

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 files) 00068056	2 PAGE # 1 of 15	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Wanda	MI MI	
	NICKNAME	LAST Adams	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #;	CITY;	STATE; ZIP CODE	
	315 W. Alabama Suite 103 Houston, TX 77006			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Dr.	FIRST Michael	MI MI	
	NICKNAME	LAST Adams	SUFFIX	
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	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			
9 PERIOD COVERED	Month    Day    Year	THROUGH	Month    Day    Year	
09/27/2013		10/26/2013		
10 ELECTION	ELECTION DATE			
	Month    Day    Year	ELECTION TYPE		
11/05/2013		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)	
	Council Member, District D		HISD Trustee, District IX	
GO TO PAGE 2				

OFFICE USE ONLY	
Date Received	13OCT28 4:12PM
Date Hand-delivered or Date Postmarked	
Receipt #	Amount
Date Processed	
Date Imaged	

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

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

# 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. ..

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		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) \$ 20,398.00

EXPENDITURE TOTALS

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

4. TOTAL POLITICAL EXPENDITURES \$ 13,313.73

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 15,887.34

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 Adams  
Signature of Candidate or Officeholder  
AW

AFFIX NOTARY STAMP / SEAL ABOVE

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

Marsha G. Clark Signature of officer administering oath  
MARSHA G. CLARK Print name of officer administering oath  
NOTARY Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/9 Report: 3/15	
2 FILER NAME Adams, Wanda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00068056	
4 Date 09/28/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Abdu, Dula 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)	
11 Date 10/22/2013	12 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Across The Track PAC Contributor address; City; State; Zip Code	13 Amount of contribution (\$) \$2,500.00	14 In-kind contribution description (if applicable)
15 Principal occupation / Job title (See Instructions)		16 Employer (See Instructions)	
17 Date 10/23/2013	18 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adams, Robert Jr. Contributor address; City; State; Zip Code	19 Amount of contribution (\$) \$200.00	20 In-kind contribution description (if applicable)
21 Principal occupation / Job title (See Instructions)		22 Employer (See Instructions)	
23 Date 10/21/2013	24 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adeeko, Michael Contributor address; City; State; Zip Code	25 Amount of contribution (\$) \$250.00	26 In-kind contribution description (if applicable)
27 Principal occupation / Job title (See Instructions)		28 Employer (See Instructions)	
29 Date 10/02/2013	30 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alsandor, Cheryl Contributor address; City; State; Zip Code	31 Amount of contribution (\$) \$50.00	32 In-kind contribution description (if applicable)
33 Principal occupation / Job title (See Instructions)		34 Employer (See Instructions)	

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 2/9 Report: 4/15

2 FILER NAME Adams, Wanda (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00068056

4 Date 5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Austin, M.W.

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

10/13/2013

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# \_\_\_\_\_)  
Barnes, Lee

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

09/28/2013

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# \_\_\_\_\_)  
Blue, Carroll Parrot

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

10/09/2013

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# \_\_\_\_\_)  
Boddy, Julian

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

10/16/2013

Contributor address: City: State: Zip Code

\$500.00

(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# \_\_\_\_\_)  
Bradley-Boone, Denise

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

10/12/2013

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)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 3/9 Report: 5/15

2 FILER NAME Adams, Wanda (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00068056

4 Date 10/23/2013  
5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Branch, Theldon III  
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)

10 Employer (See Instructions)

Date 10/23/2013  
Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Bustamante, Gerardo  
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 10/23/2013  
Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Chase, Keith  
Contributor address; City: State; Zip Code

Amount of contribution (\$) \$250.00  
In-kind contribution description (if applicable)  
  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 10/26/2013  
Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Denton, Leonard III  
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)  
Pharmaceutical Sales Rep.

Employer (See Instructions)

Date 10/19/2013  
Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Fowler, Michael  
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)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 4/9 Report: 8/15

2 FILER NAME Adams, Wanda (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00068056

4 Date 5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
10/14/2013 Gilliam, Lance

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

6 Contributor address; City; State; Zip Code

\$500.00

(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# \_\_\_\_\_)  
10/21/2013 Grant, G.K.

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# \_\_\_\_\_)  
10/15/2013 Henderson, Lasonja

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)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
10/01/2013 Houston Federation of Teachers COPE

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

Contributor address; City; State; Zip Code

\$500.00

(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# \_\_\_\_\_)  
09/27/2013 Jamail, James

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

Contributor address; City; State; Zip Code

\$250.00

(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: 5/9 Report: 7/15

2 FILER NAME Adams, Wanda (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00068056

4 Date 09/28/2013  
5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Johnson, Lockett  
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 10/22/2013  
Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Jungers, Marc  
Contributor address; City; State; Zip Code

Amount of contribution (\$) \$250.00  
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 10/23/2013  
Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Jungers, Michelle  
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 10/18/2013  
Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Kahn, W. Barry  
Contributor address; City; State; Zip Code

Amount of contribution (\$) \$5,000.00  
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 09/30/2013  
Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Kennedy, Nathelyne  
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)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/9 Report: 8/15	
2 FILER NAME Adams, Wanda (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00068056	
4 Date 10/23/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) King, Darryl ..... 6 Contributor address; City: State; Zip Code	7 Amount of contribution (\$) \$499.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/23/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lawrence, Theodore ..... 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 10/21/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lloyd, Edwin ..... 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 10/04/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Love, Jerome ..... 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 10/23/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Love, Jerome ..... 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.		<b>1 PAGE #</b> Schedule: 7/9 Report: 9/15	
<b>2 FILER NAME</b> Adams, Wanda (Ms.)		<b>3 ACCOUNT #</b> (Ethics Commission filer); 00068056	
<b>4 Date</b>  10/21/2013	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Oradat, Gary  <b>6 Contributor address;</b> City; State; Zip Code	<b>7 Amount of contribution (\$)</b>  \$250.00	<b>8 In-kind contribution description (if applicable)</b>    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9 Principal occupation / Job title (See Instructions)</b>		<b>10 Employer (See Instructions)</b>	
<b>Date</b>  10/16/2013	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Rose, Courtney Johnson  <b>Contributor address;</b> City; State; Zip Code	<b>Amount of contribution (\$)</b>  \$150.00	<b>In-kind contribution description (if applicable)</b>    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  10/22/2013	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) RPH Consulting Group, LLC  <b>Contributor address;</b> City; State; Zip Code	<b>Amount of contribution (\$)</b>  \$250.00	<b>In-kind contribution description (if applicable)</b>    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  10/26/2013	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Sahni, Randhir  <b>Contributor address;</b> City; State; Zip Code	<b>Amount of contribution (\$)</b>  \$500.00	<b>In-kind contribution description (if applicable)</b>    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b> Part Owner		<b>Employer (See Instructions)</b> Llewellyn-Davies Sahni	
<b>Date</b>  10/16/2013	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Skelly, Michael  <b>Contributor address;</b> City; State; Zip Code	<b>Amount of contribution (\$)</b>  \$150.00	<b>In-kind contribution description (if applicable)</b>    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 8/9 Report: 10/15

2 FILER NAME Adams, Wanda (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00068056

4 Date 5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
09/30/2013 Smith, Terrence

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

6 Contributor address; City; State; Zip Code

\$499.00

(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# \_\_\_\_\_)  
10/23/2013 St. Julien Communications Group LLC

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)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
10/08/2013 Sylvester Turner Campaign Fund

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

Contributor address; City; State; Zip Code

\$750.00

(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# \_\_\_\_\_)  
10/10/2013 Texas Democratic Party

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

Contributor address; City; State; Zip Code

\$700.00

(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# \_\_\_\_\_)  
09/28/2013 Thomas, Wretha

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

Contributor address; City; State; Zip Code

\$500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 9/9 Report: 11/15

2 FILER NAME Adams, Wanda (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00068056

4 Date 10/23/2013  
5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Toliver, Telisa

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

6 Contributor address; City; State; Zip Code

\$100.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 10/23/2013  
Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Tyler-Dillard, Deborah

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

Contributor address; City; State; Zip Code

\$50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 10/14/2013  
Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Weekley, Richard

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

Contributor address; City; State; Zip Code

\$500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Real Estate

Employer (See Instructions)  
Weekly Properties

Date 10/23/2013  
Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Willis, Kimberly

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

Contributor address; City; State; Zip Code

\$25.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989

**POLITICAL EXPENDITURES**

**SCHEDULE F**

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: 1/4 Report: 12/15	<b>2 FILER NAME</b> Adams, Wanda (Ms.)	<b>3 ACCOUNT # (TEC filers)</b> 00068056
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<b>4 Date</b> 10/10/2013	<b>5 Payee name</b> Elite Change, Inc.
<b>6 Amount (\$)</b> \$2,500.00	<b>7 Payee address</b> City: State: Zip Code 315 W. Alabama Suite 103 Houston, TX 77006

<b>8 PURPOSE OF EXPENDITURE</b>	(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"/> Canvasser Payroll
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<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 10/10/2013	<b>Payee name</b> Elite Change, Inc.
<b>Amount (\$)</b> \$1,170.00	<b>Payee address</b> City: State: Zip Code 315 W. Alabama Suite 103 Houston, TX 77006

<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"/> Canvasser Payroll
-------------------------------	---	---

<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 10/21/2013	<b>Payee name</b> Elite Change, Inc.
<b>Amount (\$)</b> \$1,195.00	<b>Payee address</b> City: State: Zip Code 315 W. Alabama Suite 103 Houston, TX 77006

<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"/> Canvasser Payroll
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 10/25/2013	<b>Payee name</b> Elite Change, Inc.
<b>Amount (\$)</b> \$1,495.00	<b>Payee address</b> City: State: Zip Code 315 W. Alabama Suite 103 Houston, TX 77006

<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"/> Canvasser Payroll
-------------------------------	---	---

<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  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/4 Report: 13/15		2 FILER NAME Adams, Wanda (Ms.)		3 ACCOUNT # (TEC filers) 00068056	
4 Date 10/25/2013		5 Payee name Elite Change, Inc.			
6 Amount (\$) \$2,025.00		7 Payee address City; State; Zip Code 315 W. Alabama Suite 103 Houston, TX 77006			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Canvasser Payroll	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/13/2013		Payee name Johnston Campaigns			
Amount (\$) \$3,782.59		Payee address City; State; Zip Code 2978 Rising Tide Lane League City, TX 77573			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Mailer	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/18/2013		Payee name Monarch Printing			
Amount (\$) \$1,003.90		Payee address City; State; Zip Code 6605 McGrew Houston, TX 77087			
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"/> Push Cards	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/04/2013		Payee name Piryx			
Amount (\$) \$5.75		Payee address City; State; Zip Code 144 2nd Street 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:	

**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: 3/4 Report: 14/15		<b>2 FILER NAME</b> Adams, Wanda (Ms.)		<b>3 ACCOUNT # (TEC filers)</b> 00068056	
<b>4 Date</b> 10/14/2013		<b>5 Payee name</b> Pirya			
<b>6 Amount (\$)</b> \$28.75		<b>7 Payee address</b> City: State: Zip Code 144 2nd Street 1st Floor San Francisco, CA 94105			
<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"/> Pirya Online Banking Fees	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 10/16/2013		<b>Payee name</b> Pirya			
<b>Amount (\$)</b> \$8.63		<b>Payee address</b> City: State: Zip Code 144 2nd Street 1st Floor San Francisco, CA 94105			
<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"/> Pirya Online Banking Fees	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 10/19/2013		<b>Payee name</b> Pirya			
<b>Amount (\$)</b> \$14.38		<b>Payee address</b> City: State: Zip Code 144 2nd Street 1st Floor San Francisco, CA 94105			
<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"/> Pirya Online Banking Fees	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought: Office held:	
<b>Date</b> 10/19/2013		<b>Payee name</b> Walmart			
<b>Amount (\$)</b> \$59.73		<b>Payee address</b> City: State: Zip Code 10505 Broadway Street Pearland, TX 77584			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See Categories listed at the top of this schedule)</b> Event Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Event Items	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		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**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage 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: 4/4 Report: 15/15	<b>2 FILER NAME</b> Adams, Wanda (Ms.)	<b>3 ACCOUNT # (TEC filers)</b> 00068056
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<b>4 Date</b> 10/21/2013	<b>5 Payee name</b> Westbury United Methodist Church
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<b>6 Amount (\$)</b> \$25.00	<b>7 Payee address</b> City: State: Zip Code 5200 Willowbend Blvd. Houston, TX 77096-5298
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<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Church Donation
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<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	<b>Candidate / Officeholder name</b>	<b>Office sought:</b>	<b>Office held:</b>
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