Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">3606 COUNTRY CLUB BLVD MONTGOMERY, TX 77356</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">100.00</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p style="font-size: 1.2em;">2-15-16</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">NORMAN STEWART</p> Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">205 KINGS LANE MONTGOMERY, TX 77356</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">250.00</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p style="font-size: 1.2em;">2-15-16</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">STEPHANIE HALL & TERRY BLACKBURN</p> Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">702 OAK RIDGE GROVE CIR SPRING, TX 77386</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">500.00</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME JIM NAPOLITANO		3 Filer ID (Ethics Commission Filers)
4 Date 2-15-16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JENNIFER ROBBIN 6 Contributor address; City; State; Zip Code 2257 N LOOP 336 W STE 140388 CONROE, TX 77304	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-15-16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDWARD SHACKELFORD Contributor address; City; State; Zip Code 2951 N. LOOP 336 WEST CONROE, TX 77304	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-15-16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TROY PATIN Contributor address; City; State; Zip Code 204 KINGS LANE MONTGOMERY, TX 77356	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-15-16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DRS FREDRICK & NANCY THORNBERY Contributor address; City; State; Zip Code 1006 FRANCIS DR. COLLEGE STATION, TX 77840	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <p style="text-align: center; font-size: 1.2em;">JIM NAPOLITANO</p>		3 Filer ID (Ethics Commission Filers)
4 Date <p style="font-size: 1.2em;">2-15-16</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">LAURA FILLAULT</p> 6 Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">58 N LANSLOWNE CIR THE WOODLANDS, TX 77382</p>	7 Amount of contribution (\$) <p style="font-size: 1.2em;">500.00</p>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <p style="font-size: 1.2em;">2-15-16</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">TED BERESWILL</p> Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">3315 ROBINHOOD HOUSTON, TX 77005</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">250.00</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p style="font-size: 1.2em;">2-15-16</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">TIFFANY PENA-RAYNE</p> Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">1803 WEST CLOUD LN SAN ANTONIO, TX 78227</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">20.00</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p style="font-size: 1.2em;">2-15-16</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">MICHAEL BARKSDALE</p> Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">2191 S. KIHAI RD # 3407 KIHAI, HI 96753</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">50.00</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <p style="text-align: center; font-size: 1.2em;">JIM NAPOLITANO</p>		3 Filer ID (Ethics Commission Filers)
4 Date <p style="font-size: 1.2em;">2-15-16</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">J. FANCHER</p> <hr/> 6 Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">11760 E. LAKESHORE DR. CONROE, TX 77303</p>	7 Amount of contribution (\$) <p style="font-size: 1.2em;">40.00</p>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <p style="font-size: 1.2em;">2-15-16</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">DON CAMPBELL</p> <hr/> Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">322 WHISPERING MEADOW MAGNOLIA, TX 77355</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">75.00</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p style="font-size: 1.2em;">2-15-16</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">JOHN HELLER</p> <hr/> Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">302 LEAFSAGE CT SPRING, TX 77381</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">25.00</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p style="font-size: 1.2em;">2-15-16</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">STEVEN SPRUELL</p> <hr/> Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">2505 LEGACY MEADOWS LANE CONROE, TX 77356</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">46.00</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>Jim NAPOLITANO</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>7818.36</u>	
5 Date <u>2/15/16</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>RICHARD & MICHELLE BUNCH</u>	8 Amount of Contribution \$ <u>7818.36</u>	9 In-kind contribution description <u>VIP EVENT COSTS</u>
7 Contributor address; City; State; Zip Code <u>6 HUNNEWELL WAY SPRING, TX 77382</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>PRESIDENT & CEO</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>TWFG</u>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<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)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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: 8	2 FILER NAME Jim NAPOLITANO	3 Filer ID (Ethics Commission Filers)
4 Date 11/6/16	5 Payee name HOUSTON COMMUNITY NEWSPAPERS	
6 Amount (\$) 3612.40	7 Payee address; City; State; Zip Code 21901 STATE HWY 249 HOUSTON, TX 77070	
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 ADS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/1/16	Payee name MARRIOTT WOODLANDS WATERWAY	
Amount (\$) 106.79	Payee address; City; State; Zip Code 1601 LAKE ROBBINS DRIVE THE WOODLANDS, TX 77386	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEV	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMMITTEE MEETING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/2/16	Payee name KROGER	
Amount (\$) 39.43	Payee address; City; State; Zip Code 6616 FM 1488 MAGNOLIA, TX 77354	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRANSPORTATION	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GASOLINE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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:	2 FILER NAME JIM NAPOLITANO	3 Filer ID (Ethics Commission Filers)
----------------------------	--------------------------------	---------------------------------------

4 Date 1/16/16	5 Payee name DIGITAL TEXAS
-------------------	-------------------------------

6 Amount (\$) 1085.88	7 Payee address; City; State; Zip Code 33300 EGYPT LANE, STE B500 MAGNOLIA, TX 77354
--------------------------	--

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 ADS
------------------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 1/26/16	Payee name THE HOME DEPOT
-----------------	------------------------------

Amount (\$) 31.87	Payee address; City; State; Zip Code 6119 FM 1488 MAGNOLIA, TX 77354
----------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MATERIALS
-------------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 1/28/16	Payee name VERIZON WIRELESS
-----------------	--------------------------------

Amount (\$) 48.71	Payee address; City; State; Zip Code 1312 W DAVIS ST CONROE, TX 77304
----------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CELL PHONE
-------------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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:	2 FILER NAME JIM NAPOLITANO	3 Filer ID (Ethics Commission Filers)
4 Date 2/2/16	5 Payee name THE WOODLANDS AREA CHAMBER OF COMMERCE	
6 Amount (\$) \$115.00	7 Payee address; City; State; Zip Code 1400 WOODLOCH FOREST DR. SPRING, TX 77380	
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 WHISTLE STOP TOUR
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 2/4/16	Payee name MICHAELS	
Amount (\$) 22.05	Payee address; City; State; Zip Code 2218 I-45 N CONROE, TX 77301	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DECORATIONS
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 2/4/16	Payee name PAUL LAZZARO	
Amount (\$) 3000.00	Payee address; City; State; Zip Code 51 N COCHRANS GREEN CIR THE WOODLANDS, TX 77381	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONSULTING
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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:	2 FILER NAME JIM NAPOLITANO	3 Filer ID (Ethics Commission Filers)
4 Date 2/5/16	5 Payee name CYCLONE ANAYAS	
6 Amount (\$) 88.37	7 Payee address; City; State; Zip Code 800 TOWN + COUNTRY BLVD HOUSTON, TX 77024	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD 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 MEDIA CONSULTING MEETING
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 2/16/16	Payee name HOME DEPOT	
Amount (\$) 76.83	Payee address; City; State; Zip Code 6119 FM 1498 MAGNOLIA, TX 77354	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MATERIALS
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 2/7/16	Payee name JASON FRANKLIN	
Amount (\$) 600.00	Payee address; City; State; Zip Code 205 RYBEE DR. CONROE, TX 77301	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONSULTING - MEDIA
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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:	2 FILER NAME Jim NAPOLITANO	3 Filer ID (Ethics Commission Filers)
----------------------------	--------------------------------	---------------------------------------

4 Date 2/8/16	5 Payee name SHELL OIL
------------------	---------------------------

6 Amount (\$) 28.74	7 Payee address; City; State; Zip Code 22465 W FM 1097 MONTGOMERY, TX 77356
------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TRANSPORTATION	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GASOLINE
------------------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 2/9/16	Payee name LARAMORE MEDIA GROUP
----------------	------------------------------------

Amount (\$) 3750.00	Payee address; City; State; Zip Code PO BOX 2911 LEAGUE CITY, TX 77574
------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONSULTING
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 2/12/16	Payee name Jim's HARDWARE
-----------------	------------------------------

Amount (\$) 116.64	Payee address; City; State; Zip Code 14460 LIBERTY ST MONTGOMERY, TX 77356
-----------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MATERIALS
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | 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:	2 FILER NAME JIM NAPOLITANO	3 Filer ID (Ethics Commission Filers)
4 Date 2/12/14	5 Payee name KUST FM	
6 Amount (\$) 794.00	7 Payee address; City; State; Zip Code 14887 105W, STE 101 MONTGOMERY, TX 77356	
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 ADVERTISEMENTS
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 2/13/14	Payee name HOME DEPOT		
Amount (\$) 35.43	Payee address; City; State; Zip Code 6119 FM 1488 MAGNOLIA, TX 77354		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRANSPORTATION	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GASOLINE	
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		

Date 2/13/14	Payee name FED EX		
Amount (\$) 356.14	Payee address; City; State; Zip Code 1304 W DAVIS ST, STE 1 CONROE, TX 77304		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LITERATURE	
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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:	2 FILER NAME JIM NAPOLITANO	3 Filer ID (Ethics Commission Filers)
4 Date 2/16/16	5 Payee name KROGER	
6 Amount (\$) 47.04	7 Payee address; City; State; Zip Code 6616 Fm 1488 MAGNOLIA, TX 77354	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TRANSPORTATION	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GASOLINE
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 2/17/16	Payee name ACE PARKING	
Amount (\$) 20.00	Payee address; City; State; Zip Code 1601 LAKE ROBBINS PKWY THE WOODLANDS, TX 77380	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PARKING
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 2/17/16	Payee name EARL JOHNSON	
Amount (\$) 269.00	Payee address; City; State; Zip Code 74 RUSKIN DR. W MONTGOMERY, TX 77356	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RESERVATION/FOOD
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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:	2 FILER NAME JIM NAPOLITANO	3 Filer ID (Ethics Commission Filers)
4 Date 2-17-16	5 Payee name NATION BUILDER	
6 Amount (\$) 219.89	7 Payee address; City; State; Zip Code 520 S GRAND AVE 2ND FL LOS ANGELES, CA 90071	
8 PURPOSE OF EXPENDITURE	(e) 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 FEES
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 1	2 FILER NAME JIM NAPOLITANO	3 Filer ID (Ethics Commission Filers)
4 Date 2-5-16	5 Payee name SIGNAD OUTDOOR	
6 Amount (\$) 2300.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1010 NORTH LOOP HOUSTON, TX 77009	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description SIGNAGE <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 2-10-16	Payee name SIGNAD OUTDOOR	
Amount (\$) 141.94 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 100 1010 NORTH LOOP HOUSTON, TX 77009	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description SIGNAGE <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 2-18-16	Payee name COMMUNITY IMPACT	
Amount (\$) 960.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 16225 IMPACT WAY, SUITE ONE FRUGERVILLE, TX 78660	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description AD <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED