

# 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 28

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR FIRST MI  
Mrs. Anna  
NICKNAME LAST SUFFIX  
Eastman

**OFFICE USE ONLY**

Date Received

13OCT 7 3:39PM

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
935 Harvard St.  
Houston, TX 77008

Change of Address

Date Hand-delivered or Date Postmarked

Receipt #

Amount

**5 CAMPAIGN TREASURER NAME**

MS / MRS / MR FIRST MI  
Mr. Brad  
NICKNAME LAST SUFFIX  
Eastman

Date Processed

Date Imaged

**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**

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  
07/01/2013 THROUGH 09/27/2013

**10 ELECTION**

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

**11 OFFICE**

OFFICE HELD (if any)  
HISD TRUSTEE District 1

**12 OFFICE SOUGHT (if known)**

HISD TRUSTEE District 1

**GO TO PAGE 2**

# 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	\$	50.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	17,615.00
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**EXPENDITURE TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
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4. TOTAL POLITICAL EXPENDITURES	\$	17,640.77
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**CONTRIBUTION BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	17,218.77
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**OUTSTANDING LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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**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.

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Print name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/19 Report: 3/28	
2 FILER NAME Eastman, Anna (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00012345	
4 Date 09/26/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ACOSTA, STEPHANIE ..... 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$50.00	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 09/26/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ACUNA, ANNE ..... Contributor address; City; State; Zip Code	Amount of contribution (\$) \$50.00	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# _____) AIYER, VISWANATHAN ..... Contributor address; City; State; Zip Code	Amount of contribution (\$) \$200.00	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 09/26/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ALBA, BRENDA ..... 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 08/22/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ARNOLD, PAULA ..... 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)	
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: 2/19 Report: 4/28

2 FILER NAME Eastman, Anna (Mrs.)

3 ACCOUNT # (Ethics Commission filers)  
00012345

4 Date 09/27/2013  
5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
AXELRAD, JONATHAN

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

09/27/2013  
6 Contributor address; City; State; Zip Code

\$180.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 08/21/2013  
Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
BALLARD, BROOKS

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

08/21/2013  
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 08/12/2013  
Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
BARR, HEATHER

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

08/12/2013  
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 09/26/2013  
Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
BASEN-ENGQUIST, JEFF

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

09/26/2013  
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 08/14/2013  
Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
BEAUREGARD, MAX

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

08/14/2013  
Contributor address; City; State; Zip Code

\$30.00

(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: 3/19 Report: 5/28	
2 FILER NAME Eastman, Anna (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00012345	
4 Date  08/21/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BELL, CHRIS ..... 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)  \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  09/27/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BERG, KATHRYN ..... 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  07/11/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BLUMROSEN, ERIC ..... 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)		10 Employer (See Instructions)	
4 Date  09/08/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BYRD, PIA JOHN ..... 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)		10 Employer (See Instructions)	
4 Date  09/26/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CAPO, ZEPHANIAH ..... 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)  \$75.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 4/19 Report: 6/28	
<b>2</b> FILER NAME Eastman, Anna (Mrs.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00012345	
<b>4</b> Date  09/22/2013	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CASTRO, ADRIANA ..... <b>6</b> Contributor address; City; State; Zip Code	<b>7</b> Amount of contribution (\$)  \$200.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  09/26/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) COSGROVE, JOHN ..... 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)	
Date  09/27/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CULOTTA, ANNE ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  08/05/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DBA K.CHACE CONSULTING ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/21/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DEMPSEY, L ..... 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)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/19 Report: 7/28	
2 FILER NAME Eastman, Anna (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00012345	
4 Date  08/21/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DENNY, DEBRA ..... 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  08/14/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) EASTMAN, ANNA ..... 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)			
Date  09/15/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) EASTMAN, HARRY ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) PHYSICIAN		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) VETERANS ADMINISTRATION			
Date  08/21/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ELLIS, BLAKE ..... 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)			
Date  07/08/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) EVANS, JON ..... 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: 6/19 Report: 8/28	
2 FILER NAME Eastman, Anna (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00012345	
4 Date 08/31/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) FISCHER, STEPHEN	7 Amount of contribution (\$) \$250.00	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 09/17/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) FOSTER, VINCENT	Amount of contribution (\$) \$5,000.00	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) PRESIDENT		Employer (See Instructions) MAIN STREET CAPITAL PARTNERS, LLC	
Date 09/10/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) FREEDMAN, JUDITH	Amount of contribution (\$) \$25.00	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 08/14/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) FUENTES TOUBIA PLLC	Amount of contribution (\$) \$75.00	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 09/22/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) GOLDENBERG, MARC	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)	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/19 Report: 9/28	
2 FILER NAME Eastman, Anna (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00012345	
4 Date 08/17/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) GREEN, MARIANNE ..... 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)		10 Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/03/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HALL, DEBORAH ..... Contributor address; City; State; Zip Code	Amount of contribution (\$) \$50.00	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 08/01/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HELPMAN, ALAN ..... 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 08/22/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HIESHIMA, GLENN ..... Contributor address; City; State; Zip Code	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) GEOLOGIST		Employer (See Instructions) EXXONMOBIL	
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# _____) HIPPS, LAURA ..... Contributor address; City; State; Zip Code	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 8/19 Report: 10/28

2 FILER NAME Eastman, Anna (Mrs.)

3 ACCOUNT # (Ethics Commission filers)

00012345

4 Date

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

7 Amount of  
contribution (\$)

8 In-kind contribution  
description (if applicable)

08/01/2013

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

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

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

09/26/2013

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

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

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

09/26/2013

Contributor address; City; State; Zip Code

\$20.00

(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# \_\_\_\_\_)  
JOHN WHITMIRE CAMPAIGN

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

08/20/2013

Contributor address; City; State; Zip Code

\$1,000.00

(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# \_\_\_\_\_)  
JONES, JEROLD

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

09/22/2013

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)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/19 Report: 11/28	
2 FILER NAME Eastman, Anna (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00012345	
4 Date  09/11/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KERR, DOROTHY ..... 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)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  08/19/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KHOSLA, JOAN ..... 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)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  09/26/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KLEIN, ELIZABETH ..... 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)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  09/10/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KNAUTH, TONYA AND RICK ..... 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)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  08/12/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KNOLLE, ELLECIA ..... 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)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 10/19 Report: 12/28

**2** FILER NAME Eastman, Anna (Mrs.)

**3** ACCOUNT # (Ethics Commission filers)  
00012345

**4** Date **5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
08/21/2013 KUFFNER, CHARLES III

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

**6** Contributor address; City; State; Zip Code

\$50.00

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
09/23/2013 LAPIN, RICHARD

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 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
08/28/2013 LAX-EDISON, DONNA

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)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
08/21/2013 LEEVES, JANE

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)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
08/14/2013 MACIAS HENDRIX, HILDA

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 11/19 Report: 13/28

**2** FILER NAME Eastman, Anna (Mrs.)

**3** ACCOUNT # (Ethics Commission filers)  
00012345

**4** Date  
  
09/26/2013

**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
MAGDOL, DAVID

**6** Contributor address; City; State; Zip Code

**7** Amount of contribution (\$)  
  
\$500.00

**8** In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)  
CHIEF INVESTMENT OFFICER

**10** Employer (See Instructions)  
MAIN STREET CAPITAL

Date  
  
07/30/2013

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

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)

Date  
  
09/27/2013

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

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  
  
07/09/2013

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)  
  
\$75.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
09/26/2013

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)  
  
\$50.00

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: 12/19 Report: 14/28	
2 FILER NAME Eastman, Anna (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00012345	
4 Date 07/03/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MCCREADY, SCOTT ..... 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 08/15/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MILLER, HARRY ..... 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 09/09/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MORGAN, SARA ..... 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) HOMEMAKER		10 Employer (See Instructions) NA	
4 Date 09/26/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) NELSON, STUART ..... 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)		10 Employer (See Instructions)	
4 Date 08/14/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) NUNCIO, CARMEN ..... 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/19 Report: 15/28	
2 FILER NAME Eastman, Anna (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00012345	
4 Date  07/29/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ONUFROW, MARIA  6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)  \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  09/25/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PITTMAN, DIANE  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)	
Date  08/21/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) POHLMAN, JOHN  Contributor address; City; State; Zip Code	Amount of contribution (\$)  \$40.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  08/26/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) POLLOCK, LINDSEY  Contributor address; City; State; Zip Code	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  08/15/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) POWERS, RACHEL AND CHRIS  Contributor address; City; State; Zip Code	Amount of contribution (\$)  \$20.00	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 #**  
Schedule: 14/19 Report: 16/28

**2 FILER NAME** Eastman, Anna (Mrs.)

**3 ACCOUNT #** (Ethics Commission filers)  
00012345

**4 Date** 08/21/2013  
**5 Full name of contributor**  out-of-state PAC (ID# \_\_\_\_\_)  
PROCHAZKA, SUSAN

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

**6 Contributor address:** City; State; Zip Code

\$50.00

(If travel outside of Texas, complete Schedule T)

**9 Principal occupation / Job title (See Instructions)**

**10 Employer (See Instructions)**

**Date** 07/02/2013  
**Full name of contributor**  out-of-state PAC (ID# \_\_\_\_\_)  
PURSER, LARA

**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)**

**Date** 07/06/2013  
**Full name of contributor**  out-of-state PAC (ID# \_\_\_\_\_)  
QUARLES, MARYELLEN

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

**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** 09/17/2013  
**Full name of contributor**  out-of-state PAC (ID# \_\_\_\_\_)  
RABINOW, KATHRYN (Dr.)

**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)**

**Date** 07/01/2013  
**Full name of contributor**  out-of-state PAC (ID# \_\_\_\_\_)  
RAMIREZ, STEVEN

**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)**



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/19 Report: 17/28	
2 FILER NAME Eastman, Anna (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00012345	
4 Date  08/17/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) REILLEY, STEVEN  6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)  \$125.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  09/18/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ROBERTSON, JULIA  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)	
Date  08/14/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ROBINSON, DAVID  Contributor address; City; State; Zip Code	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
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# _____) RUNGE, ELIZABETH  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)	
Date  08/21/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SADLER, GRANT  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)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 16/19 Report: 18/28	
2 FILER NAME Eastman, Anna (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00012345	
4 Date  09/26/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SCHACHTER, KERRY ..... 6 Contributor address; City; State; Zip Code  r	7 Amount of contribution (\$)  \$50.00     	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  08/02/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SIMON, PAUL ..... 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  08/14/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SNOW, JOELLEN ..... 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  09/26/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) STILL, MICHELE ..... 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)			
Date  09/26/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SUTTON, TERRY ..... Contributor address; City; State; Zip Code  ..	Amount of contribution (\$)  \$300.00     	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: 17/19 Report: 19/28

**2** FILER NAME Eastman, Anna (Mrs.)

**3** ACCOUNT # (Ethics Commission filers)  
00012345

**4** Date  
  
07/17/2013

**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
TEAGARDEN, ANNA  
.....  
**6** Contributor address; City; State; Zip Code

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

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date  
  
09/27/2013

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
TEXAS SUPPORT PERSONNEL EMPLOYEES  
.....  
Contributor address; City; State; Zip Code

Amount of contribution (\$) | In-kind contribution description (if applicable)  
\$500.00 |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
08/21/2013

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
THOMAS, TIMOTHY  
.....  
Contributor address; City; State; Zip Code

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

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
08/14/2013

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
THOMPSON, PETER  
.....  
Contributor address; City; State; Zip Code

Amount of contribution (\$) | In-kind contribution description (if applicable)  
\$50.00 |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
08/14/2013

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
THURSLAND, WILLIAM  
.....  
Contributor address; City; State; Zip Code

Amount of contribution (\$) | In-kind contribution description (if applicable)  
\$50.00 |

(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: 18/19 Report: 20/28	
2 FILER NAME Eastman, Anna (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00012345	
4 Date  09/22/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TORGERSON, VIULA ..... 6 Contributor address: City; State; Zip Code	7 Amount of contribution (\$)  \$200.00	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# _____) VAIKHMAN, PETER & SASHA ..... 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)	
Date  07/01/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) VAN NOSTRAND, MARA ..... 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)	
Date  07/19/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) VASQUEZ, DANIEL ..... 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)	
Date  08/10/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) WALLACE, TAMMI ..... 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)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 19/19 Report: 21/28

**2** FILER NAME Eastman, Anna (Mrs.)

**3** ACCOUNT # (Ethics Commission filers)  
00012345

**4** Date **5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
09/22/2013 WAYNE, DONALD

**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 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
09/22/2013 WHITTEN, JILL

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

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# \_\_\_\_\_)  
08/21/2013 WRETHA M THOMAS CAMPAIGN

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

Contributor address; City; State; Zip Code

\$150.00

(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  
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 # Schedule: 1/7 Report: 22/28	<b>2</b> FILER NAME Eastman, Anna (Mrs.)	<b>3</b> ACCOUNT # (TEC filers) 00012345
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<b>4</b> Date 08/22/2013	<b>5</b> Payee name CAMPOS COMMUNICATIONS		
<b>6</b> Amount (\$) \$3,500.00	<b>7</b> Payee address City; State; Zip Code 816 RALFALLEN ST HOUSTON, TX 77008		

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> JULY 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 09/11/2013	Payee name CAMPOS COMMUNICATIONS		
Amount (\$) \$3,500.00	Payee address City; State; Zip Code 816 RALFALLEN ST HOUSTON, TX 77008		

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> 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 07/29/2013	Payee name CRISP		
Amount (\$) \$77.00	Payee address City; State; Zip Code 2220 BEAVIS HOUSTON, TX 77008		

<b>PURPOSE OF EXPENDITURE</b>	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"/> FUNDRAISING LUNCH
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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 07/26/2013	Payee name DIGILABS		
Amount (\$) \$165.08	Payee address City; State; Zip Code 1032 ELWELL COURT STE 245 PALO ALTO, CA 94303		

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) OTHER - PHOTOGRAPHY	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> PHOTOS FOR CAMPAIGN
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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	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 2/7 Report: 23/28	<b>2</b> FILER NAME Eastman, Anna (Mrs.)	<b>3</b> ACCOUNT # (TEC filers) 00012345
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<b>4</b> Date 07/02/2013	<b>5</b> Payee name EDWEEK.ORG
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<b>6</b> Amount (\$) \$29.00	<b>7</b> Payee address City; State; Zip Code 6935 ARLINGTON RD BETHESA, MD 20814
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - DEVELOPMENT	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ARTICLE SUBSCRIPTION ON EDUCATION
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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 07/08/2013	Payee name FACEBOOK
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Amount (\$) \$3.64	Payee address City; State; Zip Code 1601 S. CALIFORNIA AVE PALO ALTO, CA 94304
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<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"/> AD BOOST
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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 08/19/2013	Payee name HOUSTON ISD
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Amount (\$) \$300.00	Payee address City; State; Zip Code 4400 WEST 18TH STREET HOUSTON, TX 77092
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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"/> FILING 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 08/22/2013	Payee name JOHNSTON CAMPAIGNS
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Amount (\$) \$751.50	Payee address City; State; Zip Code 2978 RISING TIDE LANE LEAGUE CITY, TX 77573
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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"/> CAMPAIGN LITERATURE
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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.

<b>1</b> PAGE # Schedule: 3/7 Report: 24/28	<b>2</b> FILER NAME Eastman, Anna (Mrs.)	<b>3</b> ACCOUNT # (TEC filers) 00012345
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<b>4</b> Date 09/11/2013	<b>5</b> Payee name JOHNSTON CAMPAIGNS
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<b>6</b> Amount (\$) \$4,128.80	<b>7</b> Payee address City; State; Zip Code 2978 RISING TIDE LANE LEAGUE CITY, TX 77573
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<b>8</b> 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"/> CAMPAIGN LITERATURE
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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 07/23/2013	Payee name LA MONTE, ANGELA
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Amount (\$) \$150.00	Payee address City; State; Zip Code 2516 COMMONWEALTH ST APT 207 HOUSTON, TX 77006
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <del>Contributions/Donations Made By Candidate/Officeholder/Political Committee</del> FEES	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> <del>DONATION</del> PHOTOGRAPHY FEE FOR CAMPAIGN
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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 09/04/2013	Payee name LULAC 402
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Amount (\$) \$50.00	Payee address City; State; Zip Code P.O. BOX 30498 HOUSTON, TX 77249
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<b>PURPOSE OF EXPENDITURE</b>	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 07/29/2013	Payee name MARK KATZ PHOTOGRAPHY
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Amount (\$) \$54.13	Payee address City; State; Zip Code 5877 S BRAESWOOD HOUSTON, TX 77096
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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"/> CONSULTING FEE FOR PHOTOS
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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.

<b>1</b> PAGE # Schedule: 4/7 Report: 25/28	<b>2</b> FILER NAME Eastman, Anna (Mrs.)	<b>3</b> ACCOUNT # (TEC filers) 00012345
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<b>4</b> Date 09/18/2013	<b>5</b> Payee name MEYERLAND AREA DEMOCRATS
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<b>6</b> Amount (\$) \$200.00	<b>7</b> Payee address City; State; Zip Code 9603 CHATFIELD HOUSTON, TX 77025
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> DONATION
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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 09/27/2013	Payee name PAYPAL
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Amount (\$) \$405.45	Payee address City; State; Zip Code 2211 NORTH FIRST STREET SAN JOSE, CA 95131
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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"/> FEE FOR ONLINE CONTRIBUTIONS.
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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 09/09/2013	Payee name PLATINUM PARKING
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Amount (\$) \$2.00	Payee address City; State; Zip Code 777 SOUTH POST OAK LN HOUSTON, TX 77056
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Travel In District	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> PARKING FOR CANDIDATE SCREENING
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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 09/09/2013	Payee name REVIVAL MARKET
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Amount (\$) \$26.66	Payee address City; State; Zip Code 550 HEIGHTS HOUSTON, TX 77007
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<b>PURPOSE OF EXPENDITURE</b>	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"/> CONSTITUENT MEETING
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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.

<b>1 PAGE #</b> Schedule: 5/7 Report: 26/28		<b>2 FILER NAME</b> Eastman, Anna (Mrs.)		<b>3 ACCOUNT # (TEC filers)</b> 00012345	
<b>4 Date</b> 08/20/2013		<b>5 Payee name</b> SPRINT 2 PRINT			
<b>6 Amount (\$)</b> \$2,652.13		<b>7 Payee address City; State; Zip Code</b> 8748 CLAY RD HOUSTON, TX 77080			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category (See Categories listed at the top of this schedule)</b> Printing Expense		<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> SIGNS	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
Date 09/26/2013		Payee name SPRINT 2 PRINT			
Amount (\$) \$580.00		Payee address City; State; Zip Code 8748 CLAY RD HOUSTON, TX 77080			
<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"/> CAMPAIGN SIGNAGE	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
Date 07/10/2013		Payee name SQUARE SPACE			
Amount (\$) \$30.00		Payee address City; State; Zip Code 459 BROADWAY NEW YORK, NY 10013			
<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"/> WEBSITE HOSTING FEE	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
Date 08/12/2013		Payee name SQUARE SPACE			
Amount (\$) \$30.00		Payee address City; State; Zip Code 459 BROADWAY NEW YORK, NY 10013			
<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"/> WEBSITE HOSTING FEE	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	

**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 PAGE #</b> Schedule: 6/7 Report: 27/28		<b>2 FILER NAME</b> Eastman, Anna (Mrs.)		<b>3 ACCOUNT # (TEC filers)</b> 00012345	
<b>4 Date</b> 09/11/2013		<b>5 Payee name</b> SQUARE SPACE			
<b>6 Amount (\$)</b> \$30.00		<b>7 Payee address City; State; Zip Code</b> 459 BROADWAY NEW YORK, NY 10013			
<b>8 PURPOSE OF EXPENDITURE</b>		<b>(a) Category (See Categories listed at the top of this schedule)</b> Fees		<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> WEBSITE HOSTING FEE	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 09/21/2013		<b>Payee name</b> STARBUCKS COFFEE			
<b>Amount (\$)</b> \$37.78		<b>Payee address City; State; Zip Code</b> 220 YALE ST HOUSTON, TX 77008			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Food/Beverage Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> BEVERAGES FOR VOLUNTEERS	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 08/14/2013		<b>Payee name</b> TARGET			
<b>Amount (\$)</b> \$87.60		<b>Payee address City; State; Zip Code</b> 2580 SHEARN HOUSTON, TX 77007			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Office Overhead/Rental Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> OFFICE SUPPLIES	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 08/19/2013		<b>Payee name</b> TEXAS DEMOCRATIC PARTY			
<b>Amount (\$)</b> \$300.00		<b>Payee address City; State; Zip Code</b> 4818 E BEN WHITE BLVD STE 104 AUSTIN, TX 77007			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Fees		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> VOTER ACTIVATION ACCESS NETWORK	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		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	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 7/7 Report: 28/28	<b>2</b> FILER NAME Eastman, Anna (Mrs.)	<b>3</b> ACCOUNT # (TEC filers) 00012345
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<b>4</b> Date 08/06/2013	<b>5</b> Payee name THE HOUSTON WALK
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<b>6</b> Amount (\$) \$350.00	<b>7</b> Payee address City; State; Zip Code 5535 MEMORIAL STE F209 HOUSTON, TX 77007
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> SPONSORSHIP
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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 07/15/2013	Payee name VALERO COMMUNICATIONS LLC
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Amount (\$) \$200.00	Payee address City; State; Zip Code 20074 S NAVAHO TRAIL KATY, TX 77449
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<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"/> FINANCE REPORT PREPARATION
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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