

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:																		
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">MS / MRS / MR</td> <td style="width:35%; text-align: center;">FIRST Daniel</td> <td style="width:10%; text-align: center;">MI F</td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="text-align: center;">LAST Albert</td> <td style="text-align: center;">SUFFIX</td> </tr> </table>	MS / MRS / MR	FIRST Daniel	MI F	NICKNAME	LAST Albert	SUFFIX	OFFICE USE ONLY													
MS / MRS / MR	FIRST Daniel	MI F																			
NICKNAME	LAST Albert	SUFFIX																			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">ADDRESS / PO BOX; APT / SUITE #;</td> <td style="font-size: small;">CITY;</td> <td style="font-size: small;">STATE;</td> <td style="font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="4">PO Box 721333 Houston, TX 77272</td> </tr> </table>	ADDRESS / PO BOX; APT / SUITE #;	CITY;	STATE;	ZIP CODE	PO Box 721333 Houston, TX 77272				OCT 09 2017											
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5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">AREA CODE</td> <td style="font-size: small;">PHONE NUMBER</td> <td style="font-size: small;">EXTENSION</td> </tr> <tr> <td>(832-930)</td> <td>3059</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	(832-930)	3059		Date Received													
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6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">MS / MRS / MR</td> <td style="font-size: small;">FIRST ThuThao</td> <td style="font-size: small;">MI</td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="text-align: center;">LAST Doan</td> <td style="text-align: center;">SUFFIX</td> </tr> </table>	MS / MRS / MR	FIRST ThuThao	MI	NICKNAME	LAST Doan	SUFFIX	Receipt #	Amount \$												
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NICKNAME	LAST Doan	SUFFIX																			
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;</td> <td style="font-size: small;">CITY;</td> <td style="font-size: small;">STATE;</td> <td style="font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="4">10925 Beechnut St. Ste. A109, Houston, TX 77072</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY;	STATE;	ZIP CODE	10925 Beechnut St. Ste. A109, Houston, TX 77072													
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input checked="" 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 type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)										
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">Month</td> <td style="font-size: small;">Day</td> <td style="font-size: small;">Year</td> <td style="font-size: small;">THROUGH</td> <td style="font-size: small;">Month</td> <td style="font-size: small;">Day</td> <td style="font-size: small;">Year</td> </tr> <tr> <td style="text-align: center;">07</td> <td style="text-align: center;">/ 01</td> <td style="text-align: center;">2017</td> <td></td> <td style="text-align: center;">09</td> <td style="text-align: center;">/ 28</td> <td style="text-align: center;">2017</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	07	/ 01	2017		09	/ 28	2017				
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11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: small;">ELECTION DATE</td> </tr> <tr> <td style="font-size: small;">Month</td> <td style="font-size: small;">Day</td> <td style="font-size: small;">Year</td> </tr> <tr> <td style="text-align: center;">11</td> <td style="text-align: center;">/ 7</td> <td style="text-align: center;">/ 2017</td> </tr> </table>	ELECTION DATE			Month	Day	Year	11	/ 7	/ 2017	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: small;">ELECTION TYPE</td> </tr> <tr> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>		ELECTION TYPE			<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
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<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special																				
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)																			
		HISD District 6																			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Daniel Albert

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

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

\$ 0

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

\$ 750

EXPENDITURE
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 10,965.90

CONTRIBUTION
BALANCE

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

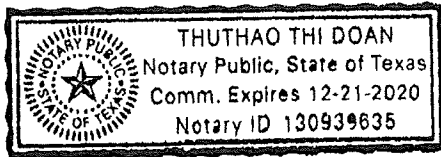
\$ 19,784.10

OUTSTANDING
LOAN TOTALS

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

\$ 30,000.00

18 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.

Daniel Albert

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Daniel Albert, this the 8th day of October, 2017, to certify which, witness my hand and seal of office.

Thao Doan

Signature of officer administering oath

Thao Doan

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Daniel Albert

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 780.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 10,965.90
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1050.40
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1

2 FILER NAME

Daniel Albert

3 Filer ID (Ethics Commission Filers)

4 Date

8/2/17

5 Full name of contributor out-of-state PAC (ID#: _____)

Jacob Monty

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code

Houston TX 77024

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Monty Law Firm

Date

9/24/17

Full name of contributor out-of-state PAC (ID#: _____)

Joseph Rees

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

Breaux Bridge LA 70517

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

9/24/17

Full name of contributor out-of-state PAC (ID#: _____)

Jenny Nguyen

Amount of contribution (\$)

\$300.00

Contributor address; City; State; Zip Code

Atlanta, GA

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Nguyen + Phan Law Firm

Date

9/28/17

Full name of contributor out-of-state PAC (ID#: _____)

John Truong

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

Houston, TX

Principal occupation / Job title (See Instructions)

legal assistant

Employer (See Instructions)

Huyh Law Firm

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 3	2 FILER NAME Daniel Albert	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 1050.40
5 Date 7/26/2017	6 Payee name Republican Party	
7 Amount (\$) 285	8 Payee address; City; State; Zip Code Austin TX	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Daniel Albert	Office sought HISD Dist. 6
12 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date 8/1/2017	Payee name Harris County District Clerk	
Amount (\$) 25	Payee address; City; State; Zip Code Houston, TX	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 9/5/17	6 Payee name Half Price Banners
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7 Amount (\$) 691.16	8 Payee address; City; State; Zip Code 8130 Monticello Terrace, Lenexa, Kansas 66227
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/28/17	Payee name Harris County GOP
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Amount (\$) 35	Payee address; City; State; Zip Code 7232 Wynnwood Ln, Houston TX 77008
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Daniel Albert	Office sought HISD Dist. VI	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 9/28/17	6 Payee name Namebadge.com
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7 Amount (\$)	8 Payee address; City; State; Zip Code 12240 SW 53rd St Ste. 511 Cooper City FL 33330
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 3	2 FILER NAME Daniel Albert	3 Filer ID (Ethics Commission Filers)
4 Date 7/16/17	5 Payee name Harris County Republican Party	
6 Amount (\$) 85	7 Payee address; City; State; Zip Code 7232 Wynnwood Ln Houston TX 77008	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Event	(b) Description (See instructions regarding type of information required.)
Date 7/31/2017	Payee name Henry Dibrell	
Amount (\$) 500	Payee address; City; State; Zip Code Katy, TX	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Consulting	Description (See instructions regarding type of information required.) Campaign Consulting
Date 7/31/17	Payee name AB Communications	
Amount (\$) 500	Payee address; City; State; Zip Code Houston, TX	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Contract labor	Description (See instructions regarding type of information required.) Contract labor
Date 8/14/17	Payee name Henry Dibrell	
Amount (\$) 1,375	Payee address; City; State; Zip Code Katy TX	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Advertising	Description (See instructions regarding type of information required.) purchase yard signs

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME <i>Daniel Albert</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/17/17</i>	5 Payee name <i>Henry Dibrell</i>		
6 Amount (\$) <i>2,675</i>	7 Payee address; City; State; Zip Code <i>Katy, TX</i>		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) <i>Advertising</i>	(b) Description (See instructions regarding type of information required.) <i>mailers</i>	
Date <i>8/25/17</i>	Payee name <i>Henry Dibrell</i>		
Amount (\$) <i>500</i>	Payee address; City; State; Zip Code <i>Katy, TX</i>		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <i>Consulting</i>	Description (See instructions regarding type of information required.) <i>Consulting</i>	
Date <i>8/25/17</i>	Payee name <i>Henry Dibrell</i>		
Amount (\$) <i>710.00</i>	Payee address; City; State; Zip Code <i>Katy, TX</i>		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <i>Advertising</i>	Description (See instructions regarding type of information required.) <i>printing cards</i>	
Date <i>9/8/17</i>	Payee name <i>HISD</i>		
Amount (\$) <i>300</i>	Payee address; City; State; Zip Code <i>Houston, TX</i>		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <i>Other</i>	Description (See instructions regarding type of information required.) <i>Ballot Application</i>	

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME Daniel Albert		3 Filer ID (Ethics Commission Filers)
4 Date 9/14/17	5 Payee name Dibrell and Associates		
6 Amount (\$) 515.00	7 Payee address; City; State; Zip Code Katy, TX		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Advertising	(b) Description (See instructions regarding type of information required.) printing signs	
Date 9/26/17	Payee name Henry Dibrell		
Amount (\$) 2,540	Payee address; City; State; Zip Code Katy, TX		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Advertising	Description (See instructions regarding type of information required.) printing shirts, signs	
Date 9/28/17	Payee name Neighbors For Plecnik		
Amount (\$) 200	Payee address; City; State; Zip Code Willoughby Hills, OH		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Donation	Description (See instructions regarding type of information required.) Donation	
Date 9/28/17	Payee name PayPal		
Amount (\$) 15	Payee address; City; State; Zip Code San Jose, CA		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Banking Expense	Description (See instructions regarding type of information required.) Donation Expense	

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