

**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 | MS/MRS/MR | FIRST | MI | OFFICE USE ONLY | |
| | Mr. | Dwight | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input checked="" type="checkbox"/> Change of address | ADDRESS / PO BOX; | APT/SUITE #; | CITY; | STATE; | ZIP CODE |
| | 2726 Bissonnet 240-20 Houston TX 77005 | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | Date Received | |
| | (713) | 223-0223 | | 10/5/2015 | |
| 6 CAMPAIGN TREASURER NAME | MS/MRS/MR | FIRST | MI | Receipt # | Amount |
| | Mr. | Lee | P. | Date Processed | |
| 7 CAMPAIGN TREASURER ADDRESS (Business) | STREET ADDRESS (No PO Box Please); | APT/SUITE #; | CITY; | STATE; | ZIP CODE |
| | 1001 McKinney 1650 Houston TX 77002 | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | Date Hand-delivered or Date Postmarked | |
| | (832) | 366-1584 | | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit | | | | |
| | <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment(officerholder only) | | | | |
| 10 PERIOD COVERED | Month | Day | Year | THROUGH | Month Day Year |
| | | | 7/1/2015 | | 9/24/2015 |
| 11 ELECTION | ELECTION DATE | | ELECTION TYPE | | |
| | Month | Day | Year | <input type="checkbox"/> Primary | <input type="checkbox"/> Runoff |
| 12 OFFICE | 11/3/2015 | | <input checked="" type="checkbox"/> General | | |
| | | | <input type="checkbox"/> Special | | |
| 13 OFFICE SOUGHT (if known) | OFFICE HELD (if any) | | | | |
| City Council - District D | City Council - District D | | | | |

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

14 FILER NAME Dwight Boykins 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

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 |
| | COMMITTEE ADDRESS |
| | COMMITTEE CAMPAIGN TREASURER NAME |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS |

GENERAL

SPECIFIC

| | | | |
|-------------------------|---|--|-------------|
| 17 CONTRIBUTION TOTALS | 1 | TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ |
| | 2 | TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$45,600.00 |
| EXPENDITURE TOTALS | 3 | TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$185.84 |
| | 4 | TOTAL POLITICAL EXPENDITURES | \$40,298.41 |
| CONTRIBUTION BALANCE | 5 | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$65,771.01 |
| OUTSTANDING LOAN TOTALS | 6 | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ |

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.

Dwight Boykins

Signature of Candidate or Officeholder

AFFIX NOT 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

Print name of officer administering oath

Title of officer administering oath

SUBTOTALS - COH**FORM C/OH
COVER SHEET PG 3**

| | | |
|------------------------------|--|--|
| 19 FILER NAME Dwight Boykins | | 20 Filer ID (Ethics Commission Filers) |
| 21 | SCHEDULE SUBTOTALS | SUBTOTAL |
| | NAME OF SCHEDULE | AMOUNT |
| 1 | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 45600 |
| 2 | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 0 |
| 3 | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 0 |
| 4 | SCHEDULE E: LOANS | \$ 0 |
| 5 | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 40113 |
| 6 | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 0 |
| 7 | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ 0 |
| 8 | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ 0 |
| 9 | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ 0 |
| 10 | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 0 |
| 11 | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0 |

**CANDIDATE / OFFICEHOLDER REPORT:
NOTICE FROM POLITICAL COMMITTEE(S)**

**FORM C/OH
ADDENDUM**

C/OH NAME Dwight Boykins

ACCOUNT # (Ethics
Commission filers)

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | | |
|---|--|---------------------------------------|------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total Pages Schedule A1: | |
| 2 FILER NAME Dwight Boykins | | 3 Filer ID (Ethics Commission filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) OSI, LLC | 7 | Amount of contributions (\$) |
| 9/15/2015 | 6 Contributor address; City; State; Zip Code Houston TX 77288 | | 500 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Across the Track PAC | 7 | Amount of contributions (\$) |
| 9/15/2015 | 6 Contributor address; City; State; Zip Code Houston TX 77021 | | 1000 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) The FRGC Group | 7 | Amount of contributions (\$) |
| 9/15/2015 | 6 Contributor address; City; State; Zip Code Houston TX 77021 | | 1500 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| 4 Date | 5 Full name of contributor <input checked="" type="checkbox"/> out of state PAC(ID# 428391) Republic Services, Inc. Employees Better Government PAC | 7 | Amount of contributions (\$) |
| 9/15/2015 | 6 Contributor address; City; State; Zip Code Phoenix AZ 85054 | | 500 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | | |
|---|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 | Total Pages Schedule A1: |
| 2 FILER NAME Dwight Boykins | | 3 | Filer ID (Ethics Commission filers) |
| 4 | Date | 5 | Full name of contributor <input type="checkbox"/> out of state PAC(ID#) |
| | 9/15/2015 | | Levi Benton & Associates PLLC |
| | | 6 | Contributor address; City; State; Zip Code |
| | | | Houston TX 77002 |
| | | 7 | Amount of contributions (\$) |
| | | | 500 |
| 8 | Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| 4 | Date | 5 | Full name of contributor <input type="checkbox"/> out of state PAC(ID#) |
| | 9/15/2015 | | C.M. Brewster |
| | | 6 | Contributor address; City; State; Zip Code |
| | | | Houston TX 77033 |
| | | 7 | Amount of contributions (\$) |
| | | | 200 |
| 8 | Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| 4 | Date | 5 | Full name of contributor <input type="checkbox"/> out of state PAC(ID#) |
| | 9/15/2015 | | Kevin Brewster |
| | | 6 | Contributor address; City; State; Zip Code |
| | | | Houston TX 77045 |
| | | 7 | Amount of contributions (\$) |
| | | | 500 |
| 8 | Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| | Industrial Engineering Section Mgr | | |
| 4 | Date | 5 | Full name of contributor <input type="checkbox"/> out of state PAC(ID#) |
| | 9/15/2015 | | Aleice Goodson Brooks |
| | | 6 | Contributor address; City; State; Zip Code |
| | | | Houston TX 77004 |
| | | 7 | Amount of contributions (\$) |
| | | | 50 |
| 8 | Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| 4 | Date | 5 | Full name of contributor <input type="checkbox"/> out of state PAC(ID#) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | | |
|--|--|---------------------------------------|----------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 | Total Pages Schedule A1: |
| 2 FILER NAME Dwight Boykins | | 3 Filer ID (Ethics Commission filers) | |
| 9/15/2015 | Scott Burch ----- 6 Contributor address; City; State; Zip Code Dallas TX 75220 | 7 | Amount of contributions (\$) 500 |
| 8 Principal occupation / Job title (See Instructions) Entertainment | | 9 Employer (See Instructions) | |
| 9/15/2015 | 4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Frank Burge ----- 6 Contributor address; City; State; Zip Code Houston TX 77004 | 7 | Amount of contributions (\$) 50 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| 9/15/2015 | 4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Zinetta Burney ----- 6 Contributor address; City; State; Zip Code Houston TX 77004 | 7 | Amount of contributions (\$) 100 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| 7/1/2015 | 4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Hellen Callier ----- 6 Contributor address; City; State; Zip Code Kingwood TX 77339 | 7 | Amount of contributions (\$) 250 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| 9/15/2015 | 4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Darryl Carter ----- 6 Contributor address; City; State; Zip Code | 7 | Amount of contributions (\$) 500 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | | |
|---|--|---------------------------------------|-------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 | Total Pages Schedule A1: |
| 2 FILER NAME Dwight Boykins | | 3 Filer ID (Ethics Commission filers) | |
| 9/15/2015 | 6 Contributor address; City; State; Zip Code Houston TX 77019 | 500 | |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) | |
| 4 Date 9/15/2015 | 5 Full name of contributor Cindy Clifford out of state PAC(ID#) 6 Contributor address; City; State; Zip Code Houston TX 77019 | 7 | Amount of contributions (\$) 250 |
| 8 Principal occupation / Job title (See Instructions) Public Relations | | 9 Employer (See Instructions) | |
| 4 Date 9/15/2015 | 5 Full name of contributor Peggy Ann Engram, Ph.D. out of state PAC(ID#) 6 Contributor address; City; State; Zip Code Houston TX 77021 | 7 | Amount of contributions (\$) 100 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| 4 Date 9/15/2015 | 5 Full name of contributor Duni Hebron out of state PAC(ID#) 6 Contributor address; City; State; Zip Code Pearland TX 77584 | 7 | Amount of contributions (\$) 250 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | | | |
|---|---|---|---|-------------------------------------|
| The Instruction Guide explains how to complete this form. | | | 1 | Total Pages Schedule A1: |
| 2 FILER NAME Dwight Boykins | | | 3 | Filer ID (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Limas Jefferson | 7 | Amount of contributions (\$) |
| | 9/15/2015 | 6 Contributor address; City; State; Zip Code Seabrook TX 77586 | | 300 |
| 8 | Principal occupation / Job title (See Instructions) | | 9 | Employer (See Instructions) |
| 4 | Date | 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) J.R. Jones | 7 | Amount of contributions (\$) |
| | 9/15/2015 | 6 Contributor address; City; State; Zip Code Houston TX 77079 | | 2000 |
| 8 | Principal occupation / Job title (See Instructions) Engineer | | 9 | Employer (See Instructions) |
| 4 | Date | 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Eric Langan | 7 | Amount of contributions (\$) |
| | 9/15/2015 | 6 Contributor address; City; State; Zip Code Pearland TX 77584 | | 500 |
| 8 | Principal occupation / Job title (See Instructions) CEO | | 9 | Employer (See Instructions) |
| 4 | Date | 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Dirk Lauken | 7 | Amount of contributions (\$) |
| | 7/1/2015 | 6 Contributor address; City; State; Zip Code Spring TX 77381 | | 500 |
| 8 | Principal occupation / Job title (See Instructions) Founder | | 9 | Employer (See Instructions) |
| 4 | Date | 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | | |
|--|--|-------------------------------|--|
| The Instruction Guide explains how to complete this form. | | 1 | Total Pages Schedule A1: |
| 2 FILER NAME Dwight Boykins | | 3 | Filer ID (Ethics Commission filers) |
| 9/15/2015 | Mark Lechner ----- 6 Contributor address; City; State; Zip Code Fisherville KY 40023 | 7 | Amount of contributions (\$) 1000 |
| 8 Principal occupation / Job title (See Instructions) Real Estate | | 9 Employer (See Instructions) | |
| 9/15/2015 | 4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Andrea Logans ----- 6 Contributor address; City; State; Zip Code Houston TX 77056 | 7 | Amount of contributions (\$) 3000 |
| 8 Principal occupation / Job title (See Instructions) CEO | | 9 Employer (See Instructions) | |
| 7/27/2015 | 4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Political Action Committee of Winstead PC ----- 6 Contributor address; City; State; Zip Code Dallas TX 75201 | 7 | Amount of contributions (\$) 1000 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| 9/15/2015 | 4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Frank Mbachu ----- 6 Contributor address; City; State; Zip Code Sugar Land TX 77479 | 7 | Amount of contributions (\$) 1000 |
| 8 Principal occupation / Job title (See Instructions) Engineer | | 9 Employer (See Instructions) | |
| 4 | Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | | |
|--|---|-------------------------------|-------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 | Total Pages Schedule A1: |
| 2 FILER NAME Dwight Boykins | | 3 | Filer ID (Ethics Commission filers) |
| 9/15/2015 | Reginald McKamie, Sr. ----- 6 Contributor address; City; State; Zip Code Houston TX 77055 | 7 | Amount of contributions (\$) 500 |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) | |
| 9/15/2015 | 4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Donald Middleton ----- 6 Contributor address; City; State; Zip Code Houston TX 77016 | 7 | Amount of contributions (\$) 500 |
| 8 Principal occupation / Job title (See Instructions) Insurance | | 9 Employer (See Instructions) | |
| 9/15/2015 | 4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Locke Lord LLP ----- 6 Contributor address; City; State; Zip Code Dallas TX 75201 | 7 | Amount of contributions (\$) 1000 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| 9/15/2015 | 4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Linebarger Goggan Blair & Sampson LLP ----- 6 Contributor address; City; State; Zip Code Austin TX 78760 | 7 | Amount of contributions (\$) 1000 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| 4 | Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | | |
|---|--|-------------------------------|-------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 | Total Pages Schedule A1: |
| 2 FILER NAME Dwight Boykins | | 3 | Filer ID (Ethics Commission filers) |
| 9/15/2015 | LAN-PAC ----- 6 Contributor address; City; State; Zip Code Houston TX 77042 | 7 | Amount of contributions (\$) 500 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| 9/15/2015 | 4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) CP&Y Inc. PAC ----- 6 Contributor address; City; State; Zip Code Houston TX 77042 | 7 | Amount of contributions (\$) 1000 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| 9/15/2015 | 4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) J. Russ ----- 6 Contributor address; City; State; Zip Code Houston TX 77042 | 7 | Amount of contributions (\$) 250 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| 9/15/2015 | 4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) HAA Better Government Fund ----- 6 Contributor address; City; State; Zip Code Houston TX 77041 | 7 | Amount of contributions (\$) 500 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| 9/15/2015 | 4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Cobb Fendley PAC ----- 6 Contributor address; City; State; Zip Code Houston TX 77042 | 7 | Amount of contributions (\$) 500 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | | |
|---|---|---------------------------------------|--|
| The Instruction Guide explains how to complete this form. | | 1 Total Pages Schedule A1: | |
| 2 FILER NAME Dwight Boykins | | 3 Filer ID (Ethics Commission filers) | |
| 9/15/2015 | 6 Contributor address; City; State; Zip Code Houston TX 77040 | 250 | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Fulbright & Jaworski LLP Texas Committee | 7 Amount of contributions (\$) | |
| 8/14/2015 | 6 Contributor address; City; State; Zip Code Houston TX 77010 | 1000 | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Allen Watson | 7 Amount of contributions (\$) | |
| 9/15/2015 | 6 Contributor address; City; State; Zip Code Houston TX 77007 | 500 | |
| 8 Principal occupation / Job title (See Instructions) Engineer | | 9 Employer (See Instructions) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Houston Fire Fighters Political Action Fund | 7 Amount of contributions (\$) | |
| 9/15/2015 | 6 Contributor address; City; State; Zip Code Houston TX 77009 | 5000 | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Gerald Womack | 7 Amount of contributions (\$) | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | | |
|--|--|---------------------------------------|--|
| The Instruction Guide explains how to complete this form. | | 1 | Total Pages Schedule A1: |
| 2 FILER NAME Dwight Boykins | | 3 Filer ID (Ethics Commission filers) | |
| 9/15/2015 | 6 Contributor address; City; State; Zip Code Houston TX 77004 | | 500 |
| 8 Principal occupation / Job title (See Instructions) Real Estate Developer | | 9 Employer (See Instructions) | |
| 9/15/2015 | 4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Aundrea Young 6 Contributor address; City; State; Zip Code Missouri City TX 77459 | | 7 Amount of contributions (\$) 500 |
| 8 Principal occupation / Job title (See Instructions) President | | 9 Employer (See Instructions) | |
| 9/15/2015 | 4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Giti Zarinkelk 6 Contributor address; City; State; Zip Code Houston TX 77019 | | 7 Amount of contributions (\$) 500 |
| 8 Principal occupation / Job title (See Instructions) Engineer | | 9 Employer (See Instructions) | |
| 8/27/2015 | 4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Smith & Company Architects 6 Contributor address; City; State; Zip Code Houston TX 77004 | | 7 Amount of contributions (\$) 1000 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | | |
|--|--|---------------------------------------|------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total Pages Schedule A1: | |
| 2 FILER NAME Dwight Boykins | | 3 Filer ID (Ethics Commission filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Gregg Reyes | 7 | Amount of contributions (\$) |
| 9/24/2015 | 6 Contributor address; City; State; Zip Code Houston TX 77024 | | 2500 |
| 8 Principal occupation / Job title (See Instructions) CEO | | 9 Employer (See Instructions) | |
| 4 Date | 5 Full name of contributor <input checked="" type="checkbox"/> out of state PAC(ID# C00085316) Cigna Corp Political Action Committee | 7 | Amount of contributions (\$) |
| 9/24/2015 | 6 Contributor address; City; State; Zip Code Washington DC 20004 | | 1000 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| 4 Date | 5 Full name of contributor <input checked="" type="checkbox"/> out of state PAC(ID# 00051019) Texas Working Families PAC | 7 | Amount of contributions (\$) |
| 9/24/2015 | 6 Contributor address; City; State; Zip Code Baton Rouge LA 70809 | | 500 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Paula McHam | 7 | Amount of contributions (\$) |
| 9/24/2015 | 6 Contributor address; City; State; Zip Code Houston TX 77095 | | 100 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | |
|---|----------------------------|
| The Instruction Guide explains how to complete this form. | 1 Total Pages Schedule A1: |
|---|----------------------------|

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

| | | | | | | |
|-----------|--|--------------------------|------------------------|--|--|--------------------------------|
| 4 Date | 5 Full name of contributor | <input type="checkbox"/> | out of state PAC(ID#) | | | |
| | CC Lee | | | | | 7 Amount of contributions (\$) |
| 9/24/2015 | 6 Contributor address; City; State; Zip Code | | | | | 1000 |
| | | | Houston TX 77036 | | | |

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

| | | | | | | |
|-----------|--|--------------------------|------------------------|--|--|--------------------------------|
| 4 Date | 5 Full name of contributor | <input type="checkbox"/> | out of state PAC(ID#) | | | |
| | Kenneth Cowan | | | | | 7 Amount of contributions (\$) |
| 9/24/2015 | 6 Contributor address; City; State; Zip Code | | | | | 200 |
| | | | Houston TX 77021 | | | |

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

| | | | | | | |
|-----------|--|--------------------------|------------------------|--|--|--------------------------------|
| 4 Date | 5 Full name of contributor | <input type="checkbox"/> | out of state PAC(ID#) | | | |
| | James Gillham | | | | | 7 Amount of contributions (\$) |
| 9/24/2015 | 6 Contributor address; City; State; Zip Code | | | | | 250 |
| | | | Cypress TX 77429 | | | |

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

| | | | | | | |
|-----------|--|--------------------------|------------------------|--|--|--------------------------------|
| 4 Date | 5 Full name of contributor | <input type="checkbox"/> | out of state PAC(ID#) | | | |
| | Dannette Davis | | | | | 7 Amount of contributions (\$) |
| 9/24/2015 | 6 Contributor address; City; State; Zip Code | | | | | 500 |
| | | | Pearland TX 77581 | | | |

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

| | | | | | | |
|--------|----------------------------|--------------------------|------------------------|--|--|--|
| 4 Date | 5 Full name of contributor | <input type="checkbox"/> | out of state PAC(ID#) | | | |
|--------|----------------------------|--------------------------|------------------------|--|--|--|

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | | |
|--|--|-------------------------------|---------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 | Total Pages Schedule A1: |
| 2 FILER NAME Dwight Boykins | | 3 | Filer ID (Ethics Commission filers) |
| 9/24/2015 | Bracewell & Giuliani Committee ----- 6 Contributor address; City; State; Zip Code Houston TX 77002 | 7 | Amount of contributions (\$) 500 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| 9/24/2015 | 4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Mohammad Irfan ----- 6 Contributor address; City; State; Zip Code Katy TX 77494 | 7 | Amount of contributions (\$) 1500 |
| 8 Principal occupation / Job title (See Instructions) Engineer | | 9 Employer (See Instructions) | |
| 8/18/2015 | 4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Theldon Branch III ----- 6 Contributor address; City; State; Zip Code Houston TX 77025 | 7 | Amount of contributions (\$) 2500 |
| 8 Principal occupation / Job title (See Instructions) CEO | | 9 Employer (See Instructions) | |
| 7/24/2015 | 4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) John Avalon ----- 6 Contributor address; City; State; Zip Code Houston TX 77006 | 7 | Amount of contributions (\$) 5,000.00 |
| 8 Principal occupation / Job title (See Instructions) Investments | | 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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

| | | |
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| 1 Total pages Schedule F1: | 2 FILER NAME Dwight Boykins | 3 Filer ID (Ethics Commission filers) |
| 4 Date 7/1/2015 | 5 Payee name Pappadeaux Seafood Kitchen | |
| 6 Amount (\$) 140.22 | 7 Payee address; City; State; Zip Code 13080 US-290 Houston tx 77040 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category Food/Beverage 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 officeholder meeting |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought office held |

| | | |
|--|---|--|
| 4 Date 7/1/2015 | 5 Payee name GoDaddy | |
| 6 Amount (\$) 36.31 | 7 Payee address; City; State; Zip Code 14455 N. Hayden Rd. #219 Scottsdale AZ 85260 | |
| 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 campaign website hosting |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought office held |

| | | |
|--------------------------|---|-----------------|
| 4 Date 7/8/2015 | 5 Payee name Becks Prime | |
| 6 Amount (\$) 26.20 | 7 Payee address; City; State; Zip Code 919 Milam Houston TX 77002 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category | (b) Description |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|--------------------------|--|
| 1 Total pages Schedule F1: | 2 FILER NAME Dwight Boykins | | 3 Filer ID (Ethics Commission filers) |
| | Food/Beverage Expense | <input type="checkbox"/> | Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder meeting |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name office sought office held | | |

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|----------------------------|---|--|--|
| 4 Date 7/9/2015 | 5 Payee name Pappas Bar-B-Q | | |
| 6 Amount (\$) 14.18 | 7 Payee address; City; State; Zip Code 1217 Pierce Street Houston TX 77002 | | |

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|--------------------------|---|--------------------------|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category Food/Beverage Expense | <input type="checkbox"/> | (b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder meeting |
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| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name office sought office held | | |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: | 2 FILER NAME Dwight Boykins | 3 Filer ID (Ethics Commission filers) |
| 4 Date 7/15/2015 | 5 Payee name Reef Restaurant | |
| 6 Amount (\$) 153.68 | 7 Payee address; City; State; Zip Code 2600 Travis Houston TX 77006 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category Food/Beverage 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 officeholder meeting |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought office held |

| | | |
|--|--|--|
| 4 Date 7/14/2015 | 5 Payee name Network for Good | |
| 6 Amount (\$) 200.00 | 7 Payee address; City; State; Zip Code 1140 Connecticut Avenue NW, Suite 700 Washington DC 20036 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category Office Overhead/Rental 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 fundraising software |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought office held |

| | | |
|--------------------------|---|-----------------|
| 4 Date 7/20/2015 | 5 Payee name Artista | |
| 6 Amount (\$) 109.58 | 7 Payee address; City; State; Zip Code 800 Bagby Houston TX 77002 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category | (b) Description |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|--------------------------|--|
| 1 Total pages Schedule F1: | 2 FILER NAME Dwight Boykins | | 3 Filer ID (Ethics Commission filers) |
| | Food/Beverage Expense | <input type="checkbox"/> | Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder meeting |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name office sought office held | | |

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|------------------------|--|--|--|
| 4 Date 7/24/2015 | 5 Payee name www.justflowers.com | | |
| 6 Amount (\$) 51.77 | 7 Payee address; City; State; Zip Code 11999 San Vincente Blvd., Ste. 340 Los Angeles CA 90049 | | |

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|--------------------------|-----------------------------------|--------------------------|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category Event Expense | <input type="checkbox"/> | (b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense flowers for campaign event |
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| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name office sought office held | | |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

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| 1 Total pages Schedule F1: | 2 FILER NAME Dwight Boykins | 3 Filer ID (Ethics Commission filers) |
| 4 Date 7/24/2015 | 5 Payee name www.justflowers.com | |
| 6 Amount (\$) 55.97 | 7 Payee address; City; State; Zip Code 11999 San Vincente Blvd., Ste. 340 Los Angeles CA 90049 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category 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 flowers for campaign event |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought office held |

| | | |
|--|--|--|
| 4 Date 7/24/2015 | 5 Payee name www.justflowers.com | |
| 6 Amount (\$) 55.97 | 7 Payee address; City; State; Zip Code 11999 San Vincente Blvd., Ste. 340 Los Angeles CA 90049 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category 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 flowers for campaign event |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought office held |

| | | |
|--------------------------|---|-----------------|
| 4 Date 7/24/2015 | 5 Payee name Gogo Business Communications | |
| 6 Amount (\$) 85.00 | 7 Payee address; City; State; Zip Code 10900 Northwest Fwy Houston TX 77092 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category | (b) Description |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

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|--|---|--------------------------|---|
| 1 Total pages Schedule F1: | 2 FILER NAME Dwight Boykins | | 3 Filer ID (Ethics Commission filers) |
| | Office Overhead/Rental Expense | <input type="checkbox"/> | Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense document printing |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name office sought office held | | |

| | | | |
|--|--|--------------------------|--|
| 4 Date 7/24/2015 | 5 Payee name Lucille's | | |
| 6 Amount (\$) 50.88 | 7 Payee address; City; State; Zip Code 5512 La Branch St. Houston TX 77006 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category Food/Beverage Expense | <input type="checkbox"/> | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder meeting |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name office sought office held | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------|---|--|
| 1 Total pages Schedule F1: | 2 FILER NAME Dwight Boykins | 3 Filer ID (Ethics Commission filers) |
| 4 Date 7/24/2015 | 5 Payee name Seasons 52 | |
| 6 Amount (\$) 499.90 | 7 Payee address; City; State; Zip Code 4410 Westheimer Rd Houston TX 77027 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category Food/Beverage 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 officeholder meeting |
| | 9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held | |

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|--------------------------|---|--|
| 4 Date 7/25/2015 | 5 Payee name The Grove | |
| 6 Amount (\$) 140.16 | 7 Payee address; City; State; Zip Code 1611 Lamar St Houston TX 77010 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category Food/Beverage 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 officeholder meeting |
| | 9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held | |

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|--------------------------|---|-----------------|
| 4 Date 7/26/2015 | 5 Payee name Cigar Emporium | |
| 6 Amount (\$) 72.70 | 7 Payee address; City; State; Zip Code 3514 S Shepherd Dr Houston TX 77098 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category | (b) Description |
| | 9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

| | | | |
|--|-------------------------------|--------------------------|--|
| 1 Total pages Schedule F1: | 2 FILER NAME Dwight Boykins | | 3 Filer ID (Ethics Commission filers) |
| | Other | <input type="checkbox"/> | Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder meeting |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought | office held |

| | | | |
|--|--|--------------------------|---|
| 4 Date 7/26/2015 | 5 Payee name Denny's | | |
| 6 Amount (\$) 28.03 | 7 Payee address; City; State; Zip Code 2316 Southmore Blvd. Houston Tx 77004 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category Food/Beverage Expense | <input type="checkbox"/> | (b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder meeting |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought | office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

| | | |
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| 1 Total pages Schedule F1: | 2 FILER NAME Dwight Boykins | 3 Filer ID (Ethics Commission filers) |
| 4 Date 7/26/2015 | 5 Payee name Four Seasons | |
| 6 Amount (\$) 25.00 | 7 Payee address; City; State; Zip Code 1300 Lamar St. Houston TX 77010 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category Food/Beverage 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 officeholder meeting |
| | 9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held | |

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| 4 Date 7/27/2015 | 5 Payee name Reef Restaurant | |
| 6 Amount (\$) 248.73 | 7 Payee address; City; State; Zip Code 2600 Travis Houston TX 77006 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category Food/Beverage 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 officeholder meeting |
| | 9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held | |

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|--------------------------|---|-----------------|
| 4 Date 7/29/2015 | 5 Payee name Barnaby's Café | |
| 6 Amount (\$) 205.11 | 7 Payee address; City; State; Zip Code 1801 Binz St. Houston TX 77004 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category | (b) Description |
| | 9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

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|--|---|--------------------------|--|
| 1 Total pages Schedule F1: | 2 FILER NAME Dwight Boykins | | 3 Filer ID (Ethics Commission filers) |
| | Food/Beverage Expense | <input type="checkbox"/> | Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder meeting |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name office sought office held | | |

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|-----------------------------|---|--|--|
| 4 Date 7/29/2015 | 5 Payee name The UPS Store | | |
| 6 Amount (\$) 167.11 | 7 Payee address; City; State; Zip Code 1302 Waugh Dr. Houston TX 77019 | | |

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|--------------------------|--|--------------------------|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category Office Overhead/Rental Expense | <input type="checkbox"/> | (b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing expense |
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| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name office sought office held | | |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

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| 1 Total pages Schedule F1: | 2 FILER NAME Dwight Boykins | 3 Filer ID (Ethics Commission filers) |
| 4 Date 7/30/2015 | 5 Payee name GoDaddy | |
| 6 Amount (\$) 10.65 | 7 Payee address; City; State; Zip Code 14455 N. Hayden Rd. #219 Scottsdale AZ 85260 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category Office Overhead/Rental 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 campaign website hosting |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought office held |

| | | |
|---|---|--|
| 4 Date 8/1/2015 | 5 Payee name Four Seasons | |
| 6 Amount (\$) 1,050.00 | 7 Payee address; City; State; Zip Code 1300 Lamar St. Houston TX 77010 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category 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 officeholder event |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought office held |

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|---------------------------------|---|-----------------|
| 4 Date 8/3/2015 | 5 Payee name Bed Bath and Beyond | |
| 6 Amount (\$) 103.03 | 7 Payee address; City; State; Zip Code 3102 Kirby Dr. Houston TX 77098 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category | (b) Description |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

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|--|---|--------------------------|---|
| 1 Total pages Schedule F1: | 2 FILER NAME Dwight Boykins | | 3 Filer ID (Ethics Commission filers) |
| | Office Overhead/Rental Expense | <input type="checkbox"/> | Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name office sought office held | | |

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|------------------------|--|--|--|
| 4 Date 8/3/2015 | 5 Payee name Grace's | | |
| 6 Amount (\$) 33.06 | 7 Payee address; City; State; Zip Code 3111 Kirby Dr. Houston TX 77098 | | |

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|--------------------------|---------------------------------------|--------------------------|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category Food/Beverage Expense | <input type="checkbox"/> | (b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder meeting |
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| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name office sought office held | | |
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**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

The Instruction Guide explains how to complete this form.

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|---|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME Dwight Boykins | 3 Filer ID (Ethics Commission filers) |
| 4 Date 8/4/2015 | 5 Payee name Coushatta Casino Rsports | |
| 6 Amount (\$) 1,039.50 | 7 Payee address; City; State; Zip Code 777 Coushatta Dr Kinder LA 70648 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category 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 seniors day trip |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought office held |

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|---|--|--|
| 4 Date 8/5/2015 | 5 Payee name Subway | |
| 6 Amount (\$) 129.90 | 7 Payee address; City; State; Zip Code 919 Milam Houston TX 77002 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category Food/Beverage 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 staff luncheon |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought office held |

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|---------------------------------|--|-----------------|
| 4 Date 8/6/2015 | 5 Payee name Calabash Island Eats | |
| 6 Amount (\$) 229.06 | 7 Payee address; City; State; Zip Code 1515 Pease St Houston TX 77002 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category | (b) Description |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

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|--|---|--------------------------|--|
| 1 Total pages Schedule F1: | 2 FILER NAME Dwight Boykins | | 3 Filer ID (Ethics Commission filers) |
| | Food/Beverage Expense | <input type="checkbox"/> | Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder meeting |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name office sought office held | | |

| | | | |
|--|---|--------------------------|--|
| 4 Date 8/9/2015 | 5 Payee name Grace's | | |
| 6 Amount (\$) 189.40 | 7 Payee address; City; State; Zip Code 3111 Kirby Dr. Houston TX 77098 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category Food/Beverage Expense | <input type="checkbox"/> | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder meeting |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name office sought office held | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

| | | |
|-----------------------------------|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME Dwight Boykins | 3 Filer ID (Ethics Commission filers) |
| 4 Date 8/8/2015 | 5 Payee name Hobby Lobby | |
| 6 Amount (\$) 91.46 | 7 Payee address; City; State; Zip Code 2808 Business Center drive Pearland TX 77584 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category 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 event supplies |
| | 9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held | |

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|---------------------------------|--|--|
| 4 Date 8/13/2015 | 5 Payee name Elite Change | |
| 6 Amount (\$) 280.55 | 7 Payee address; City; State; Zip Code 315 West Alabama Houston TX 77006 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category Other | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense survey expense |
| | 9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held | |

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|---------------------------------|---|-----------------|
| 4 Date 8/14/2015 | 5 Payee name Pappadeaux Seafood Kitchen | |
| 6 Amount (\$) 151.04 | 7 Payee address; City; State; Zip Code 13080 US-290 Houston TX 77040 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category | (b) Description |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|--------------------------|--|
| 1 Total pages Schedule F1: | 2 FILER NAME Dwight Boykins | | 3 Filer ID (Ethics Commission filers) |
| | Food/Beverage Expense | <input type="checkbox"/> | Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder meeting |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name office sought office held | | |

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|---------------------------|--|--|--|
| 4 Date 8/21/2015 | 5 Payee name Davis Street at Hermann Park | | |
| 6 Amount (\$) 1,165.84 | 7 Payee address; City; State; Zip Code 5925 Alameda Rd Houston TX 77004 | | |

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|--------------------------|---|--------------------------|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category Food/Beverage Expense | <input type="checkbox"/> | (b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder event |
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| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name office sought office held | | |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

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| 1 Total pages Schedule F1: | 2 FILER NAME Dwight Boykins | 3 Filer ID (Ethics Commission filers) |
| 4 Date 8/25/2015 | 5 Payee name Jason's Deli | |
| 6 Amount (\$) 124.97 | 7 Payee address; City; State; Zip Code 1200 Smith St. Houston TX 77002 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category Food/Beverage 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 staff luncheon |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought office held |

| | | |
|--|--|---|
| 4 Date 8/31/2015 | 5 Payee name Southwest Airlines | |
| 6 Amount (\$) 168.00 | 7 Payee address; City; State; Zip Code 2702 Love Field Drive Dallas TX 75235 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category Travel Out Of District | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder plane ticket |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought office held |

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|--------------------------|--|-----------------|
| 4 Date 9/2/2015 | 5 Payee name Grace's | |
| 6 Amount (\$) 152.63 | 7 Payee address; City; State; Zip Code 3111 Kirby Dr. Houston TX 77098 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category | (b) Description |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

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|---|------------------------------------|---|--|
| 1 Total pages Schedule F1: | 2 FILER NAME Dwight Boykins | | 3 Filer ID (Ethics Commission filers) |
| | Food/Beverage Expense | <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder meeting | |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought | office held |

| | | | |
|----------------------------------|--|--|--|
| 4 Date 9/4/2015 | 5 Payee name Academy Advertising Specialties & Awards | | |
| 6 Amount (\$) 1,156.87 | 7 Payee address; City; State; Zip Code 4106 Fannin St. Houston TX 77004 | | |

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|---------------------------------|-------------------------------|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category | (b) Description |
| | Gift/Awards/Memorials Expense | <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign materials |

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought | office held |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

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| 1 Total pages Schedule F1: | 2 FILER NAME Dwight Boykins | 3 Filer ID (Ethics Commission filers) |
| 4 Date 9/8/2015 | 5 Payee name Grace's | |
| 6 Amount (\$) 20.00 | 7 Payee address; City; State; Zip Code 3111 Kirby Dr. Houston TX 77098 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category Food/Beverage 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 officeholder meeting |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought office held |

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|--|---|--|
| 4 Date 9/8/2015 | 5 Payee name Artista | |
| 6 Amount (\$) 57.44 | 7 Payee address; City; State; Zip Code 800 Bagby Houston TX 77002 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category Food/Beverage 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 officeholder meeting |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought office held |

| | | |
|--------------------------|--|-----------------|
| 4 Date 9/8/2015 | 5 Payee name Davis Street at Hermann Park | |
| 6 Amount (\$) 116.91 | 7 Payee address; City; State; Zip Code 5925 Almeda Rd Houston TX 77004 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category | (b) Description |

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

The Instruction Guide explains how to complete this form.

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| 1 Total pages Schedule F1: | 2 FILER NAME Dwight Boykins | | 3 Filer ID (Ethics Commission filers) |
| | Food/Beverage Expense | <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder meeting | |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought | office held |

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|--------------------------------|---|--|--|
| 4 Date 9/10/2015 | 5 Payee name Blue Triangle Community Center | | |
| 6 Amount (\$) 150.00 | 7 Payee address; City; State; Zip Code 3005 McGowen Houston TX 77004 | | |

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|---------------------------------|---------------|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category | (b) Description |
| | Event Expense | <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder event |

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| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought | office held |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

| | | |
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| 1 Total pages Schedule F1: | 2 FILER NAME Dwight Boykins | 3 Filer ID (Ethics Commission filers) |
| 4 Date 9/18/2015 | 5 Payee name Spec's | |
| 6 Amount (\$) 112.65 | 7 Payee address; City; State; Zip Code 2410 Smith St Houston TX 77006 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category Food/Beverage 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 officeholder event |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought office held |

| | | |
|---|--|--|
| 4 Date 9/22/2015 | 5 Payee name Spec's | |
| 6 Amount (\$) 491.26 | 7 Payee address; City; State; Zip Code 2410 Smith St Houston TX 77006 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category Food/Beverage 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 officeholder event |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought office held |

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|---------------------------------|---|-----------------|
| 4 Date 9/21/2015 | 5 Payee name Cigar Emporium | |
| 6 Amount (\$) 405.05 | 7 Payee address; City; State; Zip Code 3514 S Shepherd Dr Houston TX 77098 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category | (b) Description |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

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|--|-------------------------------|--------------------------|--|
| 1 Total pages Schedule F1: | 2 FILER NAME Dwight Boykins | | 3 Filer ID (Ethics Commission filers) |
| | Other | <input type="checkbox"/> | Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder meeting |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought | office held |

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|--|---|--------------------------|---|
| 4 Date 9/22/2015 | 5 Payee name Edible Arrangements | | |
| 6 Amount (\$) 113.64 | 7 Payee address; City; State; Zip Code 225 Main St Houston TX 77002 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category Gift/Awards/Memorials Expense | <input type="checkbox"/> | (b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense arrangement for officeholder |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought | office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

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| 1 Total pages Schedule F1: | 2 FILER NAME Dwight Boykins | | 3 Filer ID (Ethics Commission filers) |
| 4 Date 8/13/2015 | 5 Payee name American Express | | |
| 6 Amount (\$) 1,650.00 | 7 Payee address; City; State; Zip Code 200 Vesey St New York NY 10285 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category Credit Card Payment | (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 | |
| | 9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held | | |

| | | | |
|--------------------------------------|--|---|--|
| 4 Date 9/23/2015 | 5 Payee name The Yates Company | | |
| 6 Amount (\$) 5,000.00 | 7 Payee address; City; State; Zip Code 2211 Norfolk, Suite 920 Houston TX 77098 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category Consulting 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 campaign consulting | |
| | 9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held | | |

| | | | |
|--------------------------------------|---|-----------------|--|
| 4 Date 9/22/2015 | 5 Payee name LaTanya Walker | | |
| 6 Amount (\$) 1,500.00 | 7 Payee address; City; State; Zip Code PO Box 66681 Houston TX 77226 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category | (b) Description | |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

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|--|-------------------------------|--------------------------|---|
| 1 Total pages Schedule F1: | 2 FILER NAME Dwight Boykins | | 3 Filer ID (Ethics Commission filers) |
| | Salaries/Wages/Contract Labor | <input type="checkbox"/> | Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign event staffing |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought | office held |

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|--|--|--------------------------|---|
| 4 Date 7/1/2015 | 5 Payee name St. Johns Missionary Baptist Church | | |
| 6 Amount (\$) 200.00 | 7 Payee address; City; State; Zip Code 2702 Dowling Street Houston TX 77004 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category Contributions/Donations Made By Candidate/Officeholder/Political Committee | <input type="checkbox"/> | (b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought | office held |

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME Dwight Boykins | | 3 Filer ID (Ethics Commission filers) |
| 4 Date 7/1/2015 | 5 Payee name St. Paul's Missionary Baptist Church | | |
| 6 Amount (\$) 90.00 | 7 Payee address; City; State; Zip Code 6531 Beekman Rd Houston TX 77021 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation | |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought | office held |

| | | | |
|--|---|--|-------------|
| 4 Date 7/2/2015 | 5 Payee name Elite Change | | |
| 6 Amount (\$) 682.59 | 7 Payee address; City; State; Zip Code 315 West Alabama Houston TX 77006 | | |
| 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 robocall | |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought | office held |

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|---------------------------------|--|-----------------|--|
| 4 Date 7/8/2015 | 5 Payee name Sprint 2 Print | | |
| 6 Amount (\$) 562.90 | 7 Payee address; City; State; Zip Code 8748 Clay Rd #300 Houston TX 77080 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category | (b) Description | |

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

The Instruction Guide explains how to complete this form.

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|--|-------------------------------|--------------------------|--|
| 1 Total pages Schedule F1: | 2 FILER NAME Dwight Boykins | | 3 Filer ID (Ethics Commission filers) |
| | Printing Expense | <input type="checkbox"/> | Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense flyers for 2nd Chance Job Fair |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought | office held |

| | | | |
|--|---|--------------------------|--|
| 4 Date 7/8/2015 | 5 Payee name Sprint 2 Print | | |
| 6 Amount (\$) 396.20 | 7 Payee address; City; State; Zip Code 8748 Clay Rd #300 Houston TX 77080 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category Printing Expense | <input type="checkbox"/> | (b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense parking signs for 2nd Chance Job Fair |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought | office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

| | | |
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| 1 Total pages Schedule F1: | 2 FILER NAME Dwight Boykins | 3 Filer ID (Ethics Commission filers) |
| 4 Date 7/9/2015 | 5 Payee name Walden & Associates | |
| 6 Amount (\$) 7,500.00 | 7 Payee address; City; State; Zip Code 310 Sul Ross St. Houston TX 77006 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category Consulting 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 fundraising and consulting services |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought office held |

| | | |
|--|---|---|
| 4 Date 7/23/2015 | 5 Payee name Felix Chevalier | |
| 6 Amount (\$) 300.00 | 7 Payee address; City; State; Zip Code 9711 Malrive Lane Houston TX 77025 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category 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 Steak & stogies |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought office held |

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|--------------------------|---|-----------------|
| 4 Date 7/29/2015 | 5 Payee name Tyrone's Special Events | |
| 6 Amount (\$) 700.00 | 7 Payee address; City; State; Zip Code 419 Overland Park Dr. Houston TX 77049 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category | (b) Description |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

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| 1 Total pages Schedule F1: | 2 FILER NAME Dwight Boykins | | 3 Filer ID (Ethics Commission filers) |
| | Food/Beverage Expense | <input type="checkbox"/> | Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense catering for officeholder event |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name office sought office held | | |

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|-------------------------|--|--|--|
| 4 Date 7/29/2015 | 5 Payee name PJ's Photography | | |
| 6 Amount (\$) 225.00 | 7 Payee address; City; State; Zip Code | | |

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| 8 PURPOSE OF EXPENDITURE | (a) Category Event Expense | <input type="checkbox"/> | (b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photographer for event |
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| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name office sought office held | | |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------|---|---|
| 1 Total pages Schedule F1: | 2 FILER NAME Dwight Boykins | 3 Filer ID (Ethics Commission filers) |
| 4 Date 8/5/2015 | 5 Payee name Tyrone's Special Events | |
| 6 Amount (\$) 600.00 | 7 Payee address; City; State; Zip Code 419 Overland Park Dr. Houston TX 77049 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category Food/Beverage 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 catering for officeholder event |
| | 9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held | |

| | | |
|--------------------------|---|--|
| 4 Date 8/13/2015 | 5 Payee name Sunnyside Missionary Baptist Church | |
| 6 Amount (\$) 200.00 | 7 Payee address; City; State; Zip Code 8001 Gladstone St. Houston TX 77051 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation |
| | 9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held | |

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|--------------------------|---|-----------------|
| 4 Date 8/13/2015 | 5 Payee name Greater St. Matthews Baptist Church | |
| 6 Amount (\$) 300.00 | 7 Payee address; City; State; Zip Code 14919 S Main St Houston TX 77035 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category | (b) Description |
| | 9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

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|--|--|--------------------------|--|
| 1 Total pages Schedule F1: | 2 FILER NAME Dwight Boykins | | 3 Filer ID (Ethics Commission filers) |
| | Contributions/Donations Made By Candidate/Officeholder/Political Committee | <input type="checkbox"/> | Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought | office held |

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|--|--|--------------------------|---|
| 4 Date 8/26/2015 | 5 Payee name Texas Black Expo | | |
| 6 Amount (\$) 1,500.00 | 7 Payee address; City; State; Zip Code 9494 Southwest Fwy, #650 Houston TX 77074 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category Contributions/Donations Made By Candidate/Officeholder/Political Committee | <input type="checkbox"/> | (b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense lunchoen sponsorship |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought | office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

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| 1 Total pages Schedule F1: | 2 FILER NAME Dwight Boykins | 3 Filer ID (Ethics Commission filers) |
| 4 Date 9/2/2015 | 5 Payee name Alexande Washington | |
| 6 Amount (\$) 75.00 | 7 Payee address; City; State; Zip Code 4955 Culmore Dr. Houston TX 77021 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense designing campaign sign |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought office held |

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|---|--|--|
| 4 Date 9/2/2015 | 5 Payee name St. Johns Missionary Baptist Church | |
| 6 Amount (\$) 200.00 | 7 Payee address; City; State; Zip Code 2702 Dowling Street Houston TX 77004 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought office held |

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|---------------------------------|--|-----------------|
| 4 Date 9/4/2015 | 5 Payee name Academy Advertising Specialties & Awards | |
| 6 Amount (\$) 913.34 | 7 Payee address; City; State; Zip Code 4106 Fannin St. Houston TX 77004 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category | (b) Description |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

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| 1 Total pages Schedule F1: | 2 FILER NAME Dwight Boykins | | 3 Filer ID (Ethics Commission filers) |
| | Gift/Awards/Memorials Expense | <input type="checkbox"/> | Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign t-shirts |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought | office held |

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|-------------------------|--|--|--|
| 4 Date 9/4/2015 | 5 Payee name S&A Moonwalks LLC | | |
| 6 Amount (\$) 259.80 | 7 Payee address; City; State; Zip Code 16215 Westheimer, #104 Houston TX 77082 | | |

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|--------------------------|-----------------------------------|--------------------------|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category Event Expense | <input type="checkbox"/> | (b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense event supplies |
|--------------------------|-----------------------------------|--------------------------|---|

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| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought | office held |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

| | | |
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| 1 Total pages Schedule F1: | 2 FILER NAME Dwight Boykins | 3 Filer ID (Ethics Commission filers) |
| 4 Date 9/2/2015 | 5 Payee name Zelma Lee | |
| 6 Amount (\$) 250.00 | 7 Payee address; City; State; Zip Code 8369 Almeda Rd Houston TX 77054 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff for campaign kickoff |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought office held |

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| 4 Date 9/2/2015 | 5 Payee name Texas Southern University | |
| 6 Amount (\$) 200.00 | 7 Payee address; City; State; Zip Code 3100 Cleburne Houston TX 77004 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought office held |

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|---------------------------------|---|-----------------|
| 4 Date 9/2/2015 | 5 Payee name Crestmont Civic Association | |
| 6 Amount (\$) 200.00 | 7 Payee address; City; State; Zip Code 12032 Martindale Houston TX 77048 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category | (b) Description |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

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|--|--|--------------------------|--|
| 1 Total pages Schedule F1: | 2 FILER NAME Dwight Boykins | | 3 Filer ID (Ethics Commission filers) |
| | Contributions/Donations Made By Candidate/Officeholder/Political Committee | <input type="checkbox"/> | Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought | office held |

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|---------------------------|---|--|--|
| 4 Date 9/10/2015 | 5 Payee name Sprint 2 Print | | |
| 6 Amount (\$) 2,075.69 | 7 Payee address; City; State; Zip Code 8748 Clay Rd #300 Houston TX 77080 | | |

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|--------------------------|--------------------------------------|--------------------------|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category Printing Expense | <input type="checkbox"/> | (b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense yard signs |
|--------------------------|--------------------------------------|--------------------------|---|

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| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought | office held |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

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| 1 Total pages Schedule F1: | 2 FILER NAME Dwight Boykins | 3 Filer ID (Ethics Commission filers) |
| 4 Date 9/14/2015 | 5 Payee name Davis Street at Hermann Park | |
| 6 Amount (\$) 1,762.94 | 7 Payee address; City; State; Zip Code 5925 Almeda Rd Houston TX 77004 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category Food/Beverage 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 campaign event |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought office held |

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| 4 Date 9/8/2015 | 5 Payee name Marcus Grant | |
| 6 Amount (\$) 280.00 | 7 Payee address; City; State; Zip Code 5290 Griggs Rd Houston TX 77021 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category 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 security |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought office held |

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|---------------------------|--|-----------------|
| 4 Date 9/8/2015 | 5 Payee name Thyra Burks | |
| 6 Amount (\$) 1,000.00 | 7 Payee address; City; State; Zip Code 5606 Beldart Houston TX 77033 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category | (b) Description |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

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| 1 Total pages Schedule F1: | 2 FILER NAME Dwight Boykins | | 3 Filer ID (Ethics Commission filers) |
| | Consulting Expense | <input type="checkbox"/> <input type="checkbox"/> | Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense field operations |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought | office held |

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|-------------------------|--|--|--|
| 4 Date 9/8/2015 | 5 Payee name Teidra Darrett | | |
| 6 Amount (\$) 200.00 | 7 Payee address; City; State; Zip Code 3830 Luca Street Houston TX 77021 | | |

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| 8 PURPOSE OF EXPENDITURE | (a) Category Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense staff for campaign kickoff |
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| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought | office held |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

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| 1 Total pages Schedule F1: | 2 FILER NAME Dwight Boykins | 3 Filer ID (Ethics Commission filers) |
| 4 Date 8/5/2015 | 5 Payee name Academy Advertising Specialties & Awards | |
| 6 Amount (\$) 379.70 | 7 Payee address; City; State; Zip Code 4106 Fannin St. Houston TX 77004 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category Gift/Awards/Memorials 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 campaign materials |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought office held |

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|--|---|---|
| 4 Date 8/12/2015 | 5 Payee name City of Houston | |
| 6 Amount (\$) 500.00 | 7 Payee address; City; State; Zip Code 900 Bagby St. Houston TX 77002 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign filing fee |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought office held |

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|--------------------------|---|-----------------|
| 4 Date 8/18/2015 | 5 Payee name Foster Place Civic Club | |
| 6 Amount (\$) 500.00 | 7 Payee address; City; State; Zip Code 6821 Driftwood Street Houston TX 77021 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category | (b) Description |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

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| 1 Total pages Schedule F1: | 2 FILER NAME Dwight Boykins | | 3 Filer ID (Ethics Commission filers) |
| | Contributions/Donations Made By Candidate/Officeholder/Political Committee | <input type="checkbox"/> | Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought | office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED