

**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:
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3 COMMITTEE NAME	No on Houston Prop 1	OFFICE USE ONLY
4 COMMITTEE ADDRESS	ADDRESS / PO BOX APT/SUITE # CITY STATE ZIP CODE PO Box 431158 Houston TX 77243	Date Received 10/26/2015
<input type="checkbox"/> Change of address		Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI Josh ----- NICKNAME LAST SUFFIX Flynn	Receipt # Amount Date Processed Date Imaged
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6 CAMPAIGN TREASURER'S STREET ADDRESS Residence	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; CITY; STATE; ZIP CODE 2751 Durban Dr Houston TX 77043
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7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE PO Box 431158 Houston TX 77243
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8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE # EXTENSION (281) 597-8868
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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 9/25/2015 </td> <td style="text-align: center; vertical-align: middle;"> THROUGH </td> <td style="text-align: center;"> Month Day Year 10/24/2015 </td> </tr> </table>	Month Day Year 9/25/2015	THROUGH	Month Day Year 10/24/2015
Month Day Year 9/25/2015	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 checked="" type="checkbox"/> General <input type="checkbox"/> Special
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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.

Larry M. Hicks

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 No on Houston Prop 1		18 Filer ID (Ethics Commission filers)
19 SCHEDULE SUBTOTALS		SUBTOTAL
NAME OF SCHEDULE		AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ \$11,000.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ \$2,952.21
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	\$ \$8,373.58
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ \$5,802.21
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ \$5,802.21
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:
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2 FILER NAME	3 Filer ID (Ethics Commission filers)
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4 Date	5 Full name of contributor	<input type="checkbox"/>	out of state PAC(ID#)			
	Jim Wise					
	6 Contributor address;			City;	State;	Zip Code
9/28/2015			Kingwood	TX	77345	
						7 Amount of contributions (\$) 5000.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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4 Date	5 Full name of contributor	<input type="checkbox"/>	out of state PAC(ID#)			
	Jim Smith					
	6 Contributor address;			City;	State;	Zip Code
9/28/2015			Houston	TX	77056	
						7 Amount of contributions (\$) 5000.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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4 Date	5 Full name of contributor	<input type="checkbox"/>	out of state PAC(ID#)			
	Sue Sloan					
	6 Contributor address;			City;	State;	Zip Code
9/28/2015			Houston	TX	77074	
						7 Amount of contributions (\$) 1000.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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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 \$

5 Date	6 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Sandie Mullins Moger Campaign	8 Amount of contributions (\$)	9 In-Kind contribution description
10/13/2015	7 Contributor address; City; State; Zip Code Houston TX 77077	150.00	Accounting services
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	

10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

5 Date	6 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) US Pastor Council	8 Amount of contributions (\$)	9 In-Kind contribution description
10/22/2015	7 Contributor address; City; State; Zip Code Houston TX 77269	2024.28	Signs
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	

10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

5 Date	6 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) US Pastor Council	8 Amount of contributions (\$)	9 In-Kind contribution description
10/16/2015	7 Contributor address; City; State; Zip Code Houston TX 77269	3777.93	Signs
		<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

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission filers)
4 Date 10/9/2015	5 Payee name Clear Channel	
6 Amount (\$) 7,500.00	7 Payee address; City; State; Zip Code 20880 Stone Oak Parkway San Antonio TX 78258	
8 PURPOSE OF EXPENDITURE	(a) Category Advertising 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 Billboard
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 10/9/2015	5 Payee name Clear Channel	
6 Amount (\$) 873.58	7 Payee address; City; State; Zip Code 20880 Stone Oak Parkway San Antonio TX 78258	
8 PURPOSE OF EXPENDITURE	(a) Category Advertising 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 Billboard
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

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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 10/8/2015	6 Payee name American Express	
7 Amount (\$) 3,777.93	8 Payee address; City; State; Zip Code PO Box 981540 El Paso TX 79998	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category OTHER (enter a category not listed above)	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card payment
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

5 Date 10/6/2015	6 Payee name American Express	
7 Amount (\$) 2,024.28	8 Payee address; City; State; Zip Code PO Box 981540 El Paso TX 79998	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category OTHER (enter a category not listed above)	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card payment
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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	
5 Date 10/8/2015	6 Payee name Houston Sign Co	
7 Amount (\$) 3,777.93	8 Payee address; City; State; Zip Code 5801 Chimney Rock Houston TX 77081	
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) Advertising 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 Signs
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

5 Date 10/6/2015	6 Payee name Houston Sign Co	
7 Amount (\$) 2,024.28	8 Payee address; City; State; Zip Code 5801 Chimney Rock Houston TX 77081	
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) Advertising 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 Signs
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

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