

**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	Mr. Larry		OFFICE USE ONLY Date Received 10/26/2015	
	NICKNAME LAST SUFFIX	Green			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of address	ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE	3911 Knotty Oaks Houston TX 77045			
	AREA CODE PHONE NUMBER EXTENSION	(713) 299-0521			
5 CANDIDATE / OFFICEHOLDER PHONE	MS/MRS/MR FIRST MI	Mr. Kevin		Receipt #	Amount
	NICKNAME LAST SUFFIX	Riles		Date Processed	
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (No PO Box Please); APT/SUITE #; CITY; STATE; ZIP CODE	14090 Southwest Freeway Suite 300 Sugar Land TX 77478			
	AREA CODE PHONE NUMBER EXTENSION	(281) 451-8437			
7 CAMPAIGN TREASURER ADDRESS (Resident or business)	<input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment(officeholder only)				
	Month Day Year	THROUGH	Month Day Year		
8 CAMPAIGN TREASURER PHONE	9/25/2015		10/24/2015		
9 REPORT TYPE	ELECTION DATE	ELECTION TYPE			
	Month Day Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
10 PERIOD COVERED	11/3/2015				
11 ELECTION	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
	City Council - District K		City Council - District K		

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

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

14 FILER NAME Larry Green

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)	\$27,600.00
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4	TOTAL POLITICAL EXPENDITURES	\$8,923.71
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$144,646.42
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.

Larry Green

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 Larry Green		20 Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS	SUBTOTAL
	NAME OF SCHEDULE	AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	27,600
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	450
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	
4.	SCHEDULE E: LOANS	
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5838.4
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	
8.	SCHEDULE F4: EXPENDITURES MADE FROM CREDIT CARD	3085.31
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	

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

**FORM C/OH
ADDENDUM**

C/OH NAME Larry Green

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 Larry Green			3	Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7	Amount of contributions (\$)
		6 Contributor address; City; State; Zip Code		
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#)	7	Amount of contributions (\$)
		Troi & Kelley Taylor		
		6 Contributor address; City; State; Zip Code		
	10/11/2015	Houston TX 77002		1,000.00
8	Principal occupation / Job title (See Instructions)		9	Employer (See Instructions)
	CEO			Taylor Construction Management
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7	Amount of contributions (\$)
		Bert Jennings		
		6 Contributor address; City; State; Zip Code		
	10/1/2015	Houston TX		250.00
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#)	7	Amount of contributions (\$)
		Lujuana P. Taylor		
		6 Contributor address; City; State; Zip Code		
	10/1/2015			100.00
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 Larry Green		3	Filer ID (Ethics Commission filers)
10/1/2015	Bill Littlejohn ----- 6 Contributor address; City; State; Zip Code Houston TX 77056	7	Amount of contributions (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
9/25/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Marsha Fisk ----- 6 Contributor address; City; State; Zip Code Houston TX 77271	7	Amount of contributions (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
9/25/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Barbara Hite ----- 6 Contributor address; City; State; Zip Code Houston TX 77071	7	Amount of contributions (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
9/25/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Asher Philip ----- 6 Contributor address; City; State; Zip Code Houston TX 77054	7	Amount of contributions (\$) 50.00
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#) Norman Nelson	7	Amount of contributions (\$) 0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total Pages Schedule A1:	
2 FILER NAME Larry Green		3 Filer ID (Ethics Commission filers)	
9/25/2015	6 Contributor address; City; State; Zip Code Houston TX 77081	1,000.00	
8 Principal occupation / Job title (See Instructions) Managing Partner		9 Employer (See Instructions) Linebarger Goggan Blair & Sampson, LLP	
9/25/2015	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Felix Chevalier 6 Contributor address; City; State; Zip Code Houston TX 77025	7 Amount of contributions (\$) 500.00	
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Attorney	
9/25/2015	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Haddis Tewolde 6 Contributor address; City; State; Zip Code Missouri City TX 77489	7 Amount of contributions (\$) 500.00	
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) All-Terra Engineering, Inc.	
9/30/2015	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Robbie Abraham 6 Contributor address; City; State; Zip Code Manvel TX 77578	7 Amount of contributions (\$) 500.00	
8 Principal occupation / Job title (See Instructions) Managing Partner		9 Employer (See Instructions) Blue Owl Capital, LLC.	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1	Total Pages Schedule A1:
2 FILER NAME Larry Green			3	Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Christine Willie	7	Amount of contributions (\$)
	10/1/2015	6 Contributor address; City; State; Zip Code Houston TX 77085		250.00
8	Principal occupation / Job title (See Instructions) Attorney		9	Employer (See Instructions)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Martha Tatum	7	Amount of contributions (\$)
	10/1/2015	6 Contributor address; City; State; Zip Code Houston TX 77035		250.00
8	Principal occupation / Job title (See Instructions) Realtor		9	Employer (See Instructions) Berkshire Hathaway Home Services
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Andrea Logans	7	Amount of contributions (\$)
	10/9/2015	6 Contributor address; City; State; Zip Code Houston TX 77056		2,500.00
8	Principal occupation / Job title (See Instructions) Owner		9	Employer (See Instructions) ADSI Access Data Supply, Inc.
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Texas Taxi PAC	7	Amount of contributions (\$)
	9/29/2015	6 Contributor address; City; State; Zip Code Austin TX 78701		500.00
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 Larry Green		3	Filer ID (Ethics Commission filers)
10/13/2015	CSAH Investments, LLC. ----- 6 Contributor address; City; State; Zip Code Houston TX 77074	7	Amount of contributions (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10/17/2015	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Carolyn Franklin ----- 6 Contributor address; City; State; Zip Code Houston TX 77045	7	Amount of contributions (\$) 150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10/1/2015	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Sabrina Guillory ----- 6 Contributor address; City; State; Zip Code Houston TX 77096	7	Amount of contributions (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
9/29/2015	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 (\$) 500.00
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 Larry Green		3 Filer ID (Ethics Commission filers)	
10/1/2015	Creative Concourse Concessions LLC 6 Contributor address; Houston TX 77042	7	Amount of contributions (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10/1/2015	Duni Hebron 6 Contributor address; Pearland TX 77584	7	Amount of contributions (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10/1/2015	Lenora Sorola-Pohlman 6 Contributor address; Houston TX 77008	7	Amount of contributions (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
9/29/2015	CDM Smith Inc PAC 6 Contributor address; Houston TX 77056	7	Amount of contributions (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
4	Date	5 Full name of contributor out of state PAC(ID#)	7

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A1:
2 FILER NAME Larry Green		3	Filer ID (Ethics Commission filers)
10/1/2015	Mike Easley Interests <hr style="border-top: 1px dashed black;"/> 6 Contributor address; City; State; Zip Code Houston TX 77020	7	Amount of contributions (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10/1/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Denise Adjei <hr style="border-top: 1px dashed black;"/> 6 Contributor address; City; State; Zip Code Houston TX 77229	7	Amount of contributions (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
9/29/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Clyde Drexler <hr style="border-top: 1px dashed black;"/> 6 Contributor address; City; State; Zip Code Houston TX	7	Amount of contributions (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10/1/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Larry Hunt <hr style="border-top: 1px dashed black;"/> 6 Contributor address; City; State; Zip Code Houston TX 77215	7	Amount of contributions (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10/1/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Donald Middleton <hr style="border-top: 1px dashed black;"/> 6 Contributor address; City; State; Zip Code	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 Larry Green		3	Filer ID (Ethics Commission filers)
10/1/2015	6 Contributor address; City; State; Zip Code Houston TX 77016		250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
4 Date 10/1/2015	5 Full name of contributor Kenneth Cowan out of state PAC(ID#) 6 Contributor address; City; State; Zip Code Houston TX 77021	7	Amount of contributions (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
4 Date 10/1/2015	5 Full name of contributor JPS Staffing LLC out of state PAC(ID#) 6 Contributor address; City; State; Zip Code Houston TX 77057	7	Amount of contributions (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
4 Date 10/1/2015	5 Full name of contributor C.C. Lee out of state PAC(ID#) 6 Contributor address; City; State; Zip Code Houston TX 77036	7	Amount of contributions (\$) 500.00
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:
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2 FILER NAME Larry Green	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#)			
	John Guess					
	6 Contributor address;			City;	State;	Zip Code
10/1/2015			Houston	TX	77096	
						7 Amount of contributions (\$) 500.00

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#)			
	Mohammad Irfan					
	6 Contributor address;			City;	State;	Zip Code
10/1/2015			Katy	TX	77494	
						7 Amount of contributions (\$) 2,500.00

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#)			
	Adrian Patterson					
	6 Contributor address;			City;	State;	Zip Code
10/1/2015			Houston	TX	770098	
						7 Amount of contributions (\$) 500.00

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#)			
	Eric Greenwood					
	6 Contributor address;			City;	State;	Zip Code
10/1/2015			Houston	TX	77045	
						7 Amount of contributions (\$) 300.00

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#)			
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A1:
2 FILER NAME Larry Green		3	Filer ID (Ethics Commission filers)
10/1/2015	Gerald Womack ----- 6 Contributor address; City; State; Zip Code Houston TX 77004	7	Amount of contributions (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
9/29/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Hamilton Rucker ----- 6 Contributor address; City; State; Zip Code Houston TX 77254	7	Amount of contributions (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
9/30/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Greater Houston Restaurant Assoc. PAC ----- 6 Contributor address; City; State; Zip Code Houston TX 77007	7	Amount of contributions (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
9/25/2015	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 (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
4	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 Larry Green				3 Filer ID (Ethics Commission filers)	
9/30/2015		HOME-PAC Greater Houston Builders Assoc.		7 Amount of contributions (\$)	
		6 Contributor address; City; State; Zip Code			
		Houston TX 77064		2,500.00	
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#)		7 Amount of contributions (\$)	
		Bracewell & Giuliani Committee			
9/25/2015		6 Contributor address; City; State; Zip Code			
		Houston TX 77002		500.00	
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#)		7 Amount of contributions (\$)	
		Republic Services, Inc. Employees Better Government PAC			
10/15/2015		6 Contributor address; City; State; Zip Code			
		Phoenix AZ 85054		500.00	
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#)		7 Amount of contributions (\$)	
		Levi Benton & Assoc. PLLC			
10/1/2015		6 Contributor address; City; State; Zip Code			
		Houston TX 77002		250.00	
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 Larry Green		3	Filer ID (Ethics Commission filers)
10/1/2015	Christopher Akbari ----- 6 Contributor address; City; State; Zip Code Nederland TX 77627	7	Amount of contributions (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
9/25/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Centerpoint Energy, Inc. PAC ----- 6 Contributor address; City; State; Zip Code Houston TX 77210	7	Amount of contributions (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
9/25/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Texas Working Families PAC ----- 6 Contributor address; City; State; Zip Code Baton Rouge LA 70809	7	Amount of contributions (\$) 600.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10/9/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) BBVA Compass ----- 6 Contributor address; City; State; Zip Code	7	Amount of contributions (\$) 1,000.00
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 Larry Green			3 Filer ID (Ethics Commission filers)	
9/25/2015	Sheetmetal Workers LU #54 PAC Fund 6 Contributor address; Houston	City; Houston	State; TX	Zip Code 77018
			7	Amount of contributions (\$) 500.00
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)	
9/28/2015	5 Full name of contributor Gerald Wilson 6 Contributor address;	City; Katy	State; TX	Zip Code 77450
			7	Amount of contributions (\$) 250.00
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)	
10/1/2015	5 Full name of contributor Sierra Infosys 6 Contributor address;	City; Houston	State; TX	Zip Code 77036
			7	Amount of contributions (\$) 500.00
8 Principal occupation / Job title (See Instructions) Chairman & CEO			9 Employer (See Instructions) Sierra Infosys, Inc.	
10/22/2015	5 Full name of contributor KEYPAC 6 Contributor address;	City; Houston	State; TX	Zip Code 77005
			7	Amount of contributions (\$) 250.00
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 Larry Green

3 Filer ID (Ethics Commission filers)

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:
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2 FILER NAME Larry Green	3 Filer ID (Ethics Commission filers)
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4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	\$450.00
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5	Date	6 Full name of contributor Andrea Logans	<input type="checkbox"/>	out of state PAC(ID#)	8	Amount of contributions (\$)	9 In-Kind contribution description
	10/1/2015	7 Contributor address; ----- Houston TX 77056	City;	State;		450.00	Food/Beverage for Event
					<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T	

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule B:

2 FILER NAME Larry Green

3 Filer ID (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: => => => => => =>

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

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS		SCHEDULE E
The Instruction Guide explains how to complete this form.		1 Total Pages Schedule E:
2 FILER NAME Larry Green		3 Filer ID (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: => => => => => =>		
5 Date of loan	7 Name of lender <input type="checkbox"/> out of state PAC(ID#)	9 Loan Amount (\$)
6 Is Lender a Financial Institution?	8 Lender Address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation		21 Employer
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Larry Green	3 Filer ID (Ethics Commission filers)
4 Date 9/30/2015	5 Payee name Greater Houston Black Chamber	
6 Amount (\$) 1,000.00	7 Payee address; City; State; Zip Code PO Box 88094 Houston TX 77288	
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 10/7/2015	5 Payee name Vivian Harris	
6 Amount (\$) 79.99	7 Payee address; City; State; Zip Code Houston TX	
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 Office Supplies
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 9/30/2015	5 Payee name TLOD- Houston Chapter	
6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code PO Box 20205 Houston TX 77225	
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 Larry Green		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

4 Date 9/30/2015	5 Payee name Elite Change, Inc.		
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 315 W. Alabama Suite 315 Houston TX 77006		
8 PURPOSE OF EXPENDITURE	(a) Category Consulting 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 Fundraising Services
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 Larry Green	3 Filer ID (Ethics Commission filers)
4 Date 9/30/2015	5 Payee name Martha Castex-Tatum	
6 Amount (\$) 63.76	7 Payee address; City; State; Zip Code Houston TX	
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 Community Breakfast
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 10/7/2015	5 Payee name Houston Area Urban League	
6 Amount (\$) 1,000.00	7 Payee address; City; State; Zip Code 1301 Texas Ave. Houston TX 77002	
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 10/8/2015	5 Payee name Baptist Ministers Association	
6 Amount (\$) 1,500.00	7 Payee address; City; State; Zip Code 7817 Calhoun Road 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.

1 Total pages Schedule F1:	2 FILER NAME Larry Green		3 Filer ID (Ethics Commission filers)
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	<input type="checkbox"/> <input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T 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 10/15/2015	5 Payee name KLM Public Affairs, LLC.		
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 2028 Buffalo Terrace Houston TX 77019		
8 PURPOSE OF EXPENDITURE	(a) Category Consulting Expense	<input type="checkbox"/> <input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T 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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Larry Green	3 Filer ID (Ethics Commission filers)
4 Date 9/25/2015	5 Payee name Academy Advertising Specialties and Awards	
6 Amount (\$) 232.20	7 Payee address; City; State; Zip Code 4106 Fannin Street Houston TX 77004	
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 T-shirts
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 9/26/2015	5 Payee name Canopy Restaurant	
6 Amount (\$) 762.45	7 Payee address; City; State; Zip Code 3939 Montrose Blvd. Suite C Houston TX 77006	
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 Campaign Breakfast Event
	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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME Larry Green	3 Filer ID (Ethics Commission filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$	
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

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 Larry Green	3 Filer ID (Ethics Commission filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$\$3,085.31	
5 Date 10/23/2015	6 Payee name Piryx, Inc.	
7 Amount (\$) 22.50	8 Payee address; City; State; Zip Code 649 Mission Street #204 San Francisco CA 94105	
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) 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 Online Donation Fees

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME Larry Green	3 Filer ID (Ethics Commission filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$3,085.31	
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

5 Date 10/23/2015	6 Payee name Piryx, Inc.		
7 Amount (\$) 22.50	8 Payee address; City; State; Zip Code 649 Mission Street #204 San Francisco CA 94105		
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
10 PURPOSE OF EXPENDITURE	<table border="1"> <tr> <td>(a) Category (See Categories listed at the top of this schedule) Fees</td> <td>(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Fees </td> </tr> </table>	(a) Category (See Categories listed at the top of this schedule) 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 Online Donation Fees
(a) Category (See Categories listed at the top of this schedule) 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 Online Donation Fees		
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		

5 Date 10/23/2015	6 Payee name Piryx, Inc.		
7 Amount (\$) 2.25	8 Payee address; City; State; Zip Code 649 Mission Street #204 San Francisco CA 94105		
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
10 PURPOSE OF EXPENDITURE	<table border="1"> <tr> <td>(a) Category (See Categories listed at the top of this schedule) Fees</td> <td>(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Fees </td> </tr> </table>	(a) Category (See Categories listed at the top of this schedule) 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 Online Donation Fees
(a) Category (See Categories listed at the top of this schedule) 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 Online Donation Fees		
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME Larry Green	3 Filer ID (Ethics Commission filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$3,085.31	
5 Date 10/23/2015	6 Payee name Piryx, Inc.	
7 Amount (\$) 4.50	8 Payee address; City; State; Zip Code 649 Mission Street #204 San Francisco CA 94105	
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) 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 Online Donation Fees
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

5 Date 10/23/2015	6 Payee name Piryx, Inc.	
7 Amount (\$) 22.50	8 Payee address; City; State; Zip Code 649 Mission Street #204 San Francisco CA 94105	
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) 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 Online Donation Fees
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

5 Date 10/23/2015	6 Payee name Piryx, Inc.	
7 Amount (\$)	8 Payee address; City; State; Zip Code	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME Larry Green	3 Filer ID (Ethics Commission filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$3,085.31
22.50	649 Mission Street #204 San Francisco CA 94105	
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) 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 Online Donation Fees
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

5 Date 10/23/2015	6 Payee name Piryx, Inc.		
7 Amount (\$) 11.25	8 Payee address; City; State; Zip Code 649 Mission Street #204 San Francisco CA 94105		
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) 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 Online Donation Fees	
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

5 Date 10/23/2015	6 Payee name Piryx, Inc.		
7 Amount (\$) 11.25	8 Payee address; City; State; Zip Code 649 Mission Street #204 San Francisco CA 94105		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME Larry Green	3 Filer ID (Ethics Commission filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$3,085.31	
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) 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 Online Donation Fees
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

5 Date 10/23/2015	6 Payee name Piryx, Inc.
7 Amount (\$) 45.00	8 Payee address; City; State; Zip Code 649 Mission Street #204 San Francisco CA 94105
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) 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 Online Donation Fees
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held

5 Date 9/28/2015	6 Payee name Ruth's Chris
7 Amount (\$) 125.50	8 Payee address; City; State; Zip Code Houston TX
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)
	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME Larry Green	3 Filer ID (Ethics Commission filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$\$\$3,085.31
	Food/Beverage Expense	<input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder Dinner
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

5 Date 9/29/2015	6 Payee name Aramark NRG Stadium
7 Amount (\$) 44.50	8 Payee address; City; State; Zip Code 8701 Kirby Drive Houston TX 77054

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	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 Lunch

11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME Larry Green	3 Filer ID (Ethics Commission filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$3,085.31	
5 Date 9/29/2015	6 Payee name Aramark NRG Stadium	
7 Amount (\$) 7.50	8 Payee address; City; State; Zip Code 8701 Kirby Drive Houston TX 77054	
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) 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 Lunch
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

5 Date 10/5/2015	6 Payee name Kams Fine Chinese Cuisine	
7 Amount (\$) 40.88	8 Payee address; City; State; Zip Code 4500 Montrose Houston TX 77006	
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) 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 Lunch
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 Del Frisco's Grille	
7 Amount (\$)	8 Payee address; City; State; Zip Code	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME Larry Green	3 Filer ID (Ethics Commission filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$3,085.31	
140.16	2800 Kirby Houston TX 77098	
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) 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 Dinner
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

5 Date	6 Payee name
10/6/2015	WorldPay
7 Amount (\$)	8 Payee address; City; State; Zip Code
9.95	
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) 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 Online Donation Fees
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held

5 Date	6 Payee name
10/6/2015	WorldPay
7 Amount (\$)	8 Payee address; City; State; Zip Code
30.09	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME Larry Green	3 Filer ID (Ethics Commission filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$3,085.31
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) 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 Online Donation Fees
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 WorldPay		
7 Amount (\$) 39.95	8 Payee address; City; State; Zip Code		
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) 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 Online Donation Fees	
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 Public Storage		
7 Amount (\$) 51.00	8 Payee address; City; State; Zip Code 3555 South Loop West Houston TX 77025		
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)	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME Larry Green	3 Filer ID (Ethics Commission filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$3,085.31	
	Office Overhead/Rental Expense	<input type="checkbox"/> Check if Austin, TX, officeholder living expense Rental Storage Unit
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

5 Date 10/7/2015	6 Payee name Thurgood Marshall School of Law
7 Amount (\$) 500.00	8 Payee address; City; State; Zip Code 3100 Cleburne Street Houston TX 77004

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
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11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME Larry Green	3 Filer ID (Ethics Commission filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$3,085.31	
5 Date 10/7/2015	6 Payee name Kroger	
7 Amount (\$) 15.46	8 Payee address; City; State; Zip Code Houston TX	
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) 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 Supplies
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

5 Date 10/7/2015	6 Payee name Target	
7 Amount (\$) 8.08	8 Payee address; City; State; Zip Code Houston TX	
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) 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 Supplies
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

5 Date 10/9/2015	6 Payee name Our Legend's	
7 Amount (\$)	8 Payee address; City; State; Zip Code	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME Larry Green	3 Filer ID (Ethics Commission filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$3,085.31
24.56	5312 Almeda Houston TX 77004	
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) 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 Meeting with Potential Donor
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

5 Date	6 Payee name		
10/13/2015	The Power Center		
7 Amount (\$)	8 Payee address; City; State; Zip Code		
1,000.00	12401 South Post Oak Houston TX 77045		
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) 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 Table at Event	
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held
	Sylvester Turner	Mayor	

5 Date	6 Payee name		
10/13/2015	Del Frisco's Grille		
7 Amount (\$)	8 Payee address; City; State; Zip Code		
93.89	2800 Kirby Houston TX 77098		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME Larry Green	3 Filer ID (Ethics Commission filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$3,085.31
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) 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 Dinner
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name Sylvester Turner	office sought Mayor office held

5 Date 10/13/2015	6 Payee name Intuit		
7 Amount (\$) 376.69	8 Payee address;	City;	State; Zip Code
	2632 Marine Way Mountain View CA 94043		
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) 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 Supplies	
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name Sylvester Turner	office sought Mayor	office held

5 Date 10/15/2015	6 Payee name Teotihuacan Mexican Restaurant		
7 Amount (\$) 52.41	8 Payee address;	City;	State; Zip Code
	Houston TX		
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)	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME Larry Green	3 Filer ID (Ethics Commission filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$\$3,085.31	
	Food/Beverage Expense	<input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder Lunch
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name Sylvester Turner	office sought Mayor office held

5 Date 10/15/2015	6 Payee name Kroger Fuel
7 Amount (\$) 25.78	8 Payee address; City; State; Zip Code Houston TX

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel in 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 Fuel Costs
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11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name Sylvester Turner	office sought Mayor office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME Larry Green	3 Filer ID (Ethics Commission filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$3,085.31	
5 Date 10/19/2015	6 Payee name Starbucks	
7 Amount (\$) 48.55	8 Payee address; City; State; Zip Code Houston TX	
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) 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 Breakfast for Community Meeting
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name Sylvester Turner	office sought Mayor office held

5 Date 10/19/2015	6 Payee name Shipley Donuts	
7 Amount (\$) 21.75	8 Payee address; City; State; Zip Code Houston TX	
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) 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 Breakfast for Community Meeting
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name Sylvester Turner	office sought Mayor office held

5 Date 10/20/2015	6 Payee name Houston's Restaurant	
7 Amount (\$)	8 Payee address; City; State; Zip Code	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME Larry Green	3 Filer ID (Ethics Commission filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$3,085.31	
108.38	Houston TX	
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) 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 Dinner
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name Sylvester Turner	office sought Mayor office held

5 Date 10/22/2015	6 Payee name US Customs
7 Amount (\$) 100.00	8 Payee address; City; State; Zip Code
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) 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 Global Entry Fee
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name Sylvester Turner
	office sought Mayor office held

5 Date 10/22/2015	6 Payee name Sprint Store
7 Amount (\$) 37.88	8 Payee address; City; State; Zip Code Houston TX

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME Larry Green	3 Filer ID (Ethics Commission filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$3,085.31
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) 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 Supplies
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name Sylvester Turner	office sought Mayor
		office held

5 Date 10/23/2015	6 Payee name Luby's
7 Amount (\$) 40.60	8 Payee address; City; State; Zip Code Houston TX
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) 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 Lunch
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name Sylvester Turner
	office sought Mayor
	office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule G:	2 FILER NAME Larry Green	3 FilerID (Ethics Commission filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee Address;	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE H

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule H:	2 FILER NAME Larry Green	3 Filer ID (Ethics Commission filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
		<input type="checkbox"/> Check if Austin, TX, office holder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule I:	2 FILER NAME Larry Green	3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description (See instructions regarding type of information required)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILERS

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule K:	
2 FILER NAME Larry Green	Filer ID (Ethics Commission filers)
4 Date	5 Name of person whom amount is received
	6 Address of person from whom amount is received; City; State; Zip Code
	7 Purpose for which amount is received
8 Amount (\$)	Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below only if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I

understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions.

I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

•• Complete this section only if you are an officeholder. ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

**CANDIDATE / OFFICEHOLDER
REPORT OF UNEXPENDED CONTRIBUTIONS**

**FORM C/OH-UC
COVER SHEET PG 1**

The C/OH-UC Instruction Guide explains how to complete this form		1 ACCOUNT # (Ethics Commission filers)	
2 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI	OFFICE USED ONLY Date Received	
	NICKNAME LAST SUFFIX		
3 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT/ SUITE #; CITY; STATE; ZIP CODE	Date Hand-delivered or Date Postmarked	
4 REPORT TYPE	<input type="checkbox"/> Annual <input type="checkbox"/> Final Disposition	Receipt #	Amount
5 PERIOD COVERED	Month Day Year THROUGH Month Day Year	Date Processed	
		Date Imaged	
6 TOTALS	1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DEC. 31 OF THE PREVIOUS YEAR.	\$	
	2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.	\$	

7 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.

Larry Green

Signature Candidate or Officeholder

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 Print name of officer administering oath Title of officer administering oath

**C/OH REPORT OF UNEXPENDED CONTRIBUTIONS
EXPENDITURES**

**FORM C/OH-UC
PG 2**

8 C/OH NAME ,		9 ACCOUNT # (Ethics Commission filers)	
10 Date	11 Payee name , 12 Payee address; City; State; Zip Code;	13 Amount (\$)	
14 Purpose of expenditure (If travel outside of Texas, complete schedule T) (See Instruction Guide)	15 Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED