

**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	<b>OFFICE USE ONLY</b>
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of address	ADDRESS / PO BOX      APT/SUITE #      CITY      STATE      ZIP CODE  PO Box 431158  Houston TX 77243	Date Received  10/26/2015  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	<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
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10 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year  9/25/2015      THROUGH      10/24/2015
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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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**SPECIFIC-PURPOSE COMMITTEE REPORT:  
PURPOSE AND TOTALS**

**FORM SPAC  
COVER SHEET PG 2**

12 COMMITTEE NAME No on Houston Prop 1 13 Filer ID (Ethics Commission filers)

<b>14 COMMITTEE PURPOSE</b> (Attached lists on plain paper to complete this report if necessary)  <input type="checkbox"/> <b>SUPPORT</b> (Candidate or Measure)  <input checked="" type="checkbox"/> <b>OPPOSE</b> (Candidate or Measure)  <input type="checkbox"/> <b>ASSIST</b> (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
		Houston Prop 1		11/3/2015
		DESCRIPTION		
		Houston Equal Rights Ordinance		

<b>15 CONTRIBUTION TOTALS</b>	1	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2	<b>TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</b>	\$16,952.21
<b>EXPENDITURE TOTALS</b>	3	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4	<b>TOTAL POLITICAL EXPENDITURES</b>	\$14,175.79
<b>CONTRIBUTION BALANCE</b>	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$2,626.42
<b>OUTSTANDING LOAN TOTALS</b>	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0.00

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)

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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.

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

<b>4</b> Date  10/9/2015	<b>5</b> Payee name  Clear Channel	
<b>6</b> Amount (\$)  873.58	<b>7</b> Payee address; City; State; Zip Code  20880 Stone Oak Parkway  San Antonio TX 78258	
<b>8 PURPOSE OF EXPENDITURE</b>	(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
	<b>9</b> 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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