SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

CAMITAIGIN	MANGE REFORT		OOVER ONLE FO
The SPAC Instruction Gu	ide explains how to complete this form. 1 ACCOU	JNT # Commission Filers)	2 Total pages filed:
Say VES 4 COMMITTEE ADDRESS — change of address	For CFISD Kids ADDRESS / PO BOX: APT / SUITE #. 12218 Jones Rd Ste Houston, Tx. 770	D# 134	Date received L L L L L L L L L L L L L L L L L L L
5 CAMPAIGN TREASURER NAME	MS/MRS/MR Becky NICKNAME WAST Knight	SUFFIX	Receipt# Amount Date Processed Date Imaged
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	12402 Hideaway P Cypress, Texas 7	ark Driv 1429	ZIP CODE C
7 CAMPAIGN TREASURER'S MAII ING ADDRESS	street or po box; APT/suite #; Same as above	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	(261) 433-8221	EXTENSION	
9 REPORTTYPE	January 15 July 15 Sth day before election Runoff		Exceeded \$500 limit Dissolution (attach PAC-DR) 10th day after campaign treasurer termination
10 PERIOD COVERED	Month Day Year 03/03/2014 THE	ROUGH	Month Day Year
11 ELECTION	ELECTION DATE Month Day Year D5/10 2014 Primary	Runoff	General Special
	GO TO PAGE 2		

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

P.O. Box 12070

FORM SPAC COVER SHEET PG 2

500 VES F	or CFISD	Kids	ACCOUNT # (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 HELD (o	fficeholder)
OPPOSE (Candidate or Measure)		BALLOT IDENTIFICATION / #	ELECTION DATE
ASSIST (Officeholder)	MEASURE	DESCRIPTION DESCRIPTION TO THE I.2B CFISD?	50nd Referendum
14 CONTRIBUTION TOTALS		CONTRIBUTIONS OF \$50 OR LESS (OTHER TI OR GUARANTEES OF LOANS), UNLESS ITEM	
	[E ***** BANTE BURE BURE BURE BURE	AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 55, 120.
EXPENDITURE TOTALS	3. TOTAL POLITICAL	EXPENDITURES OF \$100 OR LESS, UNLESS IT	remized \$
	4. TOTAL POLITIC	AL EXPENDITURES	\$ 5,650.66
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LA IG PERIOD	\$49,469.34
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS (\$ - o -
15 AFFIDAVIT		I swear, or affirm, under penalty of report is true and correct and includ reported by me under Title 15, Electory Signature of Camp	es all information required to be
AFFIX NOTARY STAMP / SEA		said BECKY KNIGHT	, this the
day of	APRIL , 20/1	t, to certify which, witness my	hand and seal of office.
Han Shan	IRFA	N KHAN NO	TARY PUBLIC
Signature of officer administe	ring oath Printed	name of officer administering oath	Title of officer administering oath

P.O. Box 12070

SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME FOR CFISD Kids	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
3/6/2014 Darcy Minguia 6 Contributor address: City: State; Zip Code 6610 Barrington Gdn Houston, Tx. 77069-1131	91000.0º
	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) Executive Director Lone 5	tar College Foundation
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
3/1/14 Godfrey Hubert Contributor address; Cypress Wood Dr.	\$250. °
Houston, Tx. 77070-2733	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	
3/14/14 Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$) In-kind contribution description (if applicable)
Cypress, Tx. 77429	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	e Instructions)
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$) In-kind contribution description (if applicable)
Houston, Tx. 77069	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	
3/17/14 Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) In-kind contribution description (if applicable)
110-100 1 17	(If travel outside of Texas, complete Schedule T) e Instructions)
Principal occupation / Job title (See Instructions) Employer (See	
ATTAQUARRITIONAL CORIES OF THIS SCHEDI	I E AS NEEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

(512) 463-5800

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A: 2 of ID
SON YES For CFISD Kids	3 ACCOUNT # (Ethics 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)
13903 Blanco Falls LA. Cupless, TX. 77429	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 Employer (S	
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
3/17/14 Contributor address; City; State; Zip Code Greenway Plaza, 22 nd Floor	10,000.00
Houston, Tx. 77046-1140	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (S Employer (S	ee Instructions)
Date Full name of contributor out-of-state PAC (ID#:) Amount of In-kind contribution contribution (\$) description (if applicable)
3/17/14 Contributor address; City; State; Zip Code 13218 Pine Drive	\$ 500. ⁰
Cypress, TX 77429	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (S	tee Instructions) na PC
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code 8525 Westland West Blvd	1. 19475,00
Houston, TX. 77041	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (S	See Instructions)
Date Full name of contributor Out-of-state PAC (ID#: The pressions L. Contributor address; City; State; Zip Code	Amount of contribution (\$) Amount of contribution (\$) Amount of description (if applicable)
2930 Chimney Rock Houston, Tx. 77056	(If travel outside of Texas, complete Schedule T)
Princip A occupation / Job title (See Instructions) Employer (S	See Instructions)

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P.O. Box 12070

SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A: 3 of 10
Say VES For CFISD Kids	3 ACCOUNT # (Ethics 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)
3/17/14 6 Contributor address: City: State; Zip Code 13903 Blanco Falls Lanc	b475.00
Cypress, TX. 17429	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 Employer (See	ee Instructions)
Date Full name of contributor out-of-state PAC (ID#	
3/17/14 Contributor address: City: State; Zip Code 12/18 Chriswood Dr.	200.00
Cypiess, Tx. 77429	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	ee Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code	\$ 100.00
Houston, Tx. 77095	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (S	ee Instructions)
Date Full name of contributor out-of-state PAC (ID#: Line barger Goggan Blair + Sam	Amount of contribution (\$) In-kind contribution description (if applicable)
3/19/14 Centributor address; City; State; Zip Code P.O. 130X 17428 Austin Tx. 78760	10,000·
	(If travel outside of Texas, complete Schedule T) See Instructions)
Principal accupation / Job title (See Instructions) Employer (S	instruction by
Date Stacewell + Giuliani Comm	Amount of contribution (\$) In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Suite 711 Louisiana Street Suite	1000.°°
Houston, Tx. 77002-2170	(If travel outside of Texas, complete Schedule T) See Instructions)
Principal occupation / Job title (See Instructions) Employer (S	see manucuunay

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

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The	e Instruction Guide explains how to complete th	is form.	1 Total pages Sch	nedule A:
Say Y	ES For CFISD Ki	ds	3 ACCOUNT # (E	Ethics Commission Filers)
3/24/14	5 Full name of contributor out-of-state PAC (ID#: Becky Knight 6 Contributor address; City; State; Zincode 12402 Hidleaway far		Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	cypress, TX. 7	1429	(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	estructions)	
Date 3	Full name of contributor out-of-state PAC (ID#_ Larry Martin		Amount of contribution (\$)	In-kind contribution description (if applicable)
7/24/14	Contributor address; City; State: Zip Code 12922 Lynn Haven Cup (ess. TV. 774	5+. 129	₱200.°°	
Principal occur	pation / Job title (See Instructions)			f Texas, complete Schedule T)
	and the (See Mandellona)	Employer (See In	structions)	
3 27 14	Full name of contributor out-of-state PAC (ID#_ FOX AppraisaL Co Contributor address; City; State; Zip Code)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Houston, Tx. 7	Dr., Suite B 1040	500. OO	of Texas, complete Schedule T)
	pation Hob title (See Instructions) - Hppraisals	Employer (See Ins		
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/27/14	Contributor address; City: State; Zip Code		250.00	SI .
	cypress, Tx. 17429	- 4461	(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	tructions)	
3/21/14	Full name of contributor Marilyn Ruzicka Contributor address: City: State; Zip Code 14114 Cellini Contributor address: City: State; Zip Code	29	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)
		The state of the s		

P.O. Box 12070

SCHEDULE A

Th	e Instruction Guide explains how to complete t	his form.	1 Total pages Sch	edule A:
Say Y	ES For CFISD K	ids	3 ACCOUNT # (E	thics Commission Filers)
3/21/14	5 Full name of contributor Chery Contributor address; City; State; Zip Cod. 13530 Via Chianti	\$	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	Upress, Tx. 77	429	(If trough outside a	/T
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor		Amount of	la kind a return
3/20/14	Thompson + Horton	LLP	contribution (\$)	In-kind contribution description (if applicable)
רוני או	3200 Southwest Fuy. Houston, Tx. 77	Ste. 2000 027	2500.00	
Principal occup	pation (Job title (See Instructions)	Employer (See In	(If travel outside of structions)	Texas, complete Schedule T)
Date				
3/29/14/	Upchurch Kimbrouch	LTD.	Amount of contribution (\$)	In-kind contribution description (if applicable)
21111	7401 Westview Dr	ive	2000.00	
		055	(If travel outside of	Texas, complete Schedule T)
Principal occup	ation/Job title (See)Instructions)	Employer (See Ins		y empore conceder ()
Black LL	Full name of contributor out-of-state PAC (ID#_ Debra BlackShear		Amount of contribution (\$)	In-kind contribution description (if applicable)
120/19	Contributor address; City; State; Zip Code		500.00	
	Upress, 1x. 77429	l)	(If travel outside of 7	Texas, complete Schedule T)
Principa occupa	ation / Job title (See Instructions)	Employer (See Ins		rexas, complete scriedule 1)
Date 3 28 14	Full name of contributor out-of-state PAC (ID#:_ Randall Curry Contributor address: City: State; Zip Code 3422 Mi mosa Way Sugar Land, Tx. 7747	2001	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupa	tion/Job title (See Instructions)	9 - 2706 Employer (See Inst	000 Land 190 A 000	exas, complete Schedule T)
		, , , (SSS MAL		
	ATTACH ADDITIONAL CODITO			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS	SCHEDULE A
The instruction Guide explains how to complete this form.	1 Total pages Schedule A:
Say VES For CFISD Kids	3 ACCOUNT # (Ethics Commission Filers)
3 28 14 5 Full name of contributor Dut-of-state PAC(ID#) Mark French 6 contributor address; City: State, Zip Code 3881 Summer Manor Dr. League City, Tx. 71513	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable) 1 490.00 (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 Employer (See In	structions)
Date Full name of contributor Out-of-state PAC(ID#) 21	Amount of In-kind contribution contribution (\$) description (if applicable)
3)28/14 DVITT Gavaries zipcode 11755 Cawdor Way Houston, Ix. 77024-2618	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See In	
3/28/14 Green River Oil, Inc. Contributor address: City: State: p Zip Code 7710-T Cherry Park, Suite 502 Houston, Tx. 77095-2725	(If travel outside of Texas, complete Schedule T)
Principal occupation / Jeb title (See Instructions) Principal occupation / Jeb title (See Instructions) Employer (See Instructions)	nstructions)
3/28/14 Stair Hamilton Contributor address: City: State: Zip Code 3410 Chambers Court Missouri City, Tx. 77459	Amount of contribution (\$) In-kind contribution description (if applicable) B475. 00 (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	nstructions)
Date Full name of contributor Shelly Hancock Contributor address: City; State; Zip Gode 13106 Lynn Haven Cypress, Tx. 71429-4028 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$) description (if applicable) 150.00 (If travel outside of Texas, complete Schedule T)
ATTACH ADDITIONAL COPIES OF THIS SCHEDUL If contributor is out-of-state PAC, please see instruction guide for	EAS NEEDED additional reporting requirements.

SCHEDULE A

OTTIER				
The	Instruction Guide explains how to complete th	is form.	1 Total pages Sphe	dule A:
2 FILER NAME	ES For CFISD Kid	15	3 ACCOUNT # (Et	hics Commission Filers)
3)28/14	The same of the sa	17036		in-kind contribution description (if applicable) Texas, complete Schedule T)
	pation / Job title (See Instructions) Duter Co.	10 Employer (See in	structions)	
3/28/14	Full name of contributor out-of-size PAC(10)*. Thomas Jackson Contributor address; City; State; Zip Code 7811 Spruce Cove D	۲.	Amount of contribution (\$)	In-kind contribution description (if applicable)
	설레는 인생님이 기대프랑을 하면서 그 때문을 생각하면서 기계되었습니다.	5-1613	(If travel outside o	f Texas, complete Schedule T)
Principal accur	pation (lob title (See Instructions)	Employer (See In	Kiler C); (
3/28/14	Full name of contributor out-of-state PAC (IDA) Brian Jenkins Contributor address; City: State: Zip Code 2122 Royal Adelai Katy, Texas 714	de Dr. 50-8564	Amount of contribution (\$) HU95, 00	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
3/28/14	Full name of contributor Out-of-state PACCIDE Hunter Kornegay Contributor address City: State: Zip Code 4323 St. Michaels Sugarland, Tx. 7	Ct. 17479		in-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See in	structions)	The same of the sa
3/28/14	Northwest Chrysler, J. Contributor address: City: State: Zip Code 19616 NW Freeway Houston, Tx. 110	eep, Dodge, Ram	Amount of contribution (\$) 5000.00 (if travel outside	In-kind contribution description (if applicable)
Principal occu	pation Heb title (See Instructions)	Employer (See In	nstructions)	
	and the same of th	AP 7: 110 BOLIES (1)	AS NEEDED	

(512) 463-5800

POLITICAL CONTRIBUTIONS

Texas Ethics Commission

SCHEDULE A

OTHER	THAN PLEDGES OR LOAN	13		
The	Instruction Guide explains how to complete this	form.	1 Total pages Sche	dule A:
2 FILER NAME	35 For CFISD Ki	ds	3 ACCOUNT # (Ett	nics Cornmission Filers)
3/28/14	5 Full name of contributor Out-of-state PAC (ID#_Calvin Powitzky 6 Contributor, address; City; State; Zip Code 707 Hidden Woods L Friendswood, TX.	_ane 71546	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) f Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See In	Carried Street, Square Street, Square,	The state of the s
3/28/14	Full name of contributor Out-of-state PAC(10#)(.	Amount of contribution (\$)	In-kind contribution description (if applicable) f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		and the second s
3/28/14	Full name of contributor out-of-state PAC (ID#_ Raba Kistner Contributor address: City. State; Zip Code 12821 West Golden L San Antonio, Tx. 78		Amount of contribution (\$)	In-kind contribution description (if applicable) of Texas, complete Schadule T)
Principal occu	postion/Job title (See Instructions), Neering Consultant	Employer (See In	structions)	
3/28/14	Full name of contributor out-of-state PAC (10#) Patrick Zadow Contributor address: City: State; Zip Code 4943 Carrington Ct. Pearland, Tx. 7158		Amount of contribution (\$)	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See in		and the processing for the second
3/28/14	Full name of contributor out-of-state PAC (ID# _ Carlo Sechi Contributor address; City; State: Zip Code 19310 Foxtree Ln Houston, Tx. 770	94	Amount of contribution (\$) HUGS. UD (If travel outside of	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occu	pation / Job title (See instructions)	Employer (See in	natructions)	77
If con	ATTACH ADDITIONAL COPIES of tributor is out-of-state PAC, please see instru	OF THIS SCHEDULE	EAS NEEDED	ig requirements.

P.O. Box 12070

SCHEDULE A

de l'illant				
The I	instruction Guide explains how to complete thi	s form.	1 Total pages Sched	dule A:
2 FILER NAME	S For CFISD Kid	5	3 ACCOUNT # (Eth	ics Commission Filers)
3/28/14	Full name of contributor out-of-state PAC (IDW_Alice Wimberly 6 Contributor address; City; State; Zip Code 12411 Muller Sky CT		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
•	Tomball, Tx. 7137	The same of the sa	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	Texas, complete Schedule T)
9 Principal occup	ation / Job litle (See Instructions)	10 Employer (See in	structions)	
Oate 3	Fuhname of contributor out-of-state PAC (ID#_ Peter Barnhart		Amount of contribution (\$)	In-kind contribution description (if applicable)
7/28/14	Contributor address: City: State. Zip Code 14002 Blanco Falls L		1500.00	20 SEC 200 E/
Disable to the second	Cypress, Tx. 774	Freelover (See in	structions	Texas, complete Schedule T)
Exec.	ation (Job title (See Instructions) V. P. + FARTNER	Caldw	ell Compo	anies
3/28/14	Joseph Beatty Contributor address, City: State: Zip Code 1422 Saddle band		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Houston, Tx. 710		(if travel outside o	Texas, complete Schedule T)
Principal pcoup	stion / Job title (See Instructions)	Employer (See In	ETPO-CHR	
3 28 14	Full name of contributor out of-state PAC (IDM: Cindy District Contributor address) City: State: Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Houston, Tx. 77070.	- 2435	(if travel outside o	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)	
3 31 14	Full name of contributor out-of-state PAC(IDA) Charles Goodson Contributor address; City; State: Zip Code [8106 Darling Point Cypress, Tx. 774	-29	.1	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See II	natructions)	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULI	E AS NEEDED	

SCHEDULE A

OTHER				
The	n Instruction Guide explains how to complete this fo	orm.	1 Total pages Sch	10
FILER NAME	ES For CFISD Ki	ds	3 ACCOUNT # (Et	hics Commission Filers)
331/14	6 Contributor address; City: State: Zip Code 58 Wincrest Falls Dr. Cypress, Tx. 7742	9 0 Employer (See Ins	THE PARTY OF THE P	In-kind contribution description (if applicable) f Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	o Employo (coo		
Date	Full name of contributor out-of-state PAC (ID# Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
			THE RESERVOIR SALES OF THE PERSON AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO	of Texas, complete Schedule T)
Principal occu	upation / Job title (See instructions)	Employer (See Ins	iructions)	
	the state of the s			
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
Date			contribution (\$)	
2000		Employer (See Ins	contribution (\$)	description (if applicable)
\$2550×2	Contributor address; City, State; Zip Code	Employer (See Ins	contribution (\$)	description (if applicable of Texas, complete Schedule T)
Principal occu	Contributor address; City, State; Zip Code upation / Job title (See instructions) Full name of contributor out-of-state PAC (IDst	Employer (See Ins	(If travel outside outside outside of contribution (\$)	description (if applicable) of Texas, complete Schedule T)
Principal occu	Contributor address; City, State; Zip Code upation / Job title (See instructions) Full name of contributor out-of-state PAC (IDst	Employer (See Ins	(If travel outside of contribution (\$) Amount of contribution (\$)	description (if applicable) of Texas, complete Schedule T) In-kind contribution description (if applicable)
Principal occu	Contributor address; City, State; Zip Code upstion / Job title (See instructions) Full name of contributor out-of-state PAC (ICst Contributor address; City; State; Zip Code		(If travel outside of contribution (\$) Amount of contribution (\$)	description (if applicable) I Texas, complete Schedule T) In-kind contribution description (if applicable) If Texas, complete Schedule T)
Principal occi	Contributor address; City, State; Zip Code upation / Job title (See Instructions) Full name of contributor out-of-state PAC (IDst Contributor address; City; State; Zip Code upation / Job title (See Instructions)		(If travel outside of contribution (\$) Amount of contribution (\$) (If travel outside of contribution (\$)	description (if applicable) of Texas, complete Schedule T) In-kind contribution description (if applicable) of Texas, complete Schedule T)

Revised 04/19/2013

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/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/Reimbu Transportation Equipment Contributions/Donations M Candidate/Officeholde OTHER (enter a category	& Related Expense Made By r/Political Committee
The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 2 FILER NAME				
1091	Say YES For (,FISD KIds	1004 - 20.200 (0.000 (0.000) 5000	
3/25/14 Firbrush Images, Inc.				
6 Amount (\$)	7 Payee address; City: Stat	e; Zip Code 30 & 3		
94514.03	Conroe, Texas 77303			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top Advertising Exper	of this schedule) (b) Description (5)	on (If travel outside of Texas, com	Road.
9 Complete ONLY if direct Candidate / Office holder name Office sought Office held expenditure to benefit C/OH				
3 26 2014	Southwest Pre	cision Printer	5, L. P.	
\$\\\136.63	1055 Conrad Saver Houston, Texas 77043			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top Advertising Expe	Δ .	on (If travel outside of Texas, compared to the Compared to th	ards
Complete ONLY if direct Candidate / Office holder name Office sought Office held expenditure to benefit C/OH				
Date	Payee name			
Amount (\$)	Payee address; City; Sta	ite; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule) Descriptio	on (If travel outside of Texas, comp	olete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office soug	ght	Office held
Date	Payee name			
Amount (\$)	Payee address; City; Sta	te; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule) Description	n (If travel outside of Texas, comp	olete Schedule T)
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office soug	jht	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				