

**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.	John	C.B.
	NICKNAME	LAST	SUFFIX
		LaRue	
<b>OFFICE USE ONLY</b>			
Date Received			
10/5/2015			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of address	ADDRESS / PO BOX;	APT/SUITE #;	CITY; STATE; ZIP CODE
	3314 Branard #16 Houston Texas 77098		
Date Hand-delivered or Date Postmarked			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(202)	487-9269	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI
	Ms.	Angela	
	NICKNAME	LAST	SUFFIX
		Gutierrez	
Receipt #		Amount	
Date Processed			
Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence)	STREET ADDRESS (No PO Box Please);	APT/SUITE #;	CITY; STATE; ZIP CODE
	6617 Avenue J Houston Texas 77011		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(713)	380-0182	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment(officeholder only)		
10 PERIOD COVERED	Month	Day	Year
		7/1	2015
THROUGH		Month	Day
		9/28	2015
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	11/3/2015		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		City Council - At Large Position 3	

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

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

14 FILER NAME John C.B. LaRue

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> 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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$8.00
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$13,250.00
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$424.52
	4	TOTAL POLITICAL EXPENDITURES	\$4,524.31
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$8,725.69
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.

John C.B. LaRue

\_\_\_\_\_  
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 John C.B. LaRue		20 Filer ID (Ethics Commission Filers)
21	<b>SCHEDULE SUBTOTALS</b>	<b>SUBTOTAL</b>
	<b>NAME OF SCHEDULE</b>	<b>AMOUNT</b>
1	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12875
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	\$ 4100
6	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0
8	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 0
9	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
10	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
11	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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

**FORM C/OH  
ADDENDUM**

C/OH NAME John C.B. LaRue

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 John C.B. LaRue			3	Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) John P Ramirez	7	Amount of contributions (\$)
	7/16/2015	6 Contributor address; City; State; Zip Code Corpus Christi TX 78411		\$500.00
8	Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions)	
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Leo J Welder	7	Amount of contributions (\$)
	7/16/2015	6 Contributor address; City; State; Zip Code Corpus Christi TX 78411		\$1,000.00
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# ) Douglas A Allison	7	Amount of contributions (\$)
	7/16/2015	6 Contributor address; City; State; Zip Code Corpus Christi TX 78401		\$300.00
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# ) Thomas S Moore	7	Amount of contributions (\$)
	7/16/2015	6 Contributor address; City; State; Zip Code Corpus Christi TX 78404		\$100.00
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 John C.B. LaRue				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 (\$)		
7/16/2015	Jack R Turner		100.00		
6 Contributor address;		City;	State;	Zip Code	
		Corpus Christi	TX	78411	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Architect					
4 Date	5 Full name of contributor	<input type="checkbox"/> out of state PAC(ID# )	7 Amount of contributions (\$)		
7/16/2015	Francis I Gandy		500.00		
6 Contributor address;		City;	State;	Zip Code	
		Corpus Christi	TX	78403	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Attorney					
4 Date	5 Full name of contributor	<input type="checkbox"/> out of state PAC(ID# )	7 Amount of contributions (\$)		
7/16/2015	Hugo Berlanga		500.00		
6 Contributor address;		City;	State;	Zip Code	
		Corpus Christi	TX	78404	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Consultant					
4 Date	5 Full name of contributor	<input type="checkbox"/> out of state PAC(ID# )	7 Amount of contributions (\$)		
7/16/2015	David Michaelson		300.00		
6 Contributor address;		City;	State;	Zip Code	
		Corpus Christi	TX	78411	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Chief Engineer					

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.			1	Total Pages Schedule A1:
2 FILER NAME John C.B. LaRue			3	Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Noela Garcia	7	Amount of contributions (\$)
	7/16/2015	6 Contributor address; City; State; Zip Code Corpus Christi TX 78414		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# ) Tony Canales	7	Amount of contributions (\$)
	7/16/2015	6 Contributor address; City; State; Zip Code Corpus Christi TX 78465		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# ) Omar Garcia	7	Amount of contributions (\$)
	7/16/2015	6 Contributor address; City; State; Zip Code La Vernia TX 78121		225.00
8	Principal occupation / Job title (See Instructions) President & CEO		9	Employer (See Instructions)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Kym Bolado	7	Amount of contributions (\$)
	7/16/2015	6 Contributor address; City; State; Zip Code San Antonio TX 78209		250.00
8	Principal occupation / Job title (See Instructions) Publisher & CEO		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 John C.B. LaRue			3	Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Gabriel Guerra	7	Amount of contributions (\$)
	7/16/2015	6 Contributor address; City; State; Zip Code Corpus Christi TX 78414		1,000.00
8	Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions)	
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Horacio Oliveira	7	Amount of contributions (\$)
	7/16/2015	6 Contributor address; City; State; Zip Code Corpus Christi TX 78410		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# ) Jarl Pedersen	7	Amount of contributions (\$)
	7/16/2015	6 Contributor address; City; State; Zip Code Corpus Christi TX		100.00
8	Principal occupation / Job title (See Instructions) Chief Commercial Officer		9 Employer (See Instructions)	
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) John D Alvey	7	Amount of contributions (\$)
	7/16/2015	6 Contributor address; City; State; Zip Code Austin TX 78701		100.00
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 John C.B. LaRue			3 Filer ID (Ethics Commission filers)		
4	Date	5 Full name of contributor Lillian Riojas	<input type="checkbox"/> out of state PAC(ID# )	7	Amount of contributions (\$)
	7/16/2015	6 Contributor address; Corpus Christi	City; State; Zip Code TX 78466		100.00
8 Principal occupation / Job title (See Instructions) Senior Manager of Public Affairs			9 Employer (See Instructions)		
4	Date	5 Full name of contributor Jorge Rodriguez	<input type="checkbox"/> out of state PAC(ID# )	7	Amount of contributions (\$)
	7/16/2015	6 Contributor address; Corpus Christi	City; State; Zip Code TX 78413		150.00
8 Principal occupation / Job title (See Instructions) MD			9 Employer (See Instructions)		
4	Date	5 Full name of contributor Berta Garcia	<input type="checkbox"/> out of state PAC(ID# )	7	Amount of contributions (\$)
	7/16/2015	6 Contributor address; Corpus Christi	City; State; Zip Code TX 78413		100.00
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
4	Date	5 Full name of contributor David Krams	<input type="checkbox"/> out of state PAC(ID# )	7	Amount of contributions (\$)
	7/16/2015	6 Contributor address; Corpus Christi	City; State; Zip Code TX 78413		100.00
8 Principal occupation / Job title (See Instructions) Director of Engineering Services			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 John C.B. LaRue		3 Filer ID (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Louise Dean		7 Amount of contributions (\$)
7/16/2015	6 Contributor address; City; State; Zip Code Corpus Christi TX 78404		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# ) Pete Anaya		7 Amount of contributions (\$)
7/16/2015	6 Contributor address; City; State; Zip Code Corpus Christi Tx 78411		1,000.00
8 Principal occupation / Job title (See Instructions) Planning and Environmental Services Director		9 Employer (See Instructions)	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Oscar Martinez		7 Amount of contributions (\$)
7/16/2015	6 Contributor address; City; State; Zip Code Corpus Christi TX 78413		500.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions)	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Gloria Hicks		7 Amount of contributions (\$)
7/16/2015	6 Contributor address; City; State; Zip Code Corpus Christi TX 78415		1,000.00
8 Principal occupation / Job title (See Instructions) Owner		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 John C.B. LaRue			3	Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Rachel Canales	7	Amount of contributions (\$)
	7/16/2015	6 Contributor address; City; State; Zip Code Corpus Christi TX 78412		300.00
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# ) Robert Gonzalez	7	Amount of contributions (\$)
	7/16/2015	6 Contributor address; City; State; Zip Code Corpus Christi TX 78414		500.00
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# ) BJ Kershaw	7	Amount of contributions (\$)
	7/16/2015	6 Contributor address; City; State; Zip Code Corpus Christi TX 78411		300.00
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# ) Leah P Olivarri	7	Amount of contributions (\$)
	7/16/2015	6 Contributor address; City; State; Zip Code Corpus Christi TX 78412		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 John C.B. LaRue			3	Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Charles W Zahn	7	Amount of contributions (\$)
	7/15/2015	6 Contributor address; City; State; Zip Code Port Aransas TX 78373		200.00
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# ) Judith Hawley	7	Amount of contributions (\$)
	7/6/2015	6 Contributor address; City; State; Zip Code Portland TX 78374		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# ) Marie L Leonetti	7	Amount of contributions (\$)
	7/7/2015	6 Contributor address; City; State; Zip Code Absecon NJ 8201		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# ) Douglas Davis	7	Amount of contributions (\$)
	8/29/2015	6 Contributor address; City; State; Zip Code Houston TX 77063		100.00
8	Principal occupation / Job title (See Instructions) Sales		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 John C.B. LaRue		3 Filer ID (Ethics Commission filers)	
7/20/2015	Ashley Hodgini ----- 6 Contributor address; City; State; Zip Code Austin TX 78702	7	Amount of contributions (\$) 250.00
8 Principal occupation / Job title (See Instructions) Government Relations		9 Employer (See Instructions)	
8/4/2015	Bonilla Investments ----- 6 Contributor address; City; State; Zip Code Corpus Christi TX 78465	7	Amount of contributions (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
8/6/2015	Richard M. Borchard ----- 6 Contributor address; City; State; Zip Code Corpus Christi TX 78412	7	Amount of contributions (\$) 500.00
8 Principal occupation / Job title (See Instructions) Commissioner		9 Employer (See Instructions)	
7/26/2015	Rick Maldonado ----- 6 Contributor address; City; State; Zip Code Washington DC 20009	7	Amount of contributions (\$) 500.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions)	
4	Date 5 Full name of contributor 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 John C.B. LaRue			3	Filer ID (Ethics Commission filers)
	Arthur Haas		7	Amount of contributions (\$)
8/2/2015	6 Contributor address; City; State; Zip Code Corpus Christi TX 78411			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# ) Bonilla Investments	7	Amount of contributions (\$)
7/30/2015	6 Contributor address; City; State; Zip Code Corpus Christi TX 78465			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# ) Debbie Rohlack	7	Amount of contributions (\$)
7/12/2015	6 Contributor address; City; State; Zip Code Corpus Christi TX 78411			200.00
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# ) Bradley Lenz	7	Amount of contributions (\$)
7/19/2015	6 Contributor address; City; State; Zip Code Corpus Christi TX 78414			100.00
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 John C.B. LaRue

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**

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME John C.B. LaRue	<b>3</b> Filer ID (Ethics Commission filers)
<b>4</b> Date 7/22/2015	<b>5</b> Payee name Meyerland Area Democrats Club	
<b>6</b> Amount (\$) 500.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 310061 Houston TX 77231-0061	
<b>8 PURPOSE OF EXPENDITURE</b>	(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 Sponsorship of Reception
<b>9</b> Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

<b>4</b> Date 7/22/2015	<b>5</b> Payee name Sprint 2 Print	
<b>6</b> Amount (\$) 1,515.50	<b>7</b> Payee address; City; State; Zip Code 8748 Clay Rd #300 Houston TX 77080	
<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category  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 Yard Signs
<b>9</b> Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

<b>4</b> Date 7/30/2015	<b>5</b> Payee name Carroll Printing	
<b>6</b> Amount (\$) 405.94	<b>7</b> Payee address; City; State; Zip Code 2907 Canal St Houston TX 77003	
<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category	(b) Description



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME John C.B. LaRue		<b>3</b> 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 Bumper Stickers	
<b>9</b> Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

<b>4</b> Date 8/3/2015	<b>5</b> Payee name Harris County Young Democrats		
<b>6</b> Amount (\$) 100.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 131672 Houston TX 77219		

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category	(b) Description
	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 Candidate Membership

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

## SCHEDULE F1

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME John C.B. LaRue	<b>3</b> Filer ID (Ethics Commission filers)
<b>4</b> Date 8/3/2015	<b>5</b> Payee name Carroll Printing	
<b>6</b> Amount (\$) 237.44	<b>7</b> Payee address; City; State; Zip Code 2907 Canal St  Houston TX 77003	
<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category  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  Buttons
<b>9</b> Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

<b>4</b> Date 8/3/2015	<b>5</b> Payee name Carroll Printing	
<b>6</b> Amount (\$) 690.91	<b>7</b> Payee address; City; State; Zip Code 2907 Canal St  Houston TX 77003	
<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category  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  T-Shirts
<b>9</b> Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

<b>4</b> Date 8/6/2015	<b>5</b> Payee name City of Houston	
<b>6</b> Amount (\$) 500.00	<b>7</b> Payee address; City; State; Zip Code 901 Bagby  Houston TX 77002	
<b>8 PURPOSE OF EXPENDITURE</b>	(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 John C.B. LaRue		3 Filer ID (Ethics Commission filers)
	Fees	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ballot Filing
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 8/31/2015	5 Payee name AbOUT Publications		
6 Amount (\$) 150.00	7 Payee address; City; State; Zip Code PO Box 667626 Houston TX 77266		
8 PURPOSE OF EXPENDITURE	(a) Category Advertising 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 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**