Texas Ethics Commission	P.O. Box 12070	Austin, Texas	s 78711-2070	(512) 463	3-5800 (TE	DD 1-800-735-2989)
	URPOSE CON FINANCE REF		<b>!</b>			RM SPAC CHEET PG 1
The SPAC Instruction Gu	uide explains how to comp	lete this form.	1 ACCOUNT# (Ethics Commission	Filers)	2 Total pages f	led:
3 COMMITTEE NAME  Say VES  4 COMMITTEE ADDRESS  Chafinge of address	For CFIS ADDRESS / PO BOX: APT / SU 12218 John Houston,	SD K es Rd con TX.	ids He D# 17070	ZIP CODE	ate Received	0 2 2014 Or Postmarked Amount
5 CAMPAIGN TREASURER NAME	MS / MRS / MR  NICKHAME	Becky night		MI SUFFIX	Date Processed  Date Imaged	
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PL 12402 + Cypress,	tideawa	ay Park	_	ZIP CODE	
7 CAMPAIGN TREASURER'S MAILING ADDRESS  change of address	street or PO BOX;	as ab		STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	(281) 433-8		EXTENSION	·		
9 REPORTTYPE	January 15 July 15	30th day be	ofore election ore election		Exceeded \$500 limit Dissolution (attach PAC	· ·
10 PERIOD COVERED	Month Day	2014	THROUGH	:	Month Day 4 /30	/2014
11 ELECTION	ELECTION DATE Month Day Year  05/10/2014	ELECTION		off	General	Special
		GOTOPA	NGE 2			·

### SPECIFIC-PURPOSE COMMITTEE REPORT: **PURPOSE AND TOTALS**

FORM SPAC COVER SHEET PG 2

504 YES	FOR CFI	SD Kids	ACCOUNT	F# (Ethics Commission Filers)	
13 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME			
(Attach lists on plain paper to complete this report if necessary.)	CANDIDATE				
SUPPORT (Candidate or Measure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HEL	D (officeholder)		
OPPOSE (Candidate or Measure)					
Cantindate of Measure)	MEASURE	BALLOT IDENTIFICATION / #	ELECTION Month Day	ADIY	
(Officeholder)		1.2B CFISD	Bond	Referendum	
14 CONTRIBUTION TOTALS	TOTAL POLITICAL     PLEDGES, LOANS,	CONTRIBUTIONS OF \$50 OR LESS (OTHE OR GUARANTEES OF LOANS), UNLESS I	R THAN TEMIZE (3)	\$ 125.01	
		AL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOA	.NS)	\$54,290.01	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$				
	4. TOTAL POLITICA	4. TOTAL POLITICAL EXPENDITURES \$58,266			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE IG PERIOD	LAST DAY	\$ 45,492.45	
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS REPORTING PERIOD	AS OF THE	* -0-	
Notar	NNA L. BLOWEY y Public, State of Texas mission Expires 01-18-2015	I swear, or affirm, under penalty report is true and correct and increported by me under Title 15.E	ludes all infor lection Code	rmation required to be	
and	ed before me, by the	said Becky Knigh		, this the	
Dona Li	How Dor	ma 1. Blower	my hand a	HARY	
Signature of officer administer	ring oath Printed	name of officer administering with	Title of	officer administering path	

P.O. Box 12070

### SCHEDULE A

(512) 463-5800

			**************************************	
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sche	dule A:
5 FILER NAME	ES For CFISD Kids		3 ACCOUNT # (Eth	ics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (iD#	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/4/14	Tony Barcelona 11	L	<b>a</b>	
, ,, ,	6 Contributor address: City: State: Zip Code 14303 Millstone Estat	i	້ ລຣບ. <b>"</b>	
	Cypress, Tx. 7742	-9	(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
414114	brooks + Sparks, I	Inc.	4	, , , , , , , , , , , , , , , , , , ,
• - • •	Contributor address City; State: Zip Code 21020 Park Row		3000.°°	
	Katy, Tx. 77449		(If travel outside of	Texas, complete Schedule T)
	pation / Job, title (See platructions) NECTING FIRM	Employer (See In	structions)	
Date	Full name of contributor Out-of-state PAC (ID#_	>	Amount of	In-kind contribution
41.4	Caldwell Companie	25	contribution (\$)	description (if applicable)
4 4 14		PKwy, 4th	2000.00	
	Houston, Tx. 7706	.4	(if travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) erty Mamt.	Employer (See In:	structions)	
Date	Full name of contributor out-of-state PAC (10#)	· · · · · · · · · · · · · · · · · · ·	Amount of contribution (\$)	In-kind contribution description (if applicable)
74114	, , , , , , , , , , , , , , , , , , ,		1 1000 BO	
	7402 Palisades Heig	ghts Ct.	<b>1</b> 00. ••	·
	Houston, Tx. 7709	5	(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/4/14	Judy Kahla		<b>A</b>	description (ii applicable)
1 ''''	Contributor address; City; State; Zip Code  23102 Dak Hollow		350.00	
	Tomball, Tx. 773	17	(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	L	
		<u> </u>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### P.O. Box 12070 (512) 463-5800 **POLITICAL CONTRIBUTIONS** SCHEDULE A OTHER THAN PLEDGES OR LOANS The instruction Guide explains how to complete this form. ACCOUNT # (Ethics Commission Filers) Amount of 8 In-kind contribution contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) out-of-state PAC (ID# In-kind contribution Full name of contributor Amount of description (if applicable) contribution (\$) city: State: ZID Code Fearthstone Green (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions Employer (See Instructions) In-kind contribution Amount of contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions) in-kind contribution out-of-state PAC (ID# Amount of description (if applicable) contribution (5) (If travel outside of Texas, complete Schedule T) Employer (See Instructions)

Principal occupation / Job title (See Instructions)

AND SULVEY + CONSIT In-kind contribution Partnership, Inc. contribution (\$) description (if applicable) Linead Drive, Suite 265 10,000 11339 (If travel outside of Texas, complete Schedule T)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE A

The	Instruction Guide explains how to complete thi	is form.	1 Total pages Sch	equie A:
5 FILER NAMES	ES For CFISD Kid	<b>.</b>	3 ACCOUNT # (E	(thics Commission Filers)
4 Date 4 4 4 4	5 Full name of contributor Out-of-state PAC (ID) - Deanna Swenke		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
, -1, ,		rest Dr.	300.00	
	HOUSTON, IX. 1711	010	(If travel outside i	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date 4/n lul	Full name of contributor Rowe	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
171114	Contributor address; City; State; Zip Code 32110 White haven	PI	100.00	; [
	Fulshear, Tx. 714	141-4261	(If travel outside c	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/1/114	Contributor address; City; State: Zip Code 6907 Apple Valley		B 100.00	
	Houston, Tx. 1	7069	(If travel outside (	l of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor out-of-state PACTION	on of Teach	Amount of contribution (\$)	In-kind contribution description (if applicable)
7/11/114	Contributor address: City; State: Zip Code		85000.00	: 
	Jersey Village, Tx.	77040	ilf travel outside (	t of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)  Vaani Zation	Employer (See Ins	<del></del>	II (BAB) Complete Services
Date	Full name of contributor     out-of-state PAC (ID#:_		Amount of	In-kind contribution
4/11/14	Teresa Hull		contribution (\$)	description (if applicable)
•	Contributor address: City; State; Zip Code 15707 Frio Springs	Lane	<sup>3</sup> 300.00	
	Cypress, Tx. 174:	اا	(If travel outside (	 of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
	4878			

P.O. Box 12070

### SCHEDULE A

The	Instruction Guide explains how to complete thi	is form.	1 Total pages Sch	edvie A
2 FILER NAME /	ES For CFISD Kic	ds	3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC(ID)	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
7111114	6 Contributor address: City: State: Zip Code 14110 Junction Crec	k Ln	By50.00	
	Cypress, Tx. 77429		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Jbb title (See Instructions)	10 Employer (See In	Healthc	are
Date	Full name of contributor out-of-state PAC (10#_	Toc	Amount of contribution (\$)	in-kind contribution description (if applicable)
4/14/14	contributor address; City: State: Zip Code 920 Memorial City		B750.00	
	Houston, Tx. 11024	Muy Floor		T-
Thy Ra	nking + brokerage	Employer (See In		of Texas, complete Schedule T)
Date	Full name of contributor out-of-plate PAC (ID#_	tance (D.	Amount of contribution (\$)	in-kind contribution description (if applicable)
4/16/14	Contributor address; City, State: Zip Code		<b>A</b> .	
	4601 Jones Road Si Houston, Tx.	11065	500.00	_
Principal pocus	pation / Job title (See Instructions)	Employer (See In	<u> </u>	of Texas, complete Schedule T)
Date	Full name of contributor □ out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/22/14	Layer 3 Communica Contributor address: City; State Zip Code		<b>b</b>	good phon (ii applicable)
	1555 Dakbrook Dr., S	· _	1250.	
- Principal occur	Norcross, Ga. 300° pation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
Networ	K Sys. Integratation		,	
Date 4122111	Full name of contributor Out-of-state RAC (ID#_	, Inc.	Amount of contribution (\$)	In-kind contribution description (if applicable)
100117	Contributor address; City; State; Zip Code 24715 West Hardy H	Road	2000.00	
	Spring, Tx. 71313		(If travel outside o	of Texas, complete Schedule T)
Genera Genera	pation Job title (See Instructions)	Employer (See In	structions)	
	ATTACH ADDITIONAL COPIES (			
If cont	tributor is out-of-state PAC, please see instr	ruction guide for a	dditional reportis	ng requirements.

1	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	is		SCHEDULE A
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	Fulle A
2 FILER NAME (	YES For CFISD Ki	ds	3 ACCOUNT# (E	thics Commission Filers)
4   24   14	5 Full name of contributor Out-of-state PAC(ID#_  Sheri Stice  6 Contributor address: City: State: Zip Code 12919 Early Wood Ln.		Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occup	Option / Job title (See Instructions)	10 Employer (See In	A	of Texas, complete Schedule T)
1424/14	Full name of contributor out-of-state FAC (IC#_William Stice		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State: Zip Gode 12919 Early Wood Lane Cypress, Tx. 77429		والمستحدد	if Texas, complete Schedule T;
Principal occup	oation / Job title (See Instructions)	Employer (See In	structions)	
Uate 4   24   14	Prime Contributor out-of-state PAC (ID#_ Prime Contractors, Contributor address; City, State: Zip Code 525 North Belt, Suite	Inc. . 172	Amount of contribution (\$)	In-kind contribution description (if applicable)
Princinal occur	Houston, Tx. 77060	Employer (See In	_	of Texas, complete Schedule T)
Gene	pation ( Job title (See Instructions)  Ya L ( ontractor	Cilipidyer (Gee iii	siructions)	sii kahananya pilakoo Wik (4) ay maga ay ay 1880 Walaya Hill gayay a yay gana anay oo girayay ahaay
4/25/14	Full name of contributor   out-of-state PAC (10#   Haynes + Boone, PAC Contributor address: City; State: Zip Code 2505 N Pland Rd State	· 4000	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Richardson, TK. 7508:		(If travel outside o	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) WFIRM	Employer (See In	structions)	
4/25/14	Full name of contributor out-of-state PAC(10#	<b></b>	Amount of contribution (\$)  B 250.00	in-kind contribution description (it applicable)
	Houston, Tx. 17065-		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See in	<u> </u>	
If cont	ATTACH ADDITIONAL COPIES C			ig requirements.

P.O. Box 12070

#### SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	equile A:	
2 FILER NAME	YES FOR CFISD K	ids	3 ACCOUNT# (E	thics Commission Filers)	
4 Date	5 Full name of contributor Out-of-state PAC (104_	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
7125114	6 Contributor address; City: State: Zip Code 2821 West 7th Street,		5000.00		
	Fort Worth, Tx. 7610	07	(If travel outside	l of Texas, complete Schedule T)	
9 Principal occup	eation/Job title (Sae Instructions) - PCTUYAL FILM	10 Employer (See In	structions)		
4/28/14	Full name of contributor   out-of-state PAC (ID#_ Lumenate LP	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
123111	16633 Dallas Parkway	ste 450	2000.00		
	Addison, Tx. 75001		(If travel outside o	of Texas, complete Schedule T)	
Principal occup	eation/Jap title (See Instructions)	Employer (See In	<u> </u>		
Date Ulaclus	Full name of contributor out-of-state PAC (10#_ Mark Krekowski		Amount of contribution (\$)	In-kind contribution description (if applicable)	
4/28/14	Contributor address City; State, Zip Code 29826 Keen Road		\$ 490.00		
	Tomball, Tx. 7137	17	(If travel outside	of Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
Date	Full name of contributor Out-of-state PAC(ID#_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
4130114	Contributor address: City: State: Zip Code 4234 Rosegate Dr.		B490.00		
	Spring, Tx. 77373-	-6720	(if travel outside a	of Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions)	Employer (See Inc		reves, complete Schedule 1)	
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of	In-kind contribution	
4/20/14	Allyson Assurcao		contribution (\$)	description (if applicable)	
150,11	3006 Whetrock Ln.		19490.00		
Dring/		479-1794	(If travel outside o	f Texas, complete Schedule T)	
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins			
If contr	ATTACH ADDITIONAL COPIES Of ibutor is out-of-state PAC, please see instru	FTHIS SCHEDULE	AS NEEDED ditional reportin	g requirements.	

#### POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS Total pages Schedule A The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME In-kind contribution Amount of description (if applicable) contribution (\$) (If travel outside of Texas, complete Schedule T) 10 Employer (See Instructions) In-kind contribution Amount of Full name of contributor description (if applicable) contribution (\$) 77018-8302 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Out-of-state PAC (ID# description (if applicable) contribution (\$) (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Full name of contributor description (if applicable) contribution (\$) Kon (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution out-of-state PAC (ID#: Amount of description (if applicable) contribution (\$) (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

Texas Ethics Comn	mission P.O. Box 12070 Austin, Texa	as 78711-2070	(512) 463-5800	(100 (-000-730-2000)
DOL ITIC	AL CONTRIBUTIONS			SCHEDULE A
OTHER!	THAN PLEDGES OR LOAN	IS		SUNCUULE A
JIHEK	1.17-17 1 2022 202 21. 22. 11.			
	and the state of t	form	1 Total pages Scho	dule A:
The	Instruction Guide explains how to complete this	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	70 8	U completion Filers
2 FILER NAME	IN F CT US	de	3 ACCOUNT # (EI	hics Commission Filers)
5ay '	YES FOR CFISH N	いつ		g In-kind contribution
4 Date	\$ Full name of contributor	)	7 Amount of contribution (\$)	description (if applicable)
ula alut	Daniel Struzich	<b>仁</b> ,	M . con ne	
7130114	6 Contributor address; City: State; Zip Code		15490.0º	
	14518 Broadgreen Di		-	
and an annual state of the stat	Houston, Tx. 770	The second liver with	AND REAL PROPERTY AND ADDRESS OF THE PARTY	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	natructions)	
	Full name of contributor [1] out-of-state PAC (ID#_	1	Amount of	In-kind contribution
Date	Full name of contributor out-of-state PAC(ID#	,	contribution (\$)	description (if applicable)
	Contributor address; City, State; Zip Code			-
				of Tayas, complete Schedule Ti
		Employer (See It	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Cimpioyer (368)		
Date	Full name of contributor out of state PAC (ID#_	)	Amount of	In-kind contribution description (if applicable)
			contribution (\$)	usacription (n approable)
	Contributor address: City; State; Zip Code		•	1
				1
			(if travel outside	of Texas, complete Schedule T)
Principal occu	spation / Job title (See Instructions)	Employer (See I		
				I to the second of
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
				1
	Contributor address; City; State; Zip Code			
		magazinia arramania arraman ar		of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See i	Instructions)	
Date	Full name of contributor  out-of-state PAC (ID#		Amount of	In-kind contribution
2000	out-of-state PAC (ID#	······································	contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
	Conditional address, City, State; Zip Code			
			[]6 ton =1 1	of Texas, complete Cabilla
Principal occur	upation / Job title (See Instructions)	Employer (See	_ +	of Texas, complete Schedule T)
. ,,,,opa, occ	Make Makes and American and American	211,710,701 (006		
	ATTACH ADDITIONAL COPIES			
if cor	ntributor is out-of-state PAC, please see inst	ruction guide for	additional reporti	ing requirements.

# POLITICAL EXPENDITURES

P.O. Box 12070

## SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Politing Expense	E CATEGORIES FOR BOX 8(a Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel in District Travel Out Of District Office Overhead/Rental Expense the explains how to complete this	Transponation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) form.
Total pages Schedule F	2 FILER NAMES FOR	CFISD Kids	3 ACCOUNT # (Ethics Commission Filers)
Date	5 Dayee name Rec Da	nition	
4/2/14 5 Amount (\$)	Payee address Westlan	State: Zip Code Blvd.	
8 PURPOSE OF	HOUSTON, IX. (a) Category (See categories listed at the Adv Expense	0 11-	tion (It travel butside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder no	office s	ought Office held
4/3/14	Community -	Impact News	paper
Amount (\$) 32\5.00	8400 N. Sam Houston, Tx	77064	, Ste 220
PURPOSE OF EXPENDITURE	Adv. Expense Candidate / Officeholder n	Ad-	ption (It travel outside of Texas, complete Schedule T)  12 pase display sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit to			
438/14	Rayee name  Oir brush I	mages, Inc.	
Amount (\$)	850 N. FM 3 Conroe, TX.	State, Zip Code 083 71303	
PURPOSE OF EXPENDITURE	Category (See categories listed at Adv. Expense	\)	iption (if travel outside of Texas, complete Schedule Tr
Complete ONLY if direct expenditure to benefit	Candidate / Officeholder i		sought Office held
4 9 14	Amegy Bank	. of Texas	
Amount (\$) 71.61	P.O. Bix 294 Houston, To	: State: Zip Code 59 (. 71221-746	59
PURPOSE OF EXPENDITURE	Accounting	the top of this schedule) Banking Chec	Aption Vitravel outside of Texas, complete Schedule T) St. KS/Dep. Slips/Endurse
Complete <u>ONLY</u> if direct expanditure to benefit		name Office	sought Office held
	ATTACH ADDITION	AL COPIES OF THIS SCHEDUL	E AS NEEDED

## POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift-AwarderMemorials Expense Legal Services Food:Severage Expense Politing Expense Entiting Expense	CATEGORIES FOR BOX 8(a Salaries/Wages/Contract Lebor Solicitation/Fundraising Expense Travel in District Travel Out Of Outrict Office Overhead/Rental Expense e explains how to complete this fi	Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Pointcal Committee OTHER (enter a category not listed above)
1 Total pages Scheoule F	2 FILER NAME FOR TO	CFISD Kids	3 4000014 - 4 (201100)
20+3 4 Delen 1	Say 905 FOI		And the second section of the s
4)11)14	Dimensional	Graphics	and the state of t
6 Amount (5)	Rosenberg, 7	x. 77469	On (if travel outside of Texas, complete Schedule T)
8 PURPOSE OF	(a) Category (See categories (iffed at the	top of this schedule) (C) Descripti	1 Design Website Reg
EXPENDITURE	Candidate / Officeholder nat		ught Office held
Complete ONLY if direct     expenditure to benefit C	* - · · · ·	uds a edifferen a sin element i sinder for men dell'element son dell'element element and delle element and delle	dysk madden i o'de gyr i halleger older o'r e gymreg dysm ach i'r regyrhaddir ywyd i'r hefnad y'r halleg gyfr yn i wy ei o'r ei Y dyddiffer o diddir dio dyddir o'r gyfraf o'r ei diw'r y raff flyn yr ei y r ag yr o'r o agol o'r oed gyr i weg
Path 11/14	ARC Texas		
Amount (\$)  \$ 292.28	P.D. BOX 2031 Dallas, TX.	75320-3890	The secondary Scheme T
PURPOSE	Category (See detegories listed at th	e top of this schedule:  Descript	from lift travel outside of Texas, complete Schedule T
EXPENDITURE	Hav. Expense	TUSP	COTAS  Office held
Complete QNLY if direct expanditure to benefit 0		, verkaj van z vaz analytiko kilonog a protesta delitikoliko (* en, regis) projektionog v	unundagga karin sama da palapan mala salabagga an mundagada sama ka kaba 18.0 km malapak da pak da mundagada s
4/15/14	50ûthwest f	recision Print	ers, LP
Amount (8) 13,612.44	1055 Conrad Houston, TX	Sayer Sayer . 77043	
PURPOSE OF	0.1.	2	Aion (If travel outside of Texas, complete Schedule 1.
Complete CINLY if direct	entral colored a colored contral contra		wics - marier 1
expenditure to benefit (	'\	a jak yake maganinkakkin angan yang magan da	
94/15/14	Postmaster	-	
15 26,984.72	Post Office of Houston, Tx	77201-9998	
PURPOSE OF EXPENDITURE	Adv. Expense	Posta	non literate cultude of Texas, complete Schedule ?: Se-Mailer #1
Complete QNLY if direct expanditure to benefit for		me Office so	ought Office neid

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### POLITICAL EXPENDITURES

P.O. Box 12070

## SCHEDULE F

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