

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512)463-5800 TDD 1-800-735-2989

# 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)  
00068056

**2 PAGE #**  
1 of 17

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR FIRST MI  
Ms. Wanda  
.....  
NICKNAME LAST SUFFIX  
Adams

**OFFICE USE ONLY**

Date Received

13 OCT 7 3:40PM

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  
315 W. Alabama Ste. 103  
Houston, TX 77006

Change of Address

Date Hand-delivered or Date Postmarked

Receipt #

Amount

**5 CAMPAIGN TREASURER NAME**

MS / MRS / MR FIRST MI  
Dr. Michael  
.....  
NICKNAME LAST SUFFIX  
Adams

Date Processed

Date Imaged

**6 CAMPAIGN TREASURER ADDRESS**  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE  
Eagle Street  
Houston, TX 77004

**7 CAMPAIGN TREASURER PHONE**

AREA CODE PHONE NUMBER EXTENSION

**8 REPORT TYPE**

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

**9 PERIOD COVERED**

Month Day Year MONTH DAY YEAR  
08/26/2013 THROUGH 09/26/2013

**10 ELECTION**

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  General  Special  
11/05/2013

**11 OFFICE**

OFFICE HELD (if any)  
Council Member

**12 OFFICE SOUGHT (if known)**  
HISD Trustee District 9

**GO TO PAGE 2**

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

13 C/OH NAME Adams, Wanda (Ms.)

14 ACCOUNT # (Ethics Commission filers)  
00068056

### 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) \$ 14,325.00

### EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 5,521.93

### CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 8,803.07

### 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.

Wanda A

Signature of Candidate or Officeholder



Sworn to and subscribed before me, by the said Wanda Adams, this the 7th day of October, 2013, to certify which, witness my hand and seal of office.

Louis Gonzalez  
Signature of officer administering oath

Louis Gonzalez  
Print name of officer administering oath

Notary  
Title of officer administering oath

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
4 of 17

2 FILER NAME Adams, Wanda (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00068056

4 Date 09/10/2013 5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Abdu, Erikah (Ms.)

7 Amount of contribution (\$) \$100.00 8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
Consultant

10 Employer (See Instructions)

Date 09/25/2013 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Adams, Michael

Amount of contribution (\$) \$200.00 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 09/10/2013 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Akbari, Ike

Amount of contribution (\$) \$1,000.00 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)  
Consultant

Employer (See Instructions)

Date 09/03/2013 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Andrews and Kurth PAC

Amount of contribution (\$) \$500.00 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 09/25/2013 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Arnold, Paula

Amount of contribution (\$) \$100.00 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)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
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2 FILER NAME Adams, Wanda (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00068056

4 Date

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Boykins, Dwight7 Amount of  
contribution (\$)8 In-kind contribution  
description (if applicable)

09/10/2013

6 Contributor address; City; State; Zip Code

\$500.00

(If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions)  
Independent Business Owner

10 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Carter, Darryl (Mr.)Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

08/30/2013

Contributor address; City; State; Zip Code

\$500.00

(If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions)  
Lawyer

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Clifford, CindyAmount of  
contribution (\$)In-kind contribution  
description (if applicable)

09/10/2013

Contributor address; City; State; Zip Code

\$200.00

(If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions)  
Consultant/Owner

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Committee on Political EducationAmount of  
contribution (\$)In-kind contribution  
description (if applicable)

09/10/2013

Contributor address; City; State; Zip Code

\$200.00

(If travel outside of Texas, complete Schedule T) 

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Council, TonyAmount of  
contribution (\$)In-kind contribution  
description (if applicable)

09/10/2013

Contributor address; City; State; Zip Code

\$500.00

(If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions)  
President/CEOEmployer (See Instructions)  
TLC Engineering, Inc.

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # 6 of 17	
2 FILER NAME Adams, Wanda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00068056	
4 Date 09/26/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Davis, Walter ..... 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) CPA		10 Employer (See Instructions)	
Date 09/10/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eaton, Samuel ..... Contributor address; City; State; Zip Code	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) JNE Green Team Inc.	
Date 09/10/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guess, John ..... Contributor address; City; State; Zip Code	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions)	
Date 09/11/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hawes, David ..... Contributor address; City; State; Zip Code	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Hawes Hill Calderon	
Date 09/23/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Houston Federation of Teachers ..... Contributor address; City; State; Zip Code	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
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 # 7 of 17	
2 FILER NAME Adams, Wanda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00068056	
4 Date  09/10/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Houston Police Officers Union  6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)  \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  09/26/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnson, Preston  Contributor address; City; State; Zip Code	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/13/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joiner, Patricia  Contributor address; City; State; Zip Code	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) President/CEO		Employer (See Instructions) Knudson LP	
Date  08/30/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Locke, Gene  Contributor address; City; State; Zip Code	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Andrews and Kurth	
Date  09/26/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Locke Lord LLP  Contributor address; City; State; Zip Code	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # 8 of 17	
2 FILER NAME Adams, Wanda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00068056	
4 Date 09/26/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mayberry, Sharone	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/13/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miller, Robert	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Locke Lord	
Date 09/06/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Morris, Susan	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/26/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oliver, Raquel	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/05/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pasternak, Joanna	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # 9 of 17	
2 FILER NAME Adams, Wanda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00068056	
4 Date 09/26/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Plumbers Local Union 68 ..... 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/12/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PSA Constructors, Inc. ..... Contributor address; City; State; Zip Code	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/16/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robinson, Anthony ..... Contributor address; City; State; Zip Code	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/16/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Audrey ..... Contributor address; City; State; Zip Code	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/10/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Straughn-Sanders, Cynthia ..... Contributor address; City; State; Zip Code	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	



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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1 PAGE #**  
10 of 17

**2 FILER NAME** Adams, Wanda (Ms.)

**3 ACCOUNT #** (Ethics Commission filers)  
00068056

**4 Date**  
  
09/10/2013

**5 Full name of contributor**  out-of-state PAC (ID# \_\_\_\_\_)  
Texas Taxi Political Action Committee

**6 Contributor address; City; State; Zip Code**
**7 Amount of contribution (\$)**  
  
\$1,000.00

**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**  
  
09/26/2013

**Full name of contributor**  out-of-state PAC (ID# \_\_\_\_\_)  
Thompson, Senfronia (Ms.)

**Contributor address; City; State; Zip Code**
**Amount of contribution (\$)**  
  
\$1,000.00

**In-kind contribution description (if applicable)**
(If travel outside of Texas, complete Schedule T) 
**Principal occupation / Job title (See Instructions)**  
State Representative

**Employer (See Instructions)**
**Date**  
  
09/24/2013

**Full name of contributor**  out-of-state PAC (ID# \_\_\_\_\_)  
Wilson, Gerald

**Contributor address; City; State; Zip Code**
**Amount of contribution (\$)**  
  
\$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**  
  
09/24/2013

**Full name of contributor**  out-of-state PAC (ID# \_\_\_\_\_)  
Womack, Gerald

**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**  
  
09/10/2013

**Full name of contributor**  out-of-state PAC (ID# \_\_\_\_\_)  
Wynn, Claude

**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)**

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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.

<b>1</b> PAGE # 11 of 17		<b>2</b> FILER NAME Adams, Wanda (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 00068056	
<b>4</b> Date 09/12/2013	<b>5</b> Payee name Academy Awards and Trophies				
<b>6</b> Amount (\$) \$393.49	<b>7</b> Payee address City; State; Zip Code 4102 Fannin Houston, TX 77004				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Purchase Campaign T-Shirts		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 09/18/2013	Payee name Academy Awards and Trophies				
Amount (\$) \$130.44	Payee address City; State; Zip Code 4106 Fannin Houston, TX 77004				
<b>8</b> 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"/> paid balance on T-Shirts		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 09/15/2013	Payee name Davis, Brandi				
Amount (\$) \$250.00	Payee address City; State; Zip Code unknown at time of filing Washington, DC 00000				
<b>8</b> 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"/> Sponsorship for Texas Delegation at NLBC		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 09/19/2013	Payee name Elite Change, Inc.				
Amount (\$) \$200.00	Payee address City; State; Zip Code 315 West Alabama Suite 100 Houston, TX 77006				
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor		
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  
FeesGifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing ExpenseSalaries/Wages/Contract Labor  
Solidation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental ExpenseLoan 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.

<b>1 PAGE #</b> 12 of 17		<b>2 FILER NAME</b> Adams, Wanda (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00068056	
<b>4 Date</b> 09/17/2013		<b>5 Payee name</b> Fannin Texaco			
<b>6 Amount (\$)</b> \$65.00		<b>7 Payee address</b> City; State; Zip Code 2111 Fannin Houston, TX 77002			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category (See Categories listed at the top of this schedule)</b> Travel In District		<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Gas	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
Date 09/18/2013		Payee name HBAD			
Amount (\$) \$1,783.00		Payee address City; State; Zip Code Houston Houston, TX 77292			
<b>PURPOSE OF EXPENDITURE</b>		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	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
Date 09/18/2013		Payee name Hightower, Robert			
Amount (\$) \$300.00		Payee address City; State; Zip Code Martin Luther King Blvd Houston, TX 77048			
<b>PURPOSE OF EXPENDITURE</b>		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"/> Delivery of Campaign Signs	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
Date 09/17/2013		Payee name 1 Print Flyers			
Amount (\$) \$150.00		Payee address City; State; Zip Code 8202 Cullen Houston, TX 77051			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> material for campaign	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		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  
FeesGifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing ExpenseSalaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental ExpenseLoan 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.

<b>1</b> PAGE # 13 of 17	<b>2</b> FILER NAME Adams, Wanda (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00068056
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<b>4</b> Date 09/19/2013	<b>5</b> Payee name Love, Jessie
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<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address City; State; Zip Code 9107 Market Houston, TX 77029
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<b>8</b> 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"/> Block walker for campaign
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/09/2013	Payee name Monarch Printing
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Amount (\$) \$448.73	Payee address City; State; Zip Code 6605 McGrew Street Houston, TX 77087
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Push Cards
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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 09/13/2013	Payee name Piryx
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Amount (\$) \$1.44	Payee address City; State; Zip Code 144 2nd St.,1st Floor San Francisco, CA 94105
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Piryx online banking fees
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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 09/13/2013	Payee name Piryx
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Amount (\$) \$5.75	Payee address City; State; Zip Code 144 2nd St.,1st Floor San Francisco, CA 94105
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Piryx online banking fees
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Texas Ethics Commission

P.O.Box 12070

Austin, Texas 78711-2070

(512)463-5800

1-800-325-8506

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
FeesGifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing ExpenseSalaries/Wages/Contract Labor  
Solicitation/Raising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental ExpenseLoan 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.

<b>1</b> PAGE # 14 of 17		<b>2</b> FILER NAME Adams, Wanda (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 00068056	
<b>4</b> Date 09/16/2013		<b>5</b> Payee name Piryx			
<b>6</b> Amount (\$) \$5.75		<b>7</b> Payee address City; State; Zip Code 144 2nd St.,1st Floor San Francisco, CA 94105			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Piryx online banking fees	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/26/2013		Payee name Piryx			
Amount (\$) \$5.75		Payee address City; State; Zip Code 144 2nd St.,1st Floor San Francisco, CA 94105			
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"/> Piryx online banking fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/26/2013		Payee name Piryx			
Amount (\$) \$14.38		Payee address City; State; Zip Code 144 2nd St.,1st Floor San Francisco, CA 94105			
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"/> Piryx online banking fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/13/2013		Payee name South Union Church Of Christ			
Amount (\$) \$400.00		Payee address City; State; Zip Code 7427 Ardmore Houston, TX 77054			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Community Partnership Breakfast Donation	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070

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**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
FeesGifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing ExpenseSalaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental ExpenseLoan 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.

<b>1</b> PAGE # 15 of 17		<b>2</b> FILER NAME Adams, Wanda (Ms.)		<b>3</b> ACCOUNT # (TEC filers) 00068056	
<b>4</b> Date 09/18/2013		<b>5</b> Payee name WAIC-WAC			
<b>6</b> Amount (\$) \$100.00		<b>7</b> Payee address City; State; Zip Code P.O. Box 22167 Houston, TX 77227			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Office - holder/Political Committee		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Save the Westbury Community Gardens	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/14/2013		Payee name Walgreens			
Amount (\$) \$107.61		Payee address City; State; Zip Code 5202 Almeda Houston, TX 77004			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Paper and Ink	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

Texas Ethics Commission

P.O.Box 12070

Austin, Texas 78711-2070

(512)463-5800

TDD 1-800-735-2989

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 # 16 of 17      2 FILER NAME Adams, Wanda (Ms.)      3 ACCOUNT # (TEC filers) 00068056

4 Date 09/13/2013      5 Payee name Barbara Jordan Main Post Office

6 Amount (\$) \$11.04      7 Payee address City; State; Zip Code  
Franklin Street  
Houston, TX 77201  
 Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE      (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense      (b) Description (If travel outside of Texas, complete Schedule T)  Purchase Stamps

Date 09/16/2013      Payee name Barbara Jordan Main Post Office

Amount (\$) \$3.22      Payee address City; State; Zip Code  
Franklin Street  
Houston, TX 77002  
 Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE      Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense      Description (If travel outside of Texas, complete Schedule T)  Purchase Stamps for Mail

Date 09/06/2013      Payee name Harris County Tax Office

Amount (\$) \$40.00      Payee address City; State; Zip Code  
1001 Preston  
Houston, TX 77002  
 Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE      Category (See Categories listed at the top of this schedule) Printing Expense      Description (If travel outside of Texas, complete Schedule T)  District 9 Maps

Date 08/26/2013      Payee name Houston Independent School District

Amount (\$) \$300.00      Payee address City; State; Zip Code  
4400 West 18th  
Houston, TX 77092  
 Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE      Category (See Categories listed at the top of this schedule) Fees      Description (If travel outside of Texas, complete Schedule T)  Filing Fee

Texas Ethics Commission

P.O.Box 12070

Austin, Texas 78711-2070

(512)463-5800

TDD 1-800-735-2989

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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  
Solidation/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 # 17 of 17	2 FILER NAME Adams, Wanda (Ms.)	3 ACCOUNT # (TEC filers) 00068056
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4 Date 09/04/2013	5 Payee name Monarch Printing
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6 Amount (\$) \$638.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City, State; Zip Code 6605 McGrew Houston, TX 77087
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Push Cards /loan from candidate
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Date 09/10/2013	Payee name The Reef
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Amount (\$) \$68.33 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address City, State; Zip Code 2600 Travis Houston, TX 77004
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food for fundraiser
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