

**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. | William | M. |
| | NICKNAME | LAST | SUFFIX |
| | Mike | Knox | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of address | ADDRESS / PO BOX; | APT/SUITE #; | CITY; STATE; ZIP CODE |
| | 1433 Freedonia | | |
| | Houston Tx 77055 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | (713) | 973-6992 | |
| 6 CAMPAIGN TREASURER NAME | MS/MRS/MR | FIRST | MI |
| | Mrs. | Sheryl | |
| | NICKNAME | LAST | SUFFIX |
| | | Jackson | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence) | STREET ADDRESS (No PO Box Please); | APT/SUITE #; | CITY; STATE; ZIP CODE |
| | 16803 Poplar Hill | | |
| | Houston Tx 77095 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | (280) | 856-2273 | |
| 9 REPORT TYPE | <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) | | |
| 10 PERIOD COVERED | Month | Day | Year |
| | | 9/25 | 2015 |
| | THROUGH | Month | Day |
| | | 10/25 | 2015 |
| 11 ELECTION | ELECTION DATE | ELECTION TYPE | |
| | Month Day Year | | |
| | 11/3/2015 | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) | |
| | | | City Council - At Large Position 1 |

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

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

14 FILER NAME William M. Knox 15 Filer ID (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.

| | | |
|--|--|---|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages | COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME Campaign for Houston |
| | | COMMITTEE ADDRESS PO Box 75190 Houston Tx 77234 |
| | | COMMITTEE CAMPAIGN TREASURER NAME Standley Bart |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS P.O.Box 75190 Houston TX 77234 |
| | | |

| | | | |
|-------------------------|---|--|-------------|
| 17 CONTRIBUTION TOTALS | 1 | TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$0.00 |
| | 2 | TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$11,250.00 |
| EXPENDITURE TOTALS | 3 | TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$0.00 |
| | 4 | TOTAL POLITICAL EXPENDITURES | \$57,386.93 |
| CONTRIBUTION BALANCE | 5 | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$5,931.24 |
| OUTSTANDING LOAN TOTALS | 6 | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$0.00 |

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.

William M. Knox

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 William M. Knox | | 20 Filer ID (Ethics Commission Filers) |
| 21 | SCHEDULE SUBTOTALS | SUBTOTAL |
| | NAME OF SCHEDULE | AMOUNT |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | 11250 |
| 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 | 22452.8 |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | 0 |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | 0 |
| 8. | SCHEDULE F4: EXPENDITURES MADE FROM CREDIT CARD | 15213.79 |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | 19720.34 |
| 10. | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | 0 |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | 0 |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | 0 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | | | |
|---|--|---|---|-------------------------------------|
| The Instruction Guide explains how to complete this form. | | | 1 | Total Pages Schedule A1: |
| 2 FILER NAME William M. Knox | | | 3 | Filer ID (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) C. E Roundtree | 7 | Amount of contributions (\$) |
| | 9/29/2015 | 6 Contributor address; City; State; Zip Code Houston Tx 77022 | | \$100.00 |
| 8 | Principal occupation / Job title (See Instructions) Retired | | 9 | Employer (See Instructions) N/A |
| 4 | Date | 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Barbara Hadley | 7 | Amount of contributions (\$) |
| | 9/29/2015 | 6 Contributor address; City; State; Zip Code Houston Tx 77055 | | \$100.00 |
| 8 | Principal occupation / Job title (See Instructions) Retired | | 9 | Employer (See Instructions) N/A |
| 4 | Date | 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Patricia Hamilton | 7 | Amount of contributions (\$) |
| | 9/29/2015 | 6 Contributor address; City; State; Zip Code Houston Tx 77027 | | \$100.00 |
| 8 | Principal occupation / Job title (See Instructions) Retired | | 9 | Employer (See Instructions) N/A |
| 4 | Date | 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Bill Fagan | 7 | Amount of contributions (\$) |
| | 9/29/2015 | 6 Contributor address; City; State; Zip Code Houston Tx 77044 | | \$100.00 |
| 8 | Principal occupation / Job title (See Instructions) Retired | | 9 | Employer (See Instructions) N/A |
| 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 William M. Knox | | 3 Filer ID (Ethics Commission filers) | |
| 9/29/2015 | Montie Watkins ----- 6 Contributor address; City; State; Zip Code Houston Tx 77080 | 7 | Amount of contributions (\$) 200.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) N/A | |
| 9/29/2015 | 4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Helen Motion ----- 6 Contributor address; City; State; Zip Code Houston Tx 77024 | 7 | Amount of contributions (\$) 50.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) N/A | |
| 9/30/2015 | 4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) IEC Gulf Coast PAC ----- 6 Contributor address; City; State; Zip Code Houston Tx 77007 | 7 | Amount of contributions (\$) 2,500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| 10/2/2015 | 4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Penny T Remick ----- 6 Contributor address; City; State; Zip Code Houston Tx 77027 | 7 | Amount of contributions (\$) 25.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) N/A | |
| 4 | Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Frank Gentry | 7 | Amount of contributions (\$) 25.00 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | | |
|---|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total Pages Schedule A1: | |
| 2 FILER NAME William M. Knox | | 3 Filer ID (Ethics Commission filers) | |
| 10/5/2015 | 6 Contributor address; City; State; Zip Code Houston Tx 77080 | 200.00 | |
| 8 Principal occupation / Job title (See Instructions) Software Developer | | 9 Employer (See Instructions) Schneider Electric | |
| 4 Date 10/2/2015 | 5 Full name of contributor Alan Hartman out of state PAC(ID#) 6 Contributor address; City; State; Zip Code Houston Tx | 7 Amount of contributions (\$) 5,000.00 | |
| 8 Principal occupation / Job title (See Instructions) Investments | | 9 Employer (See Instructions) Hartman REIT | |
| 4 Date 10/22/2015 | 5 Full name of contributor Clifford Cheadle out of state PAC(ID#) 6 Contributor address; City; State; Zip Code Katy Tx 77449 | 7 Amount of contributions (\$) 200.00 | |
| 8 Principal occupation / Job title (See Instructions) Accounting | | 9 Employer (See Instructions) Self | |
| 4 Date 10/12/2015 | 5 Full name of contributor Stephen Coycault Sr. out of state PAC(ID#) 6 Contributor address; City; State; Zip Code Pasadena TX 77504 | 7 Amount of contributions (\$) 25.00 | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) N/A | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | | | |
|---|--|--|---|--|
| The Instruction Guide explains how to complete this form. | | | 1 | Total Pages Schedule A1: |
| 2 FILER NAME William M. Knox | | | 3 | Filer ID (Ethics Commission filers) |
| 4 | Date | 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Donald Self | 7 | Amount of contributions (\$) |
| | 10/13/2015 | 6 Contributor address; City; State; Zip Code Houston Tx 77055 | | 250.00 |
| 8 | Principal occupation / Job title (See Instructions) Attorney | | 9 | Employer (See Instructions) Self |
| 4 | Date | 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Raymond Betz | 7 | Amount of contributions (\$) |
| | 10/7/2015 | 6 Contributor address; City; State; Zip Code Houston Tx 77079 | | 250.00 |
| 8 | Principal occupation / Job title (See Instructions) Real Estate | | 9 | Employer (See Instructions) The Betz Companies |
| 4 | Date | 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Gary Maddox | 7 | Amount of contributions (\$) |
| | 10/21/2015 | 6 Contributor address; City; State; Zip Code Houston Tx 77024 | | 250.00 |
| 8 | Principal occupation / Job title (See Instructions) Real Estate | | 9 | Employer (See Instructions) Spring Branch Plaza II |
| 4 | Date | 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Gary Maddox | 7 | Amount of contributions (\$) |
| | 10/21/2015 | 6 Contributor address; City; State; Zip Code Houston Tx 77024 | | 250.00 |
| 8 | Principal occupation / Job title (See Instructions) Real Estate | | 9 | Employer (See Instructions) Maddox Family Partnership |
| 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 William M. Knox | | 3 Filer ID (Ethics Commission filers) | |
| 10/6/2015 | Ramsey Elder ----- 6 Contributor address; City; State; Zip Code Houston Tx 77005 | 7 | Amount of contributions (\$) 50.00 |
| 8 Principal occupation / Job title (See Instructions) Accounting | | 9 Employer (See Instructions) Self | |
| 10/23/2015 | 4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Norman Adams ----- 6 Contributor address; City; State; Zip Code Houston Tx 77008 | 7 | Amount of contributions (\$) 1,000.00 |
| 8 Principal occupation / Job title (See Instructions) Insurance | | 9 Employer (See Instructions) Adams Insur. Co. | |
| 9/28/2015 | 4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Frank Gullo ----- 6 Contributor address; City; State; Zip Code Jersey Village Tx 77040 | 7 | Amount of contributions (\$) 200.00 |
| 8 Principal occupation / Job title (See Instructions) Construction | | 9 Employer (See Instructions) Self | |
| 10/22/2015 | 4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Sheryl Jackson ----- 6 Contributor address; City; State; Zip Code Houston Tx 77095 | 7 | Amount of contributions (\$) 500.00 |
| 8 Principal occupation / Job title (See Instructions) Accounting | | 9 Employer (See Instructions) Self | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: | 2 FILER NAME William M. Knox | 3 Filer ID (Ethics Commission filers) |
| 4 Date 9/25/2015 | 5 Payee name Texas Conservative Review | |
| 6 Amount (\$) 10,000.00 | 7 Payee address; City; State; Zip Code 2211 Norfolk St.,Ste920 Houston Tx 77098 | |
| 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 Magazine Advertisement |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought office held |

| | | |
|---|---|---|
| 4 Date 9/25/2015 | 5 Payee name Just Win Strategies | |
| 6 Amount (\$) 525.00 | 7 Payee address; City; State; Zip Code P.O. Box 2561 Alexandria VA 22301 | |
| 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 9/29/2015 | 5 Payee name Stevens Catering | |
| 6 Amount (\$) 1,500.00 | 7 Payee address; City; State; Zip Code 21527 Brookchase Loop Cypress Tx 77433 | |
| 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 William M. Knox | | 3 Filer ID (Ethics Commission filers) |
| | Event Expense | <input type="checkbox"/> <input type="checkbox"/> | Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense campaign catering and bar tending |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name office sought office held | | |

| | | | |
|--|---|--|--|
| 4 Date 9/28/2015 | 5 Payee name Sprint 2 Print | | |
| 6 Amount (\$) 2,166.00 | 7 Payee address; City; State; Zip Code 8748 Clay Road Houston Tx 77080 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category Printing 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 Signs |
| 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 William M. Knox | 3 Filer ID (Ethics Commission filers) |
| 4 Date 10/2/2015 | 5 Payee name Houston Business Connections | |
| 6 Amount (\$) 2,500.00 | 7 Payee address; City; State; Zip Code 957 Nasa Pkwy #251 Houston Tx 77058 | |
| 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 Advertising |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought office held |

| | | |
|---|---|--|
| 4 Date 10/21/2015 | 5 Payee name Z&ZZ International, Inc. | |
| 6 Amount (\$) 850.00 | 7 Payee address; City; State; Zip Code 4503 Crescent Lakes Cir. Sugerland Tx 77479 | |
| 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 Advertising |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought office held |

| | | |
|----------------------------------|---|-----------------|
| 4 Date 10/21/2015 | 5 Payee name Sprint 2 Print | |
| 6 Amount (\$) 2,868.63 | 7 Payee address; City; State; Zip Code 8748 Clay Road 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.

| | | | |
|--|-------------------------------|--------------------------|--|
| 1 Total pages Schedule F1: | 2 FILER NAME William M. Knox | | 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 Campaign Signs |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought | office held |

| | | | |
|--|--|--------------------------|--|
| 4 Date 10/22/2015 | 5 Payee name Colon & Company | | |
| 6 Amount (\$) 500.00 | 7 Payee address; City; State; Zip Code 3311 Richmond Ave. Ste 319 Houston Tx 77098 | | |
| 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 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 William M. Knox | 3 Filer ID (Ethics Commission filers) |
| 4 Date 9/26/2015 | 5 Payee name Colon & Company | |
| 6 Amount (\$) 240.45 | 7 Payee address; City; State; Zip Code 3311 Richmond Ave. Ste 319 Houston Tx 77098 | |
| 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 Advertising |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought office held |

| | | |
|---|---|--|
| 4 Date 10/24/2015 | 5 Payee name Colon & Company | |
| 6 Amount (\$) 803.97 | 7 Payee address; City; State; Zip Code 3311 Richmond Ave. Ste 319 Houston Tx 77098 | |
| 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 Cammpaign Advertising Design |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought office held |

| | | |
|---------------------------------|---|-----------------|
| 4 Date 10/24/2015 | 5 Payee name Colon & Company | |
| 6 Amount (\$) 498.75 | 7 Payee address; City; State; Zip Code 3311 Richmond Ave. Ste 319 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.

| | | |
|--|-------------------------------|---|
| 1 Total pages Schedule F1: | 2 FILER NAME William M. Knox | 3 Filer ID (Ethics Commission filers) |
| | Advertising Expense | <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Event Advertising |
| 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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F4: | 2 FILER NAME William M. Knox | 3 Filer ID (Ethics Commission filers) |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ | |
| 5 Date 10/15/2015 | 6 Payee name I Heart Media | |
| 7 Amount (\$) 13,855.50 | 8 Payee address; City; State; Zip Code 2000 West Loop S., #200 Houston Tx 77027 | |
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political | <input type="checkbox"/> Non-Political |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Radion Ads |
| 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 William M. Knox | 3 Filer ID (Ethics Commission filers) |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ | |
| 5 Date 10/21/2015 | 6 Payee name Campaign Now | |
| 7 Amount (\$) 240.70 | 8 Payee address; City; State; Zip Code 1126 South 70th St. Milwaukee WI 53214 | |
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political | <input type="checkbox"/> Non-Political |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Automated Calls |
| 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 Encore Printing | |
| 7 Amount (\$) 269.47 | 8 Payee address; City; State; Zip Code 21815 Katy Fwy STE C110 Houston Tx 77450 | |
| 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) Printing 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 Push Cards |
| 11 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought office held |

| | | |
|----------------------|--|--|
| 5 Date 10/10/2015 | 6 Payee name Tribune Newspaper | |
| 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 William M. Knox | 3 Filer ID (Ethics Commission filers) |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | \$ |
| 420.00 | 18525 W Lake Houston Pkwy Humble Tx 77346 | |
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political | <input type="checkbox"/> Non-Political |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Advertisement |
| 11 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought office held |

| | | | |
|--|---|---|-------------|
| 5 Date 10/20/2015 | 6 Payee name Encore Printing | | |
| 7 Amount (\$) 269.47 | 8 Payee address; City; State; Zip Code 21815 Katy Fwy., Ste C110 Houston Tx 77450 | | |
| 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) Printing 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 Push Cards | |
| 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 Campaign Now | | |
| 7 Amount (\$) 158.65 | 8 Payee address; City; State; Zip Code 1126 South 70th St. Milwaukee WI 53214 | | |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F4: | 2 FILER NAME William M. Knox | 3 Filer ID (Ethics Commission filers) |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | \$ |
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political | <input type="checkbox"/> Non-Political |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Automated Calls |
| 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

**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 William M. Knox | 3 FilerID (Ethics Commission filers) | | |
| 4 Date 9/25/2015 | 5 Payee name The What's Up Program | | | |
| 6 Amount (\$) 8,000.00 | 7 Payee Address; 12337 Jones Road, Ste 450 | City; Houston | State; Tx | Zip Code 77070 |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category Advertising Expense | (b) Description Campaign Advertisement | | |
| | | <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 | |

| | | | | |
|---|---|--|--------------|-------------------|
| 4 Date 10/15/2015 | 5 Payee name Moscarelli Media | | | |
| 6 Amount (\$) 2,524.50 | 7 Payee Address; 1614 Cortlandt | City; Houston | State; Tx | Zip Code 77008 |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category Consulting Expense | (b) Description Campaign Media consulting | | |
| | | <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 | |

| | | | | |
|---|---|------------------|--------------|-------------------|
| 4 Date 10/19/2015 | 5 Payee name Disc Pro | | | |
| 6 Amount (\$) 9,195.84 | 7 Payee Address; 339 Greens Landing Dr. | City; Houston | State; Tx | Zip Code 77038 |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | | | |
| 8 | (a) Category | (b) Description | | |
| | | | | |

**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 William M. Knox | 3 FilerID (Ethics Commission filers) | |
| PURPOSE OF EXPENDITURE | Advertising Expense | Campaign Mail Out to voters | |
| | | <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