

**SPECIFIC-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

**FORM SPAC
COVER SHEET PG 1**

| | | |
|---|--|----------------------|
| The SPAC Instruction Guide explains how to complete this form | 1 Filer ID (Ethics Commission filers) | 2 Total pages filed: |
|---|--|----------------------|

| | | |
|--|--|---|
| 3 COMMITTEE NAME | Business Coalition for Prop. 1 | OFFICE USE ONLY |
| 4 COMMITTEE ADDRESS | ADDRESS / PO BOX APT/SUITE # CITY STATE ZIP CODE P.O. Box 301767 Dallas Texas 75303-1767 | Date Received 10/26/2015 Date Hand-delivered or Date Postmarked |
| <input type="checkbox"/> Change of address | | |

| | | |
|---------------------------|---|--|
| 5 CAMPAIGN TREASURER NAME | MS/MRS/MR FIRST MI Ms. Pamela ----- NICKNAME LAST SUFFIX Meekins | Receipt # Amount Date Processed Date Imaged |
|---------------------------|---|--|

| | |
|---------------------------------------|---|
| 6 CAMPAIGN TREASURER'S STREET ADDRESS | STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; CITY; STATE; ZIP CODE 7th Floor Houston Texas 77002 |
|---------------------------------------|---|

| | |
|--|--|
| 7 CAMPAIGN TREASURER MAILING ADDRESS | STREET OR PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE P.O. Box 301767 Dallas Texas 75303-1767 |
| <input type="checkbox"/> Change of Address | |

| | |
|----------------------------|---|
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE # EXTENSION (713) 844-3600 669 |
|----------------------------|---|

| | | | | | | | | | | |
|-------------------------------------|--|--|---|---|----------------------------------|---|--|--|---------------------------------|--|
| 9 REPORT TYPE | <table style="width:100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Dissolution (attach PAC-DR)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 10th day after campaign treasurer termination</td> </tr> </table> | <input type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Exceeded \$500 limit | <input type="checkbox"/> July 15 | <input checked="" type="checkbox"/> 8th day before election | <input type="checkbox"/> Dissolution (attach PAC-DR) | | <input type="checkbox"/> Runoff | <input type="checkbox"/> 10th day after campaign treasurer termination |
| <input type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Exceeded \$500 limit | | | | | | | | |
| <input type="checkbox"/> July 15 | <input checked="" type="checkbox"/> 8th day before election | <input type="checkbox"/> Dissolution (attach PAC-DR) | | | | | | | | |
| | <input type="checkbox"/> Runoff | <input type="checkbox"/> 10th day after campaign treasurer termination | | | | | | | | |

| | | | | |
|---------------------------------------|---|--|---------|--|
| 10 PERIOD COVERED | <table style="width:100%;"> <tr> <td style="text-align: center;"> Month Day Year 10/2/2015 </td> <td style="text-align: center;"> THROUGH </td> <td style="text-align: center;"> Month Day Year 10/24/2015 </td> </tr> </table> | Month Day Year 10/2/2015 | THROUGH | Month Day Year 10/24/2015 |
| Month Day Year 10/2/2015 | THROUGH | Month Day Year 10/24/2015 | | |

| | | |
|-------------|--|--|
| 11 ELECTION | ELECTION DATE Month Day Year 11/3/2015 | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special |
|-------------|--|--|

GO TO PAGE 2

**SPECIFIC-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Business Coalition for Prop. 1 13 Filer ID (Ethics Commission filers)

| | | | |
|--|---|--|---------------------------------------|
| 14 COMMITTEE PURPOSE (Attached lists on plain paper to complete this report if necessary) <input type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder) | <input type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICEHOLDER | CANDIDATE / OFFICEHOLDER NAME | |
| | | OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) / | |
| | <input checked="" type="checkbox"/> MEASURE | BALLOT IDENTIFICATION / # | ELECTION DATE 11/3/2015 |
| | | DESCRIPTION Houston Equal Rights Ordinance | |

| | | | |
|--------------------------------|---|--|-------------|
| 15 CONTRIBUTION TOTALS | 1 | TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$15,500.00 |
| | 2 | TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ |
| EXPENDITURE TOTALS | 3 | TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$87,260.00 |
| | 4 | TOTAL POLITICAL EXPENDITURES | \$ |
| CONTRIBUTION BALANCE | 5 | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$0.00 |
| OUTSTANDING LOAN TOTALS | 6 | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ |

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.

Pamela Meekins

Signature of Campaign Treasurer

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

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - SPAC**FORM SPAC
COVER SHEET PG 3**

| | | |
|--|--|--|
| 17 COMMITTEE NAME Business Coalition for Prop. 1 | | 18 Filer ID (Ethics Commission filers) |
| 19 SCHEDULE SUBTOTALS | | SUBTOTAL |
| | NAME OF SCHEDULE | AMOUNT |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 5. | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 6. | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATIONS OR LABOR ORGANIZATION | \$ |
| 7. | SCHEDULE E: LOANS | \$ |
| 8. | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ \$87,260.00 |
| 9. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 10. | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 11. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 12. | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 13. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 14. | 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: |
|---|----------------------------|

| | |
|--------------|---------------------------------------|
| 2 FILER NAME | 3 Filer ID (Ethics Commission filers) |
|--------------|---------------------------------------|

| | | | | | | |
|------------|--|--------------------------|------------------------|-------|-------|--|
| 4 Date | 5 Full name of contributor | <input type="checkbox"/> | out of state PAC(ID#) | | | |
| | Bret D. Scholtes | | | | | |
| | 6 Contributor address; City; State; Zip Code | | | | | |
| 10/20/2015 | | | Houston | Texas | 77027 | 7 Amount of contributions (\$) 500.00 |

| | |
|--|--|
| 8 Principal occupation / Job title (See Instructions) President & CEO | 9 Employer (See Instructions) Omega Protein |
|--|--|

| | | | | | | |
|-----------|--|--------------------------|------------------------|-------|------------|---|
| 4 Date | 5 Full name of contributor | <input type="checkbox"/> | out of state PAC(ID#) | | | |
| | Haynes and Boone, LLP | | | | | |
| | 6 Contributor address; City; State; Zip Code | | | | | |
| 10/2/2015 | | | Houston | Texas | 77010-2007 | 7 Amount of contributions (\$) 5000.00 |

| | |
|---|-------------------------------|
| 8 Principal occupation / Job title (See Instructions) | 9 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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | |
|---|----------------------------|
| The Instruction Guide explains how to complete this form. | 1 Total Pages Schedule A2: |
|---|----------------------------|

| | |
|--------------|---------------------------------------|
| 2 FILER NAME | 3 Filer ID (Ethics Commission filers) |
|--------------|---------------------------------------|

| | |
|---|-----|
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | \$X |
|---|-----|

| | | | | | |
|---|------|--|--------------------------|---|------------------------------------|
| 5 | Date | 6 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) | 8 | Amount of contributions (\$) | 9 In-Kind contribution description |
| | | 7 Contributor address; City; State; Zip Code | | | |
| | | | <input type="checkbox"/> | Check if travel outside of Texas, complete Schedule T | |

| | |
|--|--------------------------------|
| 10 Principal occupation / Job title (See Instructions) | 11 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: | |
| 2 FILER NAME | | | | 3 Filer ID (Ethics Commission filers) | |
| 4 TOTAL OF UNITEMIZED PLEDGES: => => => => => => | | | | | |
| 5 Date | 6 Full name of pledgor <input type="checkbox"/> out of state PAC(ID# ____) | | | 8 Amount of pledge (\$) | 9. In-Kind contribution description |
| | Greater Houston Partnership | | | | |
| 10/26/2015 | 7 Pledgor address; City; State; Zip Code Houston TX 77002 | | | 71,760.00 | |
| | | | | <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T | |
| 10 Principal occupation / Job title (See Instructions) | | | 11 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

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

| | | | |
|---|---|---|-------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 | Total Pages Schedule C1: |
| 2 FILER NAME | | 3 | Filer ID (Ethics Commission filers) |
| 4 Date | 5 Corporation/Labor Organization name United Airlines | 7 | Amount of contribution (\$) |
| | 6 Corporation/Labor Organization address; City; State Zip Code Houston Texas | | 10000.00 |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C2

| | | | |
|---|---|--------------------------|--|
| The Instruction Guide explains how to complete this form. | | 1 | Total Pages Schedule C2: |
| 2 FILER NAME | | 3 | Filer ID (Ethics Commission filers) |
| 4 Date | 5 Corporation/Labor Organization name | 7 | Amount of contribution (\$) 8. In-kind contribution description (if applicable) |
| | 6 Corporation/Labor Organization address; City; State Zip Code | | |
| | | <input type="checkbox"/> | Check if travel outside of Texas, complete Schedule T |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F2: | 2 FILER NAME | 3 Filer ID (Ethics Commission filers) |
| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ | |
| 5 Date 10/1/2015 | 6 Payee name Houston Chronicle | |
| 7 Amount (\$) 25,000.00 | 8 Payee address; City; State; Zip Code 801 Texas Avenue Houston Texas 77002 | |
| 9 TYPE OF EXPENDITURE | <input type="checkbox"/> Political | <input type="checkbox"/> Non-Political |
| 10 PURPOSE OF EXPENDITURE | (a) Category Full Page Ad | (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 ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought office held |

| | | |
|--|--|--|
| 5 Date 10/13/2015 | 6 Payee name Houston Chronicle | |
| 7 Amount (\$) 17,500.00 | 8 Payee address; City; State; Zip Code 801 Texas Avenue Houston Texas 77002 | |
| 9 TYPE OF EXPENDITURE | <input type="checkbox"/> Political | <input type="checkbox"/> Non-Political |
| 10 PURPOSE OF EXPENDITURE | (a) Category Full Page Ad | (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 ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought office held |

| | | |
|----------------------------|---|--|
| 5 Date 10/7/2015 | 6 Payee name Houston Business Journal | |
| 7 Amount (\$) | 8 Payee address; City; State; Zip Code | |

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F2: | 2 FILER NAME | 3 Filer ID (Ethics Commission filers) |
| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ | |
| 4,880.00 | 5444 Westheimer Suite 1700 Houston Texas 77056 | |
| 9 TYPE OF EXPENDITURE | <input type="checkbox"/> Political | <input type="checkbox"/> Non-Political |
| 10 PURPOSE OF EXPENDITURE | (a) Category Full Page Ad | (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 ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought office held |

| | |
|---|--|
| 5 Date 10/15/2015 | 6 Payee name Houston Business Journal |
| 7 Amount (\$) 4,880.00 | 8 Payee address; City; State; Zip Code 5444 Westheimer Suite 1700 Houston Texas 77056 |
| 9 TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |
| 10 PURPOSE OF EXPENDITURE | (a) Category Full Page Ad |
| | (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 ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name office sought office held |

| | |
|--------------------------------|--|
| 5 Date 10/20/2015 | 6 Payee name Houston Chronicle |
| 7 Amount (\$) 35,000.00 | 8 Payee address; City; State; Zip Code 801 Texas Avenue Houston Texas 77002 |

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

The Instruction Guide explains how to complete this form.

| | | | | | |
|----|--|-------------------------------|---|--|-------------------------------------|
| 1 | Total pages Schedule F2: | 2 | FILER NAME | 3 | Filer ID (Ethics Commission filers) |
| 4 | TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | | | \$ | |
| 9 | TYPE OF EXPENDITURE | | <input type="checkbox"/> Political | <input type="checkbox"/> Non-Political | |
| 10 | PURPOSE OF EXPENDITURE | (a) Category | (b) Description | | |
| | | Spadea | <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 11 | Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | | office sought | office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED