



### AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

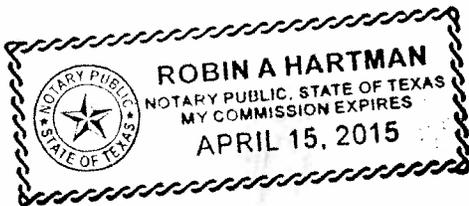
An exemption affidavit must be submitted with each paper report.

A candidate or officeholder who has accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name <i>James S. Horvitz</i>	Account #
---------------------------------------	-----------

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Date Processed	
Date Imaged	

- I swear or affirm that I have not accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$20,000 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the 8th day before election report due on Oct. 28, 2013. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.



*[Handwritten Signature]*  
Signature of Candidate or Officeholder

NOTARY STAMP / SEAL

Sworn to and subscribed before me by James Horvitz this the 28 day of October, 2013 to certify which, witness my hand and seal of office.

*[Signature]*      ROBIN HARTMAN      NOTARY  
Signature of officer administering oath      Print name of officer administering oath      Title of officer administering oath

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

JAMES S. HORWITZ

15 ACCOUNT # (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

GENERAL

SPECIFIC

COMMITTEE NAME

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

\$ 165<sup>00</sup>

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

\$ 3,790<sup>00</sup>

EXPENDITURE TOTALS

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

\$ 166.46

4. TOTAL POLITICAL EXPENDITURES

\$ 2648<sup>19</sup>

CONTRIBUTION BALANCE

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

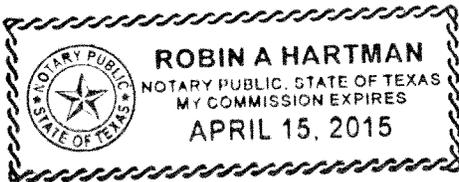
\$ 3,304<sup>69</sup>

OUTSTANDING LOAN TOTALS

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

\$ —0—

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said JAMES S. HORWITZ, this the 28<sup>th</sup> day of OCTOBER, 20 13, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed 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 Total pages Schedule A: 5

2 FILER NAME James S. Horwitz 3 ACCOUNT # (Ethics Commission Filers)

4 Date <u>10/7/13</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Henry Lam</u>	7 Amount of contribution (\$) <u>\$50</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>1223 Mulberry Lane Bellevue TX 77401</u>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) media consultant 10 Employer (See Instructions) self

Date <u>10/11/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Harold Everson</u>	Amount of contribution (\$) <u>\$100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>5402 Darnell Houston, TX 77016</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) business owner Employer (See Instructions) self

Date <u>10/18/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>John Evans</u>	Amount of contribution (\$) <u>\$250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1518 Ronson Rd. Houston, TX 77055</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired

Date <u>10/19/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Miriam Selig</u>	Amount of contribution (\$) <u>\$100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>4707 Pin Oak Rd. #1046 Houston, TX 77081</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired

Date <u>10/22/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Michael Heman</u>	Amount of contribution (\$) <u>\$15</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>3022 Grove Terrace Kingwood, TX 77345</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 5

2 FILER NAME

JAMES S. HORWITZ

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/17/13

5 Full name of contributor

Lenard M. Lichtenberger

out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

5427 Darnell St.  
Houston, TX 77096

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

doctor

10 Employer (See Instructions)

Univ of Texas Health Center

Date

10/17/13

Full name of contributor

John Mitchell

out-of-state PAC (ID#)

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

17002 Lazy Hill Ln.  
Spring, TX 77379-4511

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

lawyer

Employer (See Instructions)

self

Date

10/17/13

Full name of contributor

Charles Caruso

out-of-state PAC (ID#)

Amount of contribution (\$)

\$125.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

8015 Rampart St.  
Houston, TX 77081

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/17/13

Full name of contributor

Robin Hartman

out-of-state PAC (ID#)

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4109 Caroline  
Houston, TX 77004

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

lawyer

Employer (See Instructions)

self

Date

10/17/13

Full name of contributor

Scott Stevens

out-of-state PAC (ID#)

Amount of contribution (\$)

\$200

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

10122 Pine Forest Road  
Houston, TX 77042

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

banker

Employer (See Instructions)

Central Bank

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **5**

2 FILER NAME **JAMES S. HORWITZ**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**10/17/13**

5 Full name of contributor  out-of-state PAC (ID#)  
**Deepak Kanwar**

6 Contributor address; City; State; Zip Code  
**2214 Black Oak Dr.  
Sugarland, TX 77479**

7 Amount of contribution (\$)  
**\$50-**

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  
**10/17/13**

Full name of contributor  out-of-state PAC (ID#)  
**Michael Pasternak**

Contributor address; City; State; Zip Code  
**1836 Augusta #6  
Houston, TX 77067**

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)  
**insurance**

Employer (See Instructions)  
**self**

Date  
**10/17/13**

Full name of contributor  out-of-state PAC (ID#)  
**Mark Stevens**

Contributor address; City; State; Zip Code  
**1017 Nantucket Dr. #C  
Houston, TX 77057**

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)  
**real estate**

Employer (See Instructions)  
**self**

Date  
**10/17/13**

Full name of contributor  out-of-state PAC (ID#)  
**Nancy Year**

Contributor address; City; State; Zip Code  
**5719 Creekbend  
Houston, TX 77096**

Amount of contribution (\$)  
**\$200.00**

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

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

Employer (See Instructions)  
**retired**

Date  
**10/17/13**

Full name of contributor  out-of-state PAC (ID#)  
**David Payne**

Contributor address; City; State; Zip Code  
**1406 Curran St.  
Houston, TX 77018**

Amount of contribution (\$)  
**\$700-**

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

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

Employer (See Instructions)  
**retired**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **5**

2 FILER NAME **JAMES S. HORWITZ**

3 ACCOUNT # (Ethics Commission Filers)

4 Date **10/17/13**

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

**John Halsey**  
6 Contributor address; City; State; Zip Code  
**2615 Gason St.  
Houston TX 77005**

7 Amount of contribution (\$) **\$100<sup>00</sup>**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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

10 Employer (See Instructions) **retired**

Date **10/17/13**

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

**Thomas Moller**  
Contributor address; City; State; Zip Code  
**5326 Meadow Lake Ln.  
Houston TX 77056**

Amount of contribution (\$) **\$200<sup>00</sup>**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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

Employer (See Instructions) **self**

Date **10/17/13**

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

**Irving Pozmantier**  
Contributor address; City; State; Zip Code  
**1000 Uptown Park Blvd.  
Houston, TX 77056**

Amount of contribution (\$) **\$1,000<sup>00</sup>**  
**# 242**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **10/17/13**

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

**A J Foyt Paint**  
Contributor address; City; State; Zip Code  
**1102 West Calvada  
Houston TX 77009**

Amount of contribution (\$) **\$100<sup>00</sup>**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) **auto paint**

Employer (See Instructions) **AJ Foyt Paint**

Date **10/17/13**

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

**Aliet Automotive**  
Contributor address; City; State; Zip Code  
**12135 Bellaire Blvd.  
Houston, TX 77072**

Amount of contribution (\$) **\$100<sup>00</sup>**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions) **AJ Foyt Paint**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>5</u>	
2 FILER NAME <u>JAMES S. HORWITZ</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>10/17/13</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>AJ Foyt Rosenberg</u>	7 Amount of contribution (\$) <u>\$100<sup>00</sup></u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>1801 Ave I Rosenberg, TX 77471</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>auto paint store</u>		10 Employer (See Instructions) <u>AJ Foyt Paint</u>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B: 1

2 FILER NAME

*JAMES S. HERWITZ*

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨

\$

5 Date

6 Full name of pledgor     out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address;    City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor     out-of-state PAC (ID#: \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;    City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor     out-of-state PAC (ID#: \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;    City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor     out-of-state PAC (ID#: \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;    City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor     out-of-state PAC (ID#: \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;    City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME

JAMES S. HORWITZ

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨

\$

5 Date of loan

7 Name of lender     out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

6 Is lender a financial institution?  
  
Y    N

8 Lender address;    City;    State;    Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address;    City;    State;    Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender     out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?  
  
Y    N

Lender address;    City;    State;    Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address;    City;    State;    Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials 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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 1	<b>2</b> FILER NAME AMES S. HORWITZ	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 10/17/13	<b>5</b> Payee name Whiskey Briskit	
<b>6</b> Amount (\$) \$400 <sup>00</sup>	<b>7</b> Payee address; City; State; Zip Code Houston, TX	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) event expense	(b) Description (If travel outside of Texas, complete Schedule T) music
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name James Horwitz	Office sought / Office held Houston City Council at Large #5
Date 10/17/13	Payee name Hickory Hollow BBQ Inn	
Amount (\$) \$1,000 <sup>00</sup>	Payee address; City; State; Zip Code 101 Heights Blvd Houston, TX 77008	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) event expense	Description (If travel outside of Texas, complete Schedule T) food
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name James S. Horwitz	Office sought / Office held Houston City Council at Large #5
Date	Payee name <del>xxxx</del> Signs on the Cheap	
Amount (\$) \$45 <sup>54</sup>	Payee address; City; State; Zip Code 11525A Stone Hollow Dr. #100 Austin, TX 78758	
<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) yard signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name James S Horwitz	Office sought / Office held Houston City Council at Large #5
Date 10/8/13	Payee name James Horwitz	
Amount (\$) \$600 <sup>00</sup>	Payee address; City; State; Zip Code 5414 Imogene Houston TX 77096	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) loan repayment	Description (If travel outside of Texas, complete Schedule T) repayment of filing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name James Horwitz	Office sought / Office held Houston City Council at Large #5

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials 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.

1 Total pages Schedule G: **1** 2 FILER NAME: **JAMES S. HORWITZ** 3 ACCOUNT # (Ethics Commission Filers)

4 Date: **1** 5 Payee name

6 Amount (\$) 7 Payee address; City; State; Zip Code

Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

Reimbursement from political contributions intended

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

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

Reimbursement from political contributions intended

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

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

Reimbursement from political contributions intended

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials 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> Total pages Schedule H: <u>1</u>	<b>2</b> FILER NAME: <u>JAMES S HORWITZ</u>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
---	---	---

<b>4</b> Date	<b>5</b> Business name
---------------	------------------------

<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
-------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
-------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
-------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# NON-POLITICAL EXPENDITURES : MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: <i>1</i>	<b>2</b> FILER NAME <i>JAMES S. HORWITZ</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories)	<b>(b)</b> Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: 1

2 FILER NAME

JAMES HORWITZ

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: 1

2 FILER NAME

JAMES HORWITZ

3 ACCOUNT # (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G
- Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G
- Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G
- Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**