

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00012345	2 PAGE # 1 of 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Anna	MI
	NICKNAME	LAST Eastman	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	935 Harvard St. Houston, TX 77008		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Brad	MI
	NICKNAME	LAST Eastman	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
935 Harvard St. Houston, TX 77008			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(713) 868-5913			
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
09/28/2013		10/25/2013	
10 ELECTION	ELECTION DATE Month Day Year 11/05/2013	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) HISD District 1	12 OFFICE SOUGHT (if known) HISD District 1	
GO TO PAGE 2			

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

13 C/OH NAME Eastman, Anna (Mrs.)

14 ACCOUNT # (Ethics Commission filers)
00012345

15 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 4,625.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 20,630.41

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 546.09

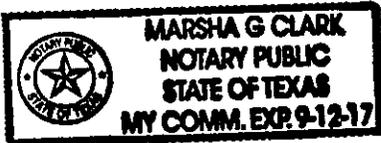
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

17 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.



[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ANNA EASTMAN, this the 28th day of October, 2013, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

MARSHA G. CLARK
Print name of officer administering oath

NOTARY
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/4 Report: 3/10

2 FILER NAME Eastman, Anna (Mrs.)

3 ACCOUNT # (Ethics Commission filers)

00012345

4 Date

09/30/2013

5 Full name of contributor out-of-state PAC (ID# _____)
ARNOLD, MARCI

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

\$50.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/18/2013

Full name of contributor out-of-state PAC (ID# _____)
ARNOLD, PAULA

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/11/2013

Full name of contributor out-of-state PAC (ID# _____)
ARPIN, DAVID

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/11/2013

Full name of contributor out-of-state PAC (ID# _____)
CARR, PATRICIA

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$20.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/21/2013

Full name of contributor out-of-state PAC (ID# _____)
CAVNAR, GRACIE

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #

Schedule: 2/4 Report: 4/10

2 FILER NAME Eastman, Anna (Mrs.)

3 ACCOUNT # (Ethics Commission filers)

00012345

4 Date

10/14/2013

5 Full name of contributor out-of-state PAC (ID# _____)
DEIGAARD, WILLIAM

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

\$50.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/12/2013

Full name of contributor out-of-state PAC (ID# _____)
FRANCI, CRANE

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/11/2013

Full name of contributor out-of-state PAC (ID# _____)
GILBERT, KEVIN

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/14/2013

Full name of contributor out-of-state PAC (ID# _____)
HOUSTON BUSINESS-EDU COALITION PAC

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$2,500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/18/2013

Full name of contributor out-of-state PAC (ID# _____)
JERNIGAN, KATHERINE

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$30.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/4 Report: 5/10	
2 FILER NAME Eastman, Anna (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00012345	
4 Date 10/10/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LONG, JUDY 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date 10/13/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MCADAMS, DONALD Contributor address; City; State; Zip Code	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) FOUNDER/CHAIRMAN		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) THE CENTER FOR REFORM OF SCHOOL SYSTEMS			
Date 10/05/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MERCALDI, VINCENT Contributor address; City; State; Zip Code	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date 10/21/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MEYER, KIMBERLY Contributor address; City; State; Zip Code	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date 10/03/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MILLIKEN, MARTIN Contributor address; City; State; Zip Code	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 4/4 Report: 6/10

2 FILER NAME Eastman, Anna (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00012345

4 Date 10/17/2013
5 Full name of contributor out-of-state PAC (ID# _____)
MORUA, ALEX

7 Amount of contribution (\$) | **8 In-kind contribution description (if applicable)**

6 Contributor address; City; State; Zip Code

\$100.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 10/02/2013
Full name of contributor out-of-state PAC (ID# _____)
VAN DYKE WALDEN, JANICE

Amount of contribution (\$) | **In-kind contribution description (if applicable)**

Contributor address; City; State; Zip Code

\$50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 10/03/2013
Full name of contributor out-of-state PAC (ID# _____)
WESTON, JIM

Amount of contribution (\$) | **In-kind contribution description (if applicable)**

Contributor address; City; State; Zip Code

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial 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 PAGE # Schedule: 1/4 Report: 7/10	2 FILER NAME Eastman, Anna (Mrs.)	3 ACCOUNT # (TEC filers) 00012345
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4 Date 10/11/2013	5 Payee name CAMPOS COMMUNICATIONS
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6 Amount (\$) \$3,500.00	7 Payee address City; State; Zip Code 816 RALFALLEN ST HOUSTON, TX 77008
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONSULTING FEE
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/18/2013	Payee name HARRIS COUNTY TEJANO DEMOCRATS
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Amount (\$) \$150.00	Payee address City; State; Zip Code 3715 MAIN HOUSTON, TX 77009
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> DONATION
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/22/2013	Payee name HOUSTON BLACK AMERICAN DEMOCRATS
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Amount (\$) \$450.00	Payee address City; State; Zip Code PO BOX 925424 HOUSTON, TX 77292
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> GET OUT THE VOTE EFFORTS
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/30/2013	Payee name HOUSTON GLBT POLITICAL CAUCUS
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Amount (\$) \$100.00	Payee address City; State; Zip Code PO BOX 6664 HOUSTON, TX 77266
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> GLBT LUNCHEON.
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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 PAGE # Schedule: 2/4 Report: 8/10	2 FILER NAME Eastman, Anna (Mrs.)	3 ACCOUNT # (TEC filers) 00012345
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4 Date 10/01/2013	5 Payee name JOHNSTON CAMPAIGNS	
6 Amount (\$) \$3,993.70	7 Payee address City; State; Zip Code 2978 RISING TIDE LANE LEAGUE CITY, TX 77573	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> MAILER
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

Date 10/11/2013	Payee name JOHNSTON CAMPAIGNS	
Amount (\$) \$5,120.26	Payee address City; State; Zip Code 2978 RISING TIDE LANE LEAGUE CITY, TX 77573	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> MAILER
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

Date 10/22/2013	Payee name JOHNSTON CAMPAIGNS	
Amount (\$) \$5,120.26	Payee address City; State; Zip Code 2978 RISING TIDE LANE LEAGUE CITY, TX 77573	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> MAILER
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

Date 10/07/2013	Payee name KROGER	
Amount (\$) \$82.19	Payee address City; State; Zip Code 1035 N SHEPHERD HOUSTON, TX 77008	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> REFRESHMENTS FOR VOLUNTEERS.
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial 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 PAGE # Schedule: 3/4 Report: 9/10	2 FILER NAME Eastman, Anna (Mrs.)	3 ACCOUNT # (TEC filers) 00012345
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4 Date 10/02/2013	5 Payee name LAZ PARKING
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6 Amount (\$) \$6.50	7 Payee address City; State; Zip Code 1317 AUSTIN HOUSTON, TX 77002
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> PARKING FEE.
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/15/2013	Payee name LES GRIVALS
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Amount (\$) \$8.19	Payee address City; State; Zip Code 2704 MILAM HOUSTON, TX 77006
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> LUNCH WITH STAFF.
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/25/2013	Payee name PAYPAL
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Amount (\$) \$43.25	Payee address City; State; Zip Code 2211 NORTH FIRST STREET SAN JOSE, CA 95131
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> FEES FOR ONLINE CONTRIBUTION.
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/22/2013	Payee name PEREZ, JOHN
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Amount (\$) \$375.00	Payee address City; State; Zip Code 7723 ELM HOUSTON, TX 77023
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> SIGN DISTRIBUTION PAID FOR BY MARC CAMPOS AND REIMBURSED.
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial 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 PAGE # Schedule: 4/4 Report: 10/10	2 FILER NAME Eastman, Anna (Mrs.)	3 ACCOUNT # (TEC filers) 00012345
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4 Date 10/11/2013	5 Payee name SPRINT 2 PRINT
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6 Amount (\$) \$1,001.31	7 Payee address City; State; Zip Code 8748 CLAY RD HOUSTON, TX 77080
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> SIGNS
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/09/2013	Payee name SQUARE SPACE
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Amount (\$) \$30.00	Payee address City; State; Zip Code 459 BROADWAY NEW YORK, NY 10013
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> WEB HOSTING FEE.
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/11/2013	Payee name TTWEAK
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Amount (\$) \$574.75	Payee address City; State; Zip Code 4904 TRAVIS HOUSTON, TX 77002
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> GRAPHIC DESIGN
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/28/2013	Payee name ZEPH CAPO CAMPAIGN
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Amount (\$) \$75.00	Payee address City; State; Zip Code PO BOX 920927 HOUSTON, TX 77292
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CONTRIBUTION
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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