

**SPECIFIC-PURPOSE COMMITTEE  
CAMPAIGN FINANCE REPORT**

**FORM SPAC  
COVER SHEET PG 1**

The SPAC Instruction Guide explains how to complete this form. **1 ACCOUNT #** (Ethics Commission Filers) **2 Total pages filed:** 13

**3 COMMITTEE NAME**  
Say YES For CFISD Kids

**OFFICE USE ONLY**  
RECEIVED  
Date Received: MAY 02 2014  
By: *DLB*

**4 COMMITTEE ADDRESS**  
 change of address  
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
12218 Jones Rd Ste D#134  
Houston, TX. 77070

Date Hand-delivered or Postmarked  
Receipt # Amount  
Date Processed  
Date Imaged

**5 CAMPAIGN TREASURER NAME**  
MS / MRS / MR FIRST MI  
Becky J.  
NICKNAME LAST SUFFIX  
Knight

**6 CAMPAIGN TREASURER'S STREET ADDRESS**  
(residence or business)  
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
12402 Hideaway Park Dr.  
Cypress, Texas 77429

**7 CAMPAIGN TREASURER'S MAILING ADDRESS**  
 change of address  
STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
same as above

**8 CAMPAIGN TREASURER PHONE**  
AREA CODE PHONE NUMBER EXTENSION  
(281) 433-8221

**9 REPORT TYPE**  
 January 15  30th day before election  Exceeded \$500 limit  
 July 15  8th day before election  Dissolution (attach PAC-DR)  
 Runoff  10th day after campaign treasurer termination

**10 PERIOD COVERED**  
Month Day Year Month Day Year  
4 / 1 / 2014 THROUGH 4 / 30 / 2014

**11 ELECTION**  
ELECTION DATE ELECTION TYPE  
Month Day Year  
05 / 10 / 2014  
 Primary  Runoff  General  Special

**GOTO PAGE 2**

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

## FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME: Say YES For CFISD Kids ACCOUNT # (Ethics Commission Filers):

13 COMMITTEE PURPOSE  
(Attach lists on plain paper to complete this report if necessary.)

CANDIDATE  
 OFFICEHOLDER  
 MEASURE

SUPPORT (Candidate or Measure)  
 OPPOSE (Candidate or Measure)  
 ASSIST (Officerholder)

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officerholder)


BALLOT IDENTIFICATION / # #1 ELECTION DATE  
Month Day Year  
05 / 10 / 2014

DESCRIPTION  
\$1.2B CFISD Bond Referendum

|                         |  |              |
|-------------------------|--|--------------|
| 14 CONTRIBUTION TOTALS  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED <u>(3)</u> | \$ 125.01    |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ 54,290.01 |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED  | \$           |
|                         | 4. TOTAL POLITICAL EXPENDITURES  | \$ 58,266.90 |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 45,492.45 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                    | \$ - 0 -     |

15 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.



Becky Knight  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Becky Knight, this the 2nd day of May, 2014, to certify which, witness my hand and seal of office.

Donna L. Blowey Donna L. Blowey Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

|  |  |   |  |
|--|--|---|--|
| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule A<br><b>1 of 8</b>         |  |
| 2 FILER NAME<br><b>Say YES For CFISD Kids</b>  |  | 3 ACCOUNT # (Ethics Commission Filers)            |  |
| 4 Date<br><b>4/4/14</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><b>Tony Barcelona III</b>  | 7 Amount of contribution (\$)<br><b>\$ 250.00</b> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address: City: State: Zip Code<br><b>14303 Millstone Estates Ln<br/>Cypress, Tx. 77429</b>     |  | (If travel outside of Texas, complete Schedule T) |  |
| 9 Principal occupation / Job title (See Instructions)  |  | 10 Employer (See Instructions)                    |  |
| Date<br><b>4/4/14</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><b>Brooks + Sparks, Inc.</b> | Amount of contribution (\$)<br><b>\$ 3000.00</b>  | In-kind contribution description (if applicable)   |
| Contributor address: City: State: Zip Code<br><b>21020 Park Row<br/>Katy, Tx. 77449</b>                      |  | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)<br><b>Engineering Firm</b>                               |  | Employer (See Instructions)                       |  |
| Date<br><b>4/4/14</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><b>Caldwell Companies</b>    | Amount of contribution (\$)<br><b>\$ 2000.00</b>  | In-kind contribution description (if applicable)   |
| Contributor address: City: State: Zip Code<br><b>7904 N. Sam Houston Pkwy, 4th Fl<br/>Houston, Tx. 77064</b> |  | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)<br><b>Property Mgmt.</b>                                 |  | Employer (See Instructions)                       |  |
| Date<br><b>4/4/14</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><b>George Edwards, Jr.</b>   | Amount of contribution (\$)<br><b>\$ 100.00</b>   | In-kind contribution description (if applicable)   |
| Contributor address: City: State: Zip Code<br><b>7402 Palisades Heights Ct.<br/>Houston, Tx. 77095</b>       |  | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                       |  |
| Date<br><b>4/4/14</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><b>Judy Kahla</b>            | Amount of contribution (\$)<br><b>\$ 250.00</b>   | In-kind contribution description (if applicable)   |
| Contributor address: City: State: Zip Code<br><b>23102 Oak Hollow<br/>Tomball, Tx. 77377</b>                 |  | (If travel outside of Texas, complete Schedule T) |  |
| 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.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A  
**2 of 8**

2 FILER NAME  
**Say YES For CFISD Kids**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**4/4/14**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Tom Pickford**

7 Amount of contribution (\$)  
**\$250.00**

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code  
**15306 Bronze Leaf Ct.  
Cypress, TX. 77433-4602**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
**4/4/14**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Jo Ann Smith**

Amount of contribution (\$)  
**\$100.00**

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code  
**7342 W. Hearthstone Green Dr.  
Houston, TX. 77095**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**4/4/14**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Edward Station**

Amount of contribution (\$)  
**\$2000.00**

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code  
**2108 Meadows Blvd.  
League City, Tx. 77573**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**Co-owner**

**Station + Ayers**

Date  
**4/4/14**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**West Belt Surveying, Inc.**

Amount of contribution (\$)  
**\$2000.00**

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code  
**21020 Park Row Dr.  
Katy, TX. 77449**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**Land Survey + Const.**

Date  
**4/4/14**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Joiner Partnership, Inc.**

Amount of contribution (\$)  
**\$10,000.00**

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code  
**700 Rockmead Drive, Suite 265  
Kingwood, Tx. 77339**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**Architect / Interior Design**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

|  |   |   |  |
|--|---|---|--|
| The Instruction Guide explains how to complete this form.  |   | 1 Total pages Schedule A:<br><b>3 of 8</b>        |  |
| 2 FILER NAME<br><b>Say YES For CFISD Kids</b>  |   | 3 ACCOUNT # (Ethics Commission Filers)            |  |
| 4 Date<br><b>4/4/14</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Deanna Swenke</b>                | 7 Amount of contribution (\$) <b>\$ 300.00</b>    | 8 In-kind contribution description (if applicable) |
| 6 Contributor address: City, State, Zip Code<br><b>15207 Lakewood Forest Dr.<br/>Houston, Tx. 77070</b>    |   | (If travel outside of Texas, complete Schedule T) |  |
| 9 Principal occupation / Job title (See Instructions)  |   | 10 Employer (See Instructions)                    |  |
| Date<br><b>4/7/14</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Harold Rowe</b>                    | Amount of contribution (\$) <b>\$ 100.00</b>      | In-kind contribution description (if applicable)   |
| Contributor address: City, State, Zip Code<br><b>32710 Whitehaven Pl<br/>Fulshear, Tx. 77441-4261</b>      |   | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                       |  |
| Date<br><b>4/7/14</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Jan Jones</b>                      | Amount of contribution (\$) <b>\$ 100.00</b>      | In-kind contribution description (if applicable)   |
| Contributor address: City, State, Zip Code<br><b>6907 Apple Valley<br/>Houston, Tx. 77069</b>              |   | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                       |  |
| Date<br><b>4/11/14</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>American Federation of Teacher</b> | Amount of contribution (\$) <b>\$ 5000.00</b>     | In-kind contribution description (if applicable)   |
| Contributor address: City, State, Zip Code<br><b>17461A Village Green Dr<br/>Jersey Village, Tx. 77040</b> |   | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)<br><b>Prof. Organization</b>                           |   | Employer (See Instructions)                       |  |
| Date<br><b>4/11/14</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Teresa Hull</b>                    | Amount of contribution (\$) <b>\$ 300.00</b>      | In-kind contribution description (if applicable)   |
| Contributor address: City, State, Zip Code<br><b>15707 Frio Springs Lane<br/>Cypress, Tx. 77429</b>        |   | (If travel outside of Texas, complete Schedule T) |  |
| 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.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

|   |  |  |   |
|---|--|--|---|
| The Instruction Guide explains how to complete this form.   |  | 1 Total pages Schedule A:<br>4 of 8                  |   |
| 2 FILER NAME:<br>Say YES For CFISD Kids   |  | 3 ACCOUNT # (Ethics Commission Filers)               |   |
| 4 Date:<br>4/11/14  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#):<br>C. Len Wright             | 7 Amount of contribution (\$):<br>\$750.00           | 8 In-kind contribution description (if applicable): |
| 6 Contributor address: City, State, Zip Code:<br>14110 Junction Creek Ln<br>Cypress, Tx. 77429-5831   |  | (If travel outside of Texas, complete Schedule T)    |   |
| 9 Principal occupation / Job title (See Instructions):<br>President                                   |  | 10 Employer (See Instructions):<br>Wright Healthcare |   |
| Date:<br>4/14/14  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#):<br>Coastal Securities Inc      | Amount of contribution (\$):<br>\$750.00             | In-kind contribution description (if applicable):   |
| Contributor address: City, State, Zip Code:<br>920 Memorial City Way 11th Floor<br>Houston, Tx. 77024 |  | (If travel outside of Texas, complete Schedule T)    |   |
| Principal occupation / Job title (See Instructions):<br>Inv/Banking + Brokerage                       |  | Employer (See Instructions):                         |   |
| Date:<br>4/16/14  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#):<br>Credit Union Acceptance Co. | Amount of contribution (\$):<br>\$500.00             | In-kind contribution description (if applicable):   |
| Contributor address: City, State, Zip Code:<br>9601 Jones Road Suite 108<br>Houston, Tx. 77065        |  | (If travel outside of Texas, complete Schedule T)    |   |
| Principal occupation / Job title (See Instructions):<br>Mortgage Company                              |  | Employer (See Instructions):                         |   |
| Date:<br>4/22/14  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#):<br>Layer3 Communications       | Amount of contribution (\$):<br>\$1250.00            | In-kind contribution description (if applicable):   |
| Contributor address: City, State, Zip Code:<br>1555 Oakbrook Dr, Ste 100<br>Norcross, Ga. 30093       |  | (If travel outside of Texas, complete Schedule T)    |   |
| Principal occupation / Job title (See Instructions):<br>Network Sys. Integratation                    |  | Employer (See Instructions):                         |   |
| Date:<br>4/22/14  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#):<br>ICI Construction, Inc.      | Amount of contribution (\$):<br>\$2000.00            | In-kind contribution description (if applicable):   |
| Contributor address: City, State, Zip Code:<br>24715 West Hardy Road<br>Spring, Tx. 77373             |  | (If travel outside of Texas, complete Schedule T)    |   |
| Principal occupation / Job title (See Instructions):<br>General Contractor                            |  | 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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A

5 of 8

2 FILER NAME

Say YES For CFISD Kids

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/24/14

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Sheri Stice

7 Amount of contribution (\$)

\$300.00

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

12919 Earlywood Ln.  
Cypress, Tx. 77429

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/24/14

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

William Stice

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

12919 Earlywood Lane  
Cypress, Tx. 77429

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/24/14

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Prime Contractors, Inc.

Amount of contribution (\$)

\$10,000.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

525 North Belt, Suite 172  
Houston, Tx. 77060

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

General Contractor

Employer (See Instructions)

Date

4/25/14

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Haynes + Boone, PAC

Amount of contribution (\$)

\$1000.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

2505 N Plano Rd Ste 4000  
Richardson, Tx. 75082-4109

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Law Firm

Employer (See Instructions)

Date

4/25/14

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Julie Long

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

11027 Tulip Garden Ct  
Houston, Tx. 77065-3317

(If travel outside of Texas, complete Schedule T)

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.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

6 of 8

2 FILER NAME

Say YES FOR CFISD Kids

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/25/14

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

VLK Architects

7 Amount of contribution (\$)

\$ 5000.00

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code  
2821 West 7th Street, Suite 300  
Fort Worth, Tx. 76107

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Architectural Firm

10 Employer (See Instructions)

Date

4/28/14

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Lumenate LP

Amount of contribution (\$)

\$ 2000.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code  
16633 Dallas Parkway Ste 450  
Addison, Tx. 75001

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Technical Consulting Firm

Employer (See Instructions)

Date

4/28/14

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Mark Krekowski

Amount of contribution (\$)

\$ 490.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code  
29826 Keen Road  
Tomball, Tx. 77377

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/30/14

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Antonio Assuncao

Amount of contribution (\$)

\$ 490.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code  
4234 Rosegate Dr.  
Spring, Tx. 77373-6720

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/30/14

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Allyson Assuncao

Amount of contribution (\$)

\$ 490.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code  
3006 Whetrock Ln.  
Sugar Land, Tx. 77479-1794

(If travel outside of Texas, complete Schedule T)

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.



**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

|  |  |   |  |
|--|--|---|--|
| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule A:<br><b>7 of 8</b>        |  |
| 2 FILER NAME:<br><b>Say YES For CFISD Kids</b>   |  | 3 ACCOUNT # (Ethics Commission Filers)            |  |
| 4 Date:<br><b>4/30/14</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____):<br><b>Melanie Callaway</b> | 7 Amount of contribution (\$):<br><b>\$495.00</b> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address: City: State: Zip Code:<br><b>13802 Sherburn Manor Dr.<br/>Cypress, TX. 77429</b>  |  | (If travel outside of Texas, complete Schedule T) |  |
| 9 Principal occupation / Job title (See Instructions)  |  | 10 Employer (See Instructions)                    |  |
| Date:<br><b>4/30/14</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____):<br><b>Clayton Hamby</b>      | Amount of contribution (\$):<br><b>\$490.00</b>   | In-kind contribution description (if applicable)   |
| Contributor address: City: State: Zip Code:<br><b>216 W. 30th St.<br/>Houston, TX. 77018-8302</b>  |  | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                       |  |
| Date:<br><b>4/30/14</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____):<br><b>Jason Koletar</b>      | Amount of contribution (\$):<br><b>\$490.00</b>   | In-kind contribution description (if applicable)   |
| Contributor address: City: State: Zip Code:<br><b>6814 Auburn Sands Dr.<br/>Spring, TX. 77389</b>  |  | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                       |  |
| Date:<br><b>4/30/14</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____):<br><b>Ron Landreth</b>       | Amount of contribution (\$):<br><b>\$490.00</b>   | In-kind contribution description (if applicable)   |
| Contributor address: City: State: Zip Code:<br><b>27010 Deckerwoods<br/>Magnolia, TX. 77351</b>  |  | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                       |  |
| Date:<br><b>4/30/14</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____):<br><b>Hector Mendez</b>      | Amount of contribution (\$):<br><b>\$490.00</b>   | In-kind contribution description (if applicable)   |
| Contributor address: City: State: Zip Code:<br><b>7714 Renwick Dr. #56<br/>Houston, TX. 77081</b>  |  | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                       |  |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |  |   |  |

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

|  |  |   |  |
|--|--|---|--|
| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule A:<br><b>8 of 8</b>        |  |
| 2 FILER NAME<br><b>Say YES For CFISD Kids</b>  |  | 3 ACCOUNT # (Ethics Commission Filers)            |  |
| 4 Date<br><b>4/30/14</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><b>Daniel Struzick</b> | 7 Amount of contribution (\$)<br><b>1490.00</b>   | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><b>14518 Broadgreen Dr.<br/>Houston, TX. 77079</b> |  | (If travel outside of Texas, complete Schedule T) |  |
| 9 Principal occupation / Job title (See Instructions)  |  | 10 Employer (See Instructions)                    |  |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)                             | Amount of contribution (\$)                       | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code   |  | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                       |  |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)                             | Amount of contribution (\$)                       | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code   |  | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                       |  |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)                             | Amount of contribution (\$)                       | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code   |  | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                       |  |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)                             | Amount of contribution (\$)                       | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code   |  | (If travel outside of Texas, complete Schedule T) |  |
| 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.

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 1 Total pages Schedule F:<br><b>1 of 3</b>            |  | 2 FILER NAME:<br><b>Say YES For CFISD Kids</b>   |  | 3 ACCOUNT # (Ethics Commission Filers):  |  |
| 4 Date:<br><b>4/2/14</b>                              |  | 5 Payee name:<br><b>Pride + Recognition</b>  |  |  |  |
| 6 Amount (\$):<br><b>\$800.74</b>                     |  | 7 Payee address: City, State, Zip Code:<br><b>8525 Westland West Blvd.<br/>Houston, Tx. 77041</b>          |  |  |  |
| 8 PURPOSE OF EXPENDITURE:                             |  | (a) Category (See categories listed at the top of this schedule):<br><b>Adv Expense</b>                    |  | (b) Description (If travel outside of Texas, complete Schedule T):<br><b>Buttons and T-shirts</b>            |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name  |  | Office sought Office held  |  |
| Date:<br><b>4/3/14</b>                                |  | Payee name:<br><b>Community Impact Newspaper</b>   |  |  |  |
| Amount (\$):<br><b>\$2215.00</b>                      |  | Payee address: City, State, Zip Code:<br><b>8400 N. Sam Houston Pky. W, Ste 220<br/>Houston, Tx. 77064</b> |  |  |  |
| PURPOSE OF EXPENDITURE:                               |  | Category (See categories listed at the top of this schedule):<br><b>Adv. Expense</b>                       |  | Description (If travel outside of Texas, complete Schedule T):<br><b>Ad- 1/2 page display</b>                |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name  |  | Office sought Office held  |  |
| Date:<br><b>4/8/14</b>                                |  | Payee name:<br><b>Airbrush Images, Inc.</b>  |  |  |  |
| Amount (\$):<br><b>\$3788.75</b>                      |  | Payee address: City, State, Zip Code:<br><b>850 N. FM 3083<br/>Conroe, Tx. 77303</b>                       |  |  |  |
| PURPOSE OF EXPENDITURE:                               |  | Category (See categories listed at the top of this schedule):<br><b>Adv. Expense</b>                       |  | Description (If travel outside of Texas, complete Schedule T):<br><b>Yard Signs</b>                          |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name  |  | Office sought Office held  |  |
| Date:<br><b>4/9/14</b>                                |  | Payee name:<br><b>Amegy Bank of Texas</b>  |  |  |  |
| Amount (\$):<br><b>\$71.61</b>                        |  | Payee address: City, State, Zip Code:<br><b>P.O. Box 27459<br/>Houston, Tx. 77227-7459</b>                 |  |  |  |
| PURPOSE OF EXPENDITURE:                               |  | Category (See categories listed at the top of this schedule):<br><b>Accounting / Banking</b>               |  | Description (If travel outside of Texas, complete Schedule T):<br><b>Checks / Dep. Slips / Endorse Stamp</b> |  |
| 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**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Award/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **2 of 3**      2 FILER NAME: **Say YES For CFISD Kids**      3 ACCOUNT # (Ethics Commission Filer):

4 Date: **4/11/14**      6 Payee name: **Dimensional Graphics**  
7 Payee address: **311 Maverick Run Court**      City:      State:      Zip Code: **Rosenberg, Tx. 77469**

8 Amount (\$): **\$1000.00**

8 PURPOSE OF EXPENDITURE: **Adv. Expense**      (a) Category (See categories listed at the top of this schedule):      (b) Description (if travel outside of Texas, complete Schedule T): **Graphic Design/Website Reg.**

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

Date: **4/11/14**      Payee name: **ARC Texas**  
Amount (\$): **\$292.28**      Payee address: **P.O. Box 203890**      City:      State:      Zip Code: **Dallas, Tx. 75320-3890**

PURPOSE OF EXPENDITURE: **Adv. Expense**      Category (See categories listed at the top of this schedule):      Description (if travel outside of Texas, complete Schedule T): **Push cards**

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

Date: **4/15/14**      Payee name: **Southwest Precision Printers, LP**  
Amount (\$): **\$13,612.44**      Payee address: **1055 Conrad Sauer**      City:      State:      Zip Code: **Houston, Tx. 77043**

PURPOSE OF EXPENDITURE: **Printing Expense**      Category (See categories listed at the top of this schedule):      Description (if travel outside of Texas, complete Schedule T): **Brochures - Mailer #1**

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

Date: **4/15/14**      Payee name: **Postmaster**  
Amount (\$): **\$26,984.72**      Payee address: **Post Office of Mailing**      City:      State:      Zip Code: **Houston, Tx. 77201-9998**

PURPOSE OF EXPENDITURE: **Adv. Expense**      Category (See categories listed at the top of this schedule):      Description (if travel outside of Texas, complete Schedule T): **Postage - Mailer #1**

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**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The instruction Guide explains how to complete this form.

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 1 Total pages Schedule F: <b>3 of 3</b>               |  | 2 FILER NAME: <b>Say YES For CFISD Kids</b>  |  | 3 ACCOUNT # (Ethics Commission Files):   |  |
| 4 Date: <b>4/16/14</b>                                |  | 5 Payee Name: <b>Postmaster</b>  |  |  |  |
| 6 Amount (\$): <b>\$6140.11</b>                       |  | 7 Payee address City: State: Zip Code<br><b>Post Office of mailing<br/>Houston, Tx. 77201-9998</b> |  |  |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See categories listed at the top of this schedule):<br><b>Adv. Expense</b>           |  | (b) Description (if travel outside of Texas, complete Schedule T):<br><b>Postage - Mailer #2</b> |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name  |  | Office sought Office held  |  |
| Date: <b>4/22/14</b>                                  |  | Payee name: <b>Perry Pools + Spas, Inc.</b>  |  |  |  |
| Amount (\$): <b>\$400.00</b>                          |  | Payee address City: State: Zip Code<br><b>P.O. Box 1825<br/>Cypress, Tx. 77410</b>                 |  |  |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See categories listed at the top of this schedule):<br><b>Adv. Expense</b>               |  | Description (if travel outside of Texas, complete Schedule T):<br><b>Billboard Rental</b>        |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name  |  | Office sought Office held  |  |
| Date: <b>4/23/14</b>                                  |  | Payee name: <b>Southwest Precision Printers, LP</b>  |  |  |  |
| Amount (\$): <b>\$2868.75</b>                         |  | Payee address City: State: Zip Code<br><b>1055 Conrad Saver<br/>Houston, Tx. 77043</b>             |  |  |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See categories listed at the top of this schedule):<br><b>Printing Expense</b>           |  | Description (if travel outside of Texas, complete Schedule T):<br><b>65+ Mailer #2</b>           |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name  |  | Office sought Office held  |  |
| Date: <b>4/24/14</b>                                  |  | Payee name: <b>Pride + Recognition</b>   |  |  |  |
| Amount (\$): <b>\$92.50</b>                           |  | Payee address City: State: Zip Code<br><b>8525 Westland West Blvd.<br/>Houston, Tx. 77041</b>      |  |  |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See categories listed at the top of this schedule):<br><b>Adv. Expense</b>               |  | Description (if travel outside of Texas, complete Schedule T):<br><b>Buttons</b>                 |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name  |  | Office sought Office held  |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED