FIGURED SERVICES

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guide	explains how to complete this for	m. 1 Filer ID (Ethics Commission Filers	2 Total pages f	
3 COMMITTEE NAME	_	-1)-	OFFICE	USEONLY
N 11 181.	Bond Campaign		OTTIOL	. OOL ONE!
			Date Received	F
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	ney Ave, 4855	:	
Change of Address	Dellas, TX	15204		
			Date Hand-delivered	d or Date Postmarked
5 CAMPAIGN TREASURER NAME	MS/MRS/MR Ron Steinhar	- 	Receipt #	Amount \$
•	NICKNAME LAST	SUFFIX	Date Imaged	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 3232 McKinn) Ave., # 855	ZIP CODE	
7 CAMPAIGN TREASURER MAILING ADDRESS Change of Address	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; STATE;	ZIP CODE	
TREASURER	AREA CODE PHONE NUMBER		2.5	
9 REPORT TYPE	January 15 July 15	30th day before election 8th day before election Runoff	Exceeded \$500 limit Dissolution (Attach P/ 10th day after campa	AC-DR) ign treasurer termination
10 PERIOD COVERED	Month Day Year		Month Day	
	9 /25/201	THROUGH	10 /24	/ 2015
11 ELECTION	ELECTION DATE	ELECTION	TYPE	
	Month Day Year	Primary Runoff Other Descript General Special	ion	
GO TO PAGE 2				

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

,) (Ethics Commission Filers)	
Dallas ISD 15	ond Campaig	5~		
14 COMMITTEE PURPOSE	1	CANDIDATE / OFFICEHOLDER NAME		
(Attach lists on plain paper to complete this report if necessary.)	CANDIDATE			
SUPPORT (Candidate or Measure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeh	nolder)	
OPPOSE (Candidate or Measure)				
ASSIST	MEASURE	BALLOTIDENTIFICATION/# ELECTION DATE Month Day Year 11 / 03 / 2015		
(Officeholder)		Dallas ISD Bond	Pac	Kaze_
15 CONTRIBUTION TOTALS	115	CONTRIBUTIONS OF \$50 OR LESS (OTHER 1 , OR GUARANTEES OF LOANS), UNLESS ITE		\$ 199 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 102,149	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$		\$	
	4. TOTAL POLITICAL EXPENDITURES		\$ 145, 231 54	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 45)			\$ 4517 46
OUTSTANDING LOAN TOTALS	4/500	AMOUNT OF ALL OUTSTANDING LOANS AS C REPORTING PERIOD	OF THE	\$
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. MARICELA CUELLAR My Commission Expires July 25, 2017 Signature of Campaign Treasurer				
Sworn to and subscribed before me, by the said Ronald B. Steinhart, this the				
Sworn to and subscribed before me, by the said <u>Conalol B. Stern and</u> , this the <u>All</u> day of <u>Conalol B. Stern and Seal of Office.</u>				
Signature of officer administering oath Maricela Cuclar Printed name of officer administering oath Title of officer administering oath				

SUBTOTALS-SPAC

FORM SPAC COVER SHEET PG 3

17	committeename Sallas ISD Bond Campaign	18 Filer ID (Ethics Con	nmission Filers)
19	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 41,250
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LA	BOR ORGANIZATION	\$40,700
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORGANIZATION	ORATION OR LABOR	\$
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABO	R ORGANIZATION	\$
7,	SCHEDULE E: LOANS		\$
8.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	ITRIBUTIONS	\$145,23154
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL OF	CONTRIBUTIONS	\$
111	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
12.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	NS RETURNED	\$
	6		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Dallas ISD Bond Campaign 4 Date 5 Full name of contributor | out-of-state PAC (ID#: Kim Cocklin 9 125 15 6 Contributor address; City; State; Zip Code 6141 Park Lane, Dallas, TX 75275 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor | out-of-state PAC (ID#: Michael Brook Shire Contributor address; City; State; Zip Code 5335 [merson, Dallas, Tx 75209] Amount of contribution (\$) Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Walter Gruenes Contributor address; City; State; Zip Code 713 Castle Creek Drive, Coppell, TX 7509 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 2305 Broken Bough, Alington, TX 76001 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 5 Full name of contributor | out-of-state PAC (ID#: Anne Conner. 6 Contributor address; City; State; Zip Code 7110 Lakewood Blod., Dallas, TX 75214 7 Amount of contribution (\$) 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Amount of contribution (\$) out-of-state PAC (ID#:_ Date Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) out-of-state PAC (ID#: Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Full name of constitution Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Date Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 5 Full name of contributor | out-of-state PAC (ID#: Schuler Warshall 6 Contributor address; City; State; Zip Code 6321 Westerester Dr., Dallas, Tx 75205 7 Amount of contribution (\$) 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:______) Pete Schenkel Contributor address; City; State; Zip Code 2711 N. Haskell Are., #3400 Dellas, Ty 7524 Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date ut-of-state PAC (ID#: Contributor address; City; State; Zip Code 12211 Creek Furest Dr., Dellas, TX 75230 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Date Contributor address; City; State; Zip Code OG Centenary Loe., Dellas, TX 75275 Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form, 3 Filer ID (Ethics Commission Filers) FILER NAME Dullas ISD Bond Campaign 4 Date 5 Full name of contributor | out-of-state PAC (ID#: 10/7/15 6 Contributor address; City; State; Zip Code 7321 Trianon (t., Collegville, TX 76034 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor | out-of-state PAC (ID#: Hill Educational Consultants, LLC Contributor address; City; State; Zip Code 7879 Belclaire Dr., Frisco, TX 75034 Amount of contribution (\$) Date Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Litizens Cout-of-state PAG (ID#: Amount of contribution (\$) Date Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Contributor Contributor Contributor address; Full name of contributor Contributor Contributor address; City; State; Zi Amount of contribution (\$) Date Contributor address; City; State; Zip Code 500 N. Akard St., Delles, TX 75201 # 12,000. Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) FILER NAME 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) out-of-state PAC (ID#:_ Date Walter - Human Contributor address; City; State; Zip Code 3121 Lovers Lane, Dallas, TX 75225 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor | out-of-state PAC (ID#: 12 obert J. Marshall, Jr. Contributor address; City; State; Zip Code 8 Cheltenham Way, Dallas, TX 75230 Amount of contribution (\$) Date Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Date Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor out-of-state PAC (ID#: Dance Wicciche 6 Contributor address; City: State; Zip Code 1140 Bully Mote Dr., Dallas, TX 75218	7 Amount of contribution (\$)		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)		
Date Full name of contributor Out-of-state PAC (IDIL) Nike Normath for Dallar Should Contributor address; City; State; Zip Code PO Box 140633, Dallar, TX 75214	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)		
Date Full name of contributor out-of-state PAC (ID#:) Tield Score! Contributor address; City; State; Zip Code 6327 De Loche, Dellas, TX 75275	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)		
Date Full name of contributor out-of-state PAC (ID#:) Derrich Contributor address; City; State; Zip Code 3817 Northanen; Dillas, TX 75279	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)		
·* =			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructions) Amount of contribution (\$) ut-of-state PAC (ID#: Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date 7501 Inwood Rd., Dellas, TX 75209 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 12 3 Filer ID (Ethics Commission Filers) FILER NAME May ISD Bond Campaign 7 Amount of contribution (\$) \$ 100 -9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code 112 Rush Creek D., Heath, TX 75032 Amount of contribution (\$) Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Date Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Dullas ISD Bund Campaisn 5 Full name of contributor | out-of-state PAC (ID#: Dall as Regional Chamber 6 Contributor address; City; State; Zip Code 500 N. Akard 1#2600, Dallas, TX 75201 7 Amount of contribution (\$) - 600, CJ # 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Date out-of-state PAC (ID#: Contributor address; City; State; Zip Code 708 Kesslerod r., Dellas TX 7520 8 10/13/15 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date 12/15/15 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

167			SCHEDOLE AT
The Instruction Guide explains how to complete this form,			1 Total pages Schedule A1:
Dullas ISD Bund Campaign		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
20/15/15	6 Contributor address; City; State 3002 Century Dr., Rowlett, T	Zip Code 75088	7 502 #
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
20/15/15	Contributor address; City; State 2030 Main St., txt50, Dalles		\$ 520 -
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)
10/15/15	Contributor address; City; State	Tip Code	. 520
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)
10/14/15		; zip Code , TX 75279	\$100-
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
		=	E
	*		
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS N	EEDED

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME Dallas ISD Bond Campaign 3 Filer ID (Ethics Commission Filers) 5 Full name of contributor, | out-of-state PAC (ID#: ______) Richard C. Strauss 6 Contributor address; City; State; Zip Code 8401 N. Central Expy., #350, Dallas, TX 75225 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) ull name of contributor ut-of-state PAC (ID#:_ Contributor address; City; State; Zip Code 1601 Elm St., # 3000, Dellas, TX 75201 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:_ Date Contributor address; City; State; Zip Code 8808 Forquhar Cr., Dellas TX 75209 \$ 2000 T Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Date out-of-state PAC (ID#:_ Contributor address; City; State; Zip Code 6115 Waggoner Dr., Dellas, TX 75230 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.

www.ethics.state.tx.us

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 12 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Dallas ISD Bond Campaign 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:_ Date John Davis Contributor address; City; State; Zip Code 4611 Travis St., #808B, Dallas, TX 75 Zus Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:_ Date City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Date Full name of contributor ut-of-state PAC (ID#: City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule C1:	
Dullas ISD Bond Campaign	3 Filer ID (Ethics Commission Filers)	
4 Date 5 Corporation / Labor Organization name Hill + Wilkinson Construction	7 Amount of contribution (\$)	
9/28/15 6 Corporation/Labor Organization address; City; State; Zip Code 2703 Telecom Parkway, # 120 Richardson, TX 75082	\$500-	
Date Corporation/Labor Organization name Plains Capital Corporation	Amount of contribution (\$)	
Corporation / Labor Organization address; City; State; Zip Code 2323 Victory Are., # 1400	\$ 5000	
Date Corporation / Labor Organization name	Amount of contribution (\$)	
Ben E. Leith Company Corporation / Labor Organization address; City; State; Zip Code 601 E. 7th Street Fort Worth, TX 76102	\$5000	
Date Corporation / Labor Organization name HKS, Inc.	Amount of contribution (\$)	
Corporation / Labor Organization address; City; State; Zip Code 350 D. St. Paul At 100 D. May 175201	3 Z500 -	
Date Corporation / Labor Organization name	Amount of contribution (\$)	
Corporation/Labor Organization address; City; State; Zip Code 1616 Woodell Rodgers Freeway Dallas, TX 75202	\$5000-	
ं ं		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule C1:
Dullas ISD Bond Campaign	3 Filer ID (Ethics Commission Filers)
4 Date 5 Corporation / Labor Organization name The Real Estate Council, Inc.	7 Amount of contribution (\$)
10 17 15 6 Corporation / Labor Organization address; City; State; Zip Code 3100 McKinnon St., 井1150	\$5000-
Dallas, TX 75201	λ
Date Corporation / Labor Organization name CARCON Industries + Construction	Amount of contribution (\$)
Corporation / Labor Organization address; City; State; Zip Code 1341 W. Mockingbird Lane # 1200 W Dallas, TX 75247	\$ 750 -
DETTO TO THE PERSON OF THE PER	
Southwestern lesting labraturies	Amount of contribution (\$)
Corporation/Labor Organization address; City; State; Zip Code 1341 W. Mockingbard Ln., #1200 W	41750
Date Corporation / Labor Organization name	Amount of contribution (\$)
Corporation/Labor Organization address; City; State; Zip Code	±5000 -
Dallas, TX 75229	
Date Corporation / Labor Organization name TDladastries	Amount of contribution (\$)
10/22/15 Corporation/Labor Organization address; City; State; Zip Code 13850 Diplomat Dr. Dallas, TX 75234	\$10,000
Dullas, TX 75234	£
	-

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule C1:	
2 FILER NAM	las ISD Bond Campaign	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Corporation/Labor Organization name Focus Communications	7 Amount of contribution (\$)	
9/30/15	6 Councition / Johns Organization address: City: State: 7in Code	- GG/#	
v	1412 Main St., #1000 Dallas, TX 75202		
Date	Corporation/Labor Organization name	Amount of contribution (\$)	
9/30/15	Corporation / Labor Organization address; City; State; Zip Code	B100-	
	4615 Cowan Ave.	*	
×	Dilles, Tx 75209		
Date	Corporation / Labor Organization name	Amount of contribution (\$)	
	Corporation / Labor Organization address; City; State; Zip Code		
Date	Corporation / Labor Organization name	Amount of contribution (\$)	
		9	
	Corporation / Labor Organization address; City; State; Zip Code	d.	
	* 4	V	
Date	Corporation / Labor Organization name	Amount of contribution (\$)	
1	Corporation / Labor Organization address; City; State; Zip Code		
	<u> </u>		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Advertising Expense Accounting/Banking Fees Food/Beverage Expense Polling Expense Travel In District Consulting Expense Travel Out Of District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Dallas 4 Date 5 Payee name Install Connect, LLC 10/5/2015 7 Payee address; City; State; Zip Code 6 Amount (\$) 505 W. State St. 41000 Garland, TX 75040 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas, Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 2105/2015 Payee address; Amount (\$) City; State; Zip Code 1412 Main St., #1000 \$5000 75202 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Auslin, TX, officeholder living expense OF Contract Labor EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Focus 10/4/2015 Payee address; City; State; Zip Code Amount (\$) TX 75202 Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Advertision EXPENDITURE. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Legal Services Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Dullag 4 Date 5 Payee name 10/15/2015 City; State; Zip Code 6 Amount (\$) (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Auslin, TX, officeholder living expense Advertisin EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Eppstein Group 12015 Amount (\$) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name 10/15 12015 City; State; Zip Code Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel Out Of District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Dalles 4 Date 5 Payee name 10/15/2015 City; State; Zip Code 6 Amount (\$) 7 Payee address; #7X00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF Advertising **EXPENDITURE** Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH 10/15/2015 Amount (\$) # 200 -75093 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Advertising **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH. Payee name 2105/2015 City; State; Zip Code Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Office Overher **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense . Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Travel In District Travel Out Of District Polling Expense Consulting Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name. 10/15/2015 City; State; Zip Code 7 Payee address; 6 Amount (\$) \$15,000 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas, Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 10/20/2015 City; State; Amount (\$) - 00 Let 75040 Description (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date City; State; Zip Code Payee address; Amount (\$) Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1, 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 10/22 City; State; Zip Code 6 Amount (\$) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH 10/22/2015 Payee address; City; State; Zip Code Amount (\$) Category (See Categories listed at the top of this schedule) Printed Materials Check if travel outside of Texas, Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH letture. Inc. 10/22 2015 Amount (\$) Payee address; City; State; Zip Code PO BOX 222195 \$<000 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1; 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Dallas 4 Date 5 Payee name 10/22/2015 6 Amount (\$) City; State; Zip Code \$7500° (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Mayad Public / Celations 10 22 205 Amount (\$) City; State; Zip Code 3768 Northauen 169. ZSOO Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name City; State; Zip Code Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Advertising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Office Overhead/Rental Expense Polling Expense Accounting/Banking Travel In District Consulting Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Total pages Schedule F1: 2 FILER NAME Dallas 4 Date 10/22 Payee address; City; State; Zip Code 6 Amount (\$) 3768 Northa (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Office Supplies OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Auslin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED