

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

The C/OH Instruction Guide explains how to complete this form | 1 Filer ID(Ethics Commission filers) | 2 Total pages filed

|  |  |   |                        |
|--|--|---|------------------------|
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS/MRS/MR FIRST MI   | OFFICE USE ONLY   |                        |
|  | NICKNAME LAST SUFFIX   | Date Received<br>10/5/2015  |                        |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of address | ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE   | Date Hand-delivered or Date Postmarked  |                        |
|  | AREA CODE PHONE NUMBER EXTENSION   | Receipt # Amount  |                        |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | MS/MRS/MR FIRST MI   | Date Processed  |                        |
|  | NICKNAME LAST SUFFIX   | Date Imaged   |                        |
| 6 CAMPAIGN TREASURER ADDRESS<br>(4807 Kirby Drive)                                       | STREET ADDRESS (No PO Box Please); APT/SUITE #; CITY; STATE; ZIP CODE  | Date Imaged   |                        |
|  | AREA CODE PHONE NUMBER EXTENSION   | Date Imaged   |                        |
| 7 CAMPAIGN TREASURER PHONE   | MS/MRS/MR FIRST MI   | Date Imaged   |                        |
|  | NICKNAME LAST SUFFIX   | Date Imaged   |                        |
| 8 CAMPAIGN TREASURER PHONE   | STREET ADDRESS (No PO Box Please); APT/SUITE #; CITY; STATE; ZIP CODE  | Date Imaged   |                        |
|  | AREA CODE PHONE NUMBER EXTENSION   | Date Imaged   |                        |
| 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<br><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  | THROUGH Month Day Year |
| 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 |                        |
| 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 Georgia Provost 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)<br><br><input type="checkbox"/> additional pages | COMMITTEE TYPE<br><input type="checkbox"/> GENERAL<br><input type="checkbox"/> SPECIFIC | COMMITTEE NAME<br>Georgia Provost Campaign                                   |
|  |   | COMMITTEE ADDRESS<br>3821 N. McGregor Way<br>Houston Tx 77004                |
|  |   | COMMITTEE CAMPAIGN TREASURER NAME<br>Helfman Alan                            |
|  |   | COMMITTEE CAMPAIGN TREASURER ADDRESS<br>4807 Kirby Drive<br>Houston Tx 77098 |
|  |   |  |

|                         |   |  |            |
|-------------------------|---|--|------------|
| 17 CONTRIBUTION TOTALS  | 1 | TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$115.00   |
|                         | 2 | TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$1,956.00 |
| EXPENDITURE TOTALS      | 3 | TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$1,341.69 |
|                         | 4 | TOTAL POLITICAL EXPENDITURES   | \$6,481.81 |
| CONTRIBUTION BALANCE    | 5 | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$543.29   |
| 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.

Georgia Provost

\_\_\_\_\_  
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 Georgia Provost |  | 20 Filer ID (Ethics Commission Filers) |
| 21                            | SCHEDULE SUBTOTALS   | SUBTOTAL                               |
|                               | NAME OF SCHEDULE   | AMOUNT                                 |
| 1                             | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$1,956.00                             |
| 2                             | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$850.00                               |
| 3                             | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$0.00                                 |
| 4                             | SCHEDULE E: LOANS  | \$0.00                                 |
| 5                             | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | \$6,481.81                             |
| 6                             | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$0.00                                 |
| 7                             | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  |  |
| 8                             | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$0.00                                 |
| 9                             | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$0.00                                 |
| 10                            | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           |  |
| 11                            | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$0.00                                 |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |   |   |                                     |
|---|---|---|---|-------------------------------------|
| The Instruction Guide explains how to complete this form. |   |   | 1 | Total Pages Schedule A1:            |
| 2 FILER NAME Georgia Provost                              |   |   | 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 (\$)        |
|   | 8/15/2015   | 6 Contributor address; City; State; Zip Code  |   | \$0.00                              |
| 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 (\$)        |
|   | 8/15/2015   | Dexter Handy<br>6 Contributor address; City; State; Zip Code<br>Houston Tx 77007      |   | \$500.00                            |
| 8   | Principal occupation / Job title (See Instructions) |   | 9 | Employer (See Instructions)         |
|   |   |   | 9 | Retired                             |
| 4   | Date  | 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# )            | 7 | Amount of contributions (\$)        |
|   | 8/16/2015   | Debra Balthazar<br>6 Contributor address; City; State; Zip Code<br>Houston Tx 77030   |   | \$25.00                             |
| 8   | Principal occupation / Job title (See Instructions) |   | 9 | Employer (See Instructions)         |
|   |   |   | 9 | Retired                             |
| 4   | Date  | 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# )            | 7 | Amount of contributions (\$)        |
|   | 8/26/2015   | Erskine Moorehead<br>6 Contributor address; City; State; Zip Code<br>Houston Tx 77004 |   | 100.00                              |
| 8   | Principal occupation / Job title (See Instructions) |   | 9 | Employer (See Instructions)         |
|   |   |   | 9 | Retired                             |
| 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 Georgia Provost                              |  | 3 Filer ID (Ethics Commission filers)         |                          |
| 9/15/2015   | 6 Contributor address;<br>City; State; Zip Code<br>Houston Tx 77021                          | 100.00  |                          |
| 8 Principal occupation / Job title (See Instructions)     |  | 9 Employer (See Instructions)<br>Retired      |                          |
| 4 Date  | 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# )<br>C.D. Boulden   | 7 Amount of contributions (\$)                |                          |
| 9/18/2015   | 6 Contributor address;<br>City; State; Zip Code<br>Houston Tx 77021                          | 50.00   |                          |
| 8 Principal occupation / Job title (See Instructions)     |  | 9 Employer (See Instructions)<br>Pastor       |                          |
| 4 Date  | 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# )<br>Oscar Collins  | 7 Amount of contributions (\$)                |                          |
| 9/18/2015   | 6 Contributor address;<br>City; State; Zip Code<br>Houston Tx 77015                          | 150.00  |                          |
| 8 Principal occupation / Job title (See Instructions)     |  | 9 Employer (See Instructions)<br>Businessman  |                          |
| 4 Date  | 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# )<br>Deedrick Doyle | 7 Amount of contributions (\$)                |                          |
| 9/18/2015   | 6 Contributor address;<br>City; State; Zip Code<br>Houston Tx 77015                          | 5.00  |                          |
| 8 Principal occupation / Job title (See Instructions)     |  | 9 Employer (See Instructions)<br>Truck Driver |                          |

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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

|                              |                                       |
|------------------------------|---------------------------------------|
| 2 FILER NAME Georgia Provost | 3 Filer ID (Ethics Commission filers) |
|------------------------------|---------------------------------------|

|           |  |                          |                        |    |       |                                      |
|-----------|--|--------------------------|------------------------|----|-------|--------------------------------------|
| 4 Date    | 5 Full name of contributor                   | <input type="checkbox"/> | out of state PAC(ID# ) |    |       |                                      |
|           | Denise Taylor                                |                          |                        |    |       |                                      |
|           | 6 Contributor address; City; State; Zip Code |                          |                        |    |       |                                      |
| 9/18/2015 |  |                          | Houston                | Tx | 77595 | 7 Amount of contributions (\$) 10.00 |

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

|           |  |                          |                        |    |       |                                      |
|-----------|--|--------------------------|------------------------|----|-------|--------------------------------------|
| 4 Date    | 5 Full name of contributor                   | <input type="checkbox"/> | out of state PAC(ID# ) |    |       |                                      |
|           | Cynthia Pharms                               |                          |                        |    |       |                                      |
|           | 6 Contributor address; City; State; Zip Code |                          |                        |    |       |                                      |
| 9/18/2015 |  |                          | Houston                | Tx | 77033 | 7 Amount of contributions (\$) 25.00 |

|   |                               |
|---|-------------------------------|
| 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# ) |    |       |                                      |
|           | Veta Loggins                                 |                          |                        |    |       |                                      |
|           | 6 Contributor address; City; State; Zip Code |                          |                        |    |       |                                      |
| 9/18/2015 |  |                          | Houston                | Tx | 77584 | 7 Amount of contributions (\$) 50.00 |

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

**NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS**

**SCHEDULE A2**

|   |                            |
|---|----------------------------|
| The Instruction Guide explains how to complete this form. | 1 Total Pages Schedule A2: |
|---|----------------------------|

|                              |                                       |
|------------------------------|---------------------------------------|
| 2 FILER NAME Georgia Provost | 3 Filer ID (Ethics Commission filers) |
|------------------------------|---------------------------------------|

|   |          |
|---|----------|
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | \$850.00 |
|---|----------|

|   |           |  |                          |                        |                          |   |                                    |
|---|-----------|--|--------------------------|------------------------|--------------------------|---|------------------------------------|
| 5 | Date      | 6 Full name of contributor                   | <input type="checkbox"/> | out of state PAC(ID# ) | 8                        | Amount of contributions (\$)                          | 9 In-Kind contribution description |
|   | 9/20/2015 | Cynthia Larkin                               |                          |                        |                          | 850.00  | Financial Services                 |
|   |           | 7 Contributor address; City; State; Zip Code |                          |                        |                          |   |                                    |
|   |           |  |                          | Katy Tx 77493          | <input type="checkbox"/> | Check if travel outside of Texas, complete Schedule T |                                    |

|   |                                |
|---|--------------------------------|
| 10 Principal occupation / Job title (See Instructions)<br>Retired | 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**



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

The Instruction Guide explains how to complete this form.

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

|  |   |   |
|--|---|---|
| 4 Date<br>7/16/2015                                    | 5 Payee name<br>Sam's Club  |   |
| 6 Amount (\$)<br>50.18                                 | 7 Payee address; City; State; Zip Code<br>1615 S. Loop West<br>Houston Tx 77054 |   |
| 8 PURPOSE OF EXPENDITURE                               | (a) Category  | (b) Description   |
|  | Advertising Expense   | <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Post cards |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name   | office sought office held   |

|                          |  |                 |
|--------------------------|--|-----------------|
| 4 Date<br>7/16/2015      | 5 Payee name<br>Kwik Copy  |                 |
| 6 Amount (\$)<br>101.00  | 7 Payee address; City; State; Zip Code<br>4001 San Jacinto<br>Houston Tx 77004 |                 |
| 8 PURPOSE OF EXPENDITURE | (a) Category   | (b) Description |
|                          |  |                 |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

The Instruction Guide explains how to complete this form.

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

|                         |  |  |  |
|-------------------------|--|--|--|
| 4 Date<br>7/17/2015     | 5 Payee name<br>Lucheyna Wells   |  |  |
| 6 Amount (\$)<br>175.00 | 7 Payee address; City; State; Zip Code<br>3831 N. McGregor Way<br><br>Houston Tx 77004 |  |  |

|                          |   |                          |   |
|--------------------------|---|--------------------------|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category<br><br>Salaries/Wages/Contract Labor | <input type="checkbox"/> | (b) Description<br><br>Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Clerical |
|--------------------------|---|--------------------------|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| 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 Georgia Provost  | 3 Filer ID (Ethics Commission filers)  |
| 4 Date<br>7/21/2015        | 5 Payee name<br>Reginald Gordon   |  |
| 6 Amount (\$)<br>200.00    | 7 Payee address; City; State; Zip Code<br>P.O.Box 88103<br>Houston Tx 77288                                       |  |
| 8 PURPOSE OF EXPENDITURE   | (a) Category<br><br>Contributions/Donations<br>Made By<br>Candidate/Officeholder/Political<br>Committee           | (b) Description<br><br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|                            | 9 Complete ONLY if direct expendituree to benefit C/OH<br>Candidate / Officeholder name office sought office held |  |

|                          |   |  |
|--------------------------|---|--|
| 4 Date<br>7/27/2015      | 5 Payee name<br>City of Houston   |  |
| 6 Amount (\$)<br>500.00  | 7 Payee address; City; State; Zip Code<br>P.O.Box 1562<br>Houston Tx 77251  |  |
| 8 PURPOSE OF EXPENDITURE | (a) Category<br><br>Fees  | (b) Description<br><br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><br>Filing Fee |
|                          | 9 Complete ONLY if direct expendituree to benefit C/OH<br>Candidate / Officeholder name office sought office held |  |

|                          |   |                 |
|--------------------------|---|-----------------|
| 4 Date<br>7/27/2015      | 5 Payee name<br>City of Houston   |                 |
| 6 Amount (\$)<br>20.00   | 7 Payee address; City; State; Zip Code<br>P.O.Box 1562<br>Houston Tx 77251  |                 |
| 8 PURPOSE OF EXPENDITURE | (a) Category  | (b) Description |
|                          | 9 Complete ONLY if direct expendituree to benefit C/OH<br>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 Georgia Provost                            |                          | 3 Filer ID (Ethics Commission filers)   |
|  | Fees  | <input type="checkbox"/> | Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Parking |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name office sought office held |                          |   |

|  |  |                          |  |
|--|--|--------------------------|--|
| 4 Date<br>7/31/2015                                    | 5 Payee name<br>Unity National Bank  |                          |  |
| 6 Amount (\$)<br>11.33                                 | 7 Payee address; City; State; Zip Code<br>P.O.Box 8272<br>Houston Tx 77004 |                          |  |
| 8 PURPOSE OF EXPENDITURE                               | (a) Category<br>Fees   | <input type="checkbox"/> | (b) Description<br>Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bank fees |
| 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 Georgia Provost   | 3 Filer ID (Ethics Commission filers)  |
| 4 Date<br>7/31/2015                                    | 5 Payee name<br>Academy Awards   |  |
| 6 Amount (\$)<br>14.07                                 | 7 Payee address; City; State; Zip Code<br>4106 Fannin St<br><br>Houston Tx 77004 |  |
| 8 PURPOSE OF EXPENDITURE                               | (a) Category<br><br>Advertising Expense  | (b) Description<br><br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Signs |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name  | office sought office held  |

|  |   |   |
|--|---|---|
| 4 Date<br>7/31/2015                                    | 5 Payee name<br>Sam's Club  |   |
| 6 Amount (\$)<br>84.17                                 | 7 Payee address; City; State; Zip Code<br>1615 S. Loop West<br><br>Houston Tx 77054 |   |
| 8 PURPOSE OF EXPENDITURE                               | (a) Category<br><br>Advertising Expense   | (b) Description<br><br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Copy paper/post cards |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name   | office sought office held   |

|                          |  |                 |
|--------------------------|--|-----------------|
| 4 Date<br>8/5/2015       | 5 Payee name<br>Terrance Pace  |                 |
| 6 Amount (\$)<br>199.00  | 7 Payee address; City; State; Zip Code<br>2600 S.Loop West<br><br>Houston Tx 77054 |                 |
| 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 Georgia Provost  |                          | 3 Filer ID (Ethics Commission filers)   |
|  | Advertising Expense           | <input type="checkbox"/> | Check if travel outside of Texas, complete Schedule T<br>Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought            | office held   |

|                         |   |  |  |
|-------------------------|---|--|--|
| 4 Date<br>8/5/2015      | 5 Payee name<br>Kim Mayes   |  |  |
| 6 Amount (\$)<br>200.00 | 7 Payee address; City; State; Zip Code<br>2501 Blodgett<br><br>Houston Tx 77004 |  |  |

|                          |   |                          |  |
|--------------------------|---|--------------------------|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category<br><br>Salaries/Wages/Contract Labor | <input type="checkbox"/> | (b) Description<br><br>Check if travel outside of Texas, complete Schedule T<br>Check if Austin, TX, officeholder living expense<br>Labor/passing out push cards |
|--------------------------|---|--------------------------|--|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| 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 Georgia Provost  | 3 Filer ID (Ethics Commission filers)  |
| 4 Date<br>8/5/2015                                     | 5 Payee name<br>Sprint 2 Print  |  |
| 6 Amount (\$)<br>700.00                                | 7 Payee address; City; State; Zip Code<br>8748 Clay St<br>Suite 300<br>Houston Tx 77021 |  |
| 8 PURPOSE OF EXPENDITURE                               | (a) Category<br><br>Advertising Expense   | (b) Description<br><br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Yard signs |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name   | office sought office held  |

|  |  |   |
|--|--|---|
| 4 Date<br>8/6/2015                                     | 5 Payee name<br>Exxon Gas Station  |   |
| 6 Amount (\$)<br>41.75                                 | 7 Payee address; City; State; Zip Code<br>4782 Scott<br><br>Houston Tx 77004 |   |
| 8 PURPOSE OF EXPENDITURE                               | (a) Category<br><br>Travel in District                                       | (b) Description<br><br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name  | office sought office held   |

|                          |   |                 |
|--------------------------|---|-----------------|
| 4 Date<br>8/7/2015       | 5 Payee name<br>Gerald Shanks   |                 |
| 6 Amount (\$)<br>100.00  | 7 Payee address; City; State; Zip Code<br>2804 McGowan St<br><br>Houston Tx 77004 |                 |
| 8 PURPOSE OF EXPENDITURE | (a) Category  | (b) Description |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

The Instruction Guide explains how to complete this form.

|  |  |                          |   |
|--|--|--------------------------|---|
| 1 Total pages Schedule F1:                             | 2 FILER NAME Georgia Provost   |                          | 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<br>Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name  | office sought            | office held   |

|                        |  |  |  |
|------------------------|--|--|--|
| 4 Date<br>8/8/2015     | 5 Payee name<br>Luby's   |  |  |
| 6 Amount (\$)<br>32.59 | 7 Payee address; City; State; Zip Code<br>2400 S. McGregor<br><br>Houston Tx 77004 |  |  |

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

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

## SCHEDULE F1

The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| 1 Total pages Schedule F1:                             | 2 FILER NAME Georgia Provost   | 3 Filer ID (Ethics Commission filers)   |
| 4 Date<br>8/10/2015                                    | 5 Payee name<br>United States Post Office                                    |   |
| 6 Amount (\$)<br>102.78                                | 7 Payee address; City; State; Zip Code<br>4110 Almeda Rd<br>Houston Tx 77004 |   |
| 8 PURPOSE OF EXPENDITURE                               | (a) Category<br><br>Advertising Expense                                      | (b) Description<br><br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Postage |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name  | office sought office held   |

|  |  |   |
|--|--|---|
| 4 Date<br>8/11/2015                                    | 5 Payee name<br>Academy Awards   |   |
| 6 Amount (\$)<br>35.18                                 | 7 Payee address; City; State; Zip Code<br>4106 Fannin St<br>Houston Tx 77004 |   |
| 8 PURPOSE OF EXPENDITURE                               | (a) Category<br><br>Advertising Expense                                      | (b) Description<br><br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Pins |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name  | office sought office held   |

|                          |  |                 |
|--------------------------|--|-----------------|
| 4 Date<br>8/12/2015      | 5 Payee name<br>Sprint 2 Print   |                 |
| 6 Amount (\$)<br>788.44  | 7 Payee address; City; State; Zip Code<br>8748 Clay St<br>Houston Tx 77021 |                 |
| 8 PURPOSE OF EXPENDITURE | (a) Category   | (b) Description |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

The Instruction Guide explains how to complete this form.

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

|                        |  |  |  |
|------------------------|--|--|--|
| 4 Date<br>8/12/2015    | 5 Payee name<br>Micro Center   |  |  |
| 6 Amount (\$)<br>85.43 | 7 Payee address; City; State; Zip Code<br>5305 S. Rice<br>Houston Tx 77027 |  |  |

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

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

The Instruction Guide explains how to complete this form.

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| <b>1</b> Total pages Schedule F1:                             | <b>2</b> FILER NAME Georgia Provost  | <b>3</b> Filer ID (Ethics Commission filers)  |
| <b>4</b> Date<br>8/13/2015                                    | <b>5</b> Payee name<br>Dollar Stone  |   |
| <b>6</b> Amount (\$)<br>45.92                                 | <b>7</b> Payee address; City; State; Zip Code<br>9400 Cullen<br><br>Houston Tx 77004 |   |
| <b>8 PURPOSE OF EXPENDITURE</b>                               | (a) Category<br><br>Gift/Awards/Memorials Expense                                    | (b) Description<br><br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gifts for Seniors |
| <b>9</b> Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name  | office sought office held   |

|   |   |  |
|---|---|--|
| <b>4</b> Date<br>8/13/2015                                    | <b>5</b> Payee name<br>Shirley Donuts   |  |
| <b>6</b> Amount (\$)<br>23.94                                 | <b>7</b> Payee address; City; State; Zip Code<br>5603 Scott<br><br>Houston Tx 77004 |  |
| <b>8 PURPOSE OF EXPENDITURE</b>                               | (a) Category<br><br>Food/Beverage Expense   | (b) Description<br><br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donuts for Seniors |
| <b>9</b> Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name   | office sought office held  |

|                                 |  |                 |
|---------------------------------|--|-----------------|
| <b>4</b> Date<br>8/15/2015      | <b>5</b> Payee name<br>Sam's Club  |                 |
| <b>6</b> Amount (\$)<br>132.87  | <b>7</b> Payee address; City; State; Zip Code<br>1615 S. Loop West<br><br>Houston Tx 77054 |                 |
| <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.

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

|  |  |                          |  |
|--|--|--------------------------|--|
| 4 Date<br>8/15/2015                                    | 5 Payee name<br>Gordon Reaux   |                          |  |
| 6 Amount (\$)<br>200.00                                | 7 Payee address; City; State; Zip Code<br>3821 N. McGregor Way<br><br>Houston Tx 77004 |                          |  |
| 8 PURPOSE OF EXPENDITURE                               | (a) Category<br><br>Salaries/Wages/Contract Labor                                      | <input type="checkbox"/> | (b) Description<br>Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Computer 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.

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| <b>1</b> Total pages Schedule F1:                             | <b>2</b> FILER NAME Georgia Provost  | <b>3</b> Filer ID (Ethics Commission filers)   |
| <b>4</b> Date<br>8/17/2015                                    | <b>5</b> Payee name<br>John Williams   |  |
| <b>6</b> Amount (\$)<br>225.00                                | <b>7</b> Payee address; City; State; Zip Code<br>4913 Cullen<br><br>Houston Tx 77004 |  |
| <b>8 PURPOSE OF EXPENDITURE</b>                               | (a) Category<br><br>Salaries/Wages/Contract Labor                                    | (b) Description<br><br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Delivered 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<br>8/17/2015                                    | <b>5</b> Payee name<br>Kevin Moten  |   |
| <b>6</b> Amount (\$)<br>50.00                                 | <b>7</b> Payee address; City; State; Zip Code<br>2425 Holly Hall #106<br><br>Houston Tx 77054 |   |
| <b>8 PURPOSE OF EXPENDITURE</b>                               | (a) Category<br><br>Salaries/Wages/Contract Labor   | (b) Description<br><br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Computer Services |
| <b>9</b> Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name   | office sought office held   |

|                                 |  |                 |
|---------------------------------|--|-----------------|
| <b>4</b> Date<br>8/24/2015      | <b>5</b> Payee name<br>U.S Post Office   |                 |
| <b>6</b> Amount (\$)<br>147.03  | <b>7</b> Payee address; City; State; Zip Code<br>4110 Alameda Rd<br><br>Houston Tx 77004 |                 |
| <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 Georgia Provost  |                          | 3 Filer ID (Ethics Commission filers)  |
|  | Advertising Expense           | <input type="checkbox"/> | Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Stamps |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought            | office held  |

|  |  |                          |   |
|--|--|--------------------------|---|
| 4 Date<br>8/24/2015                                    | 5 Payee name<br>Lucheyna Wells   |                          |   |
| 6 Amount (\$)<br>160.00                                | 7 Payee address; City; State; Zip Code<br>3831 N. McGregor Way<br><br>Houston Tx 77004 |                          |   |
| 8 PURPOSE OF EXPENDITURE                               | (a) Category<br><br>Salaries/Wages/Contract Labor                                      | <input type="checkbox"/> | (b) Description<br><br>Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name  | office sought            | office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

The Instruction Guide explains how to complete this form.

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| <b>1</b> Total pages Schedule F1:                                | <b>2</b> FILER NAME Georgia Provost   | <b>3</b> Filer ID (Ethics Commission filers)   |
| <b>4</b> Date<br>8/28/2015                                       | <b>5</b> Payee name<br>New Destiny Church   |  |
| <b>6</b> Amount (\$)<br>50.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>13701 Player St<br><br>Houston Tx 77045                |  |
| <b>8 PURPOSE OF EXPENDITURE</b>                                  | (a) Category<br><br>Contributions/Donations<br>Made By<br>Candidate/Officeholder/Political<br>Committee | (b) Description<br><br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| <b>9</b> Complete ONLY if direct<br>expendituree to benefit C/OH | Candidate / Officeholder name   | office sought office held  |

|  |  |   |
|--|--|---|
| <b>4</b> Date<br>8/31/2015                                       | <b>5</b> Payee name<br>Unity National Bank   |   |
| <b>6</b> Amount (\$)<br>47.34                                    | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 8277<br><br>Houston Tx 77004 |   |
| <b>8 PURPOSE OF EXPENDITURE</b>                                  | (a) Category<br><br>Fees   | (b) Description<br><br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><br>Bank fees |
| <b>9</b> Complete ONLY if direct<br>expendituree to benefit C/OH | Candidate / Officeholder name  | office sought office held   |

|                                 |  |                 |
|---------------------------------|--|-----------------|
| <b>4</b> Date<br>9/3/2015       | <b>5</b> Payee name<br>U.S Post Office   |                 |
| <b>6</b> Amount (\$)<br>84.00   | <b>7</b> Payee address; City; State; Zip Code<br>4110 Alameda Rd<br><br>Houston Tx 77004 |                 |
| <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 Georgia Provost  |                          | 3 Filer ID (Ethics Commission filers)   |
|  | Advertising Expense           | <input type="checkbox"/> | Check if travel outside of Texas, complete Schedule T<br>Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought            | office held   |

|                            |   |  |  |
|----------------------------|---|--|--|
| 4 Date<br><br>9/5/2015     | 5 Payee name<br><br>Twelve Oaks Club  |  |  |
| 6 Amount (\$)<br><br>40.00 | 7 Payee address; City; State; Zip Code<br><br>5320 Griggs<br><br>Houston Tx 77021 |  |  |

|                          |  |                          |  |
|--------------------------|--|--------------------------|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category<br><br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <input type="checkbox"/> | (b) Description<br><br>Check if travel outside of Texas, complete Schedule T<br>Check if Austin, TX, officeholder living expense |
|--------------------------|--|--------------------------|--|

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



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

The Instruction Guide explains how to complete this form.

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| 1 Total pages Schedule F1:                             | 2 FILER NAME Georgia Provost  | 3 Filer ID (Ethics Commission filers)  |
| 4 Date<br>9/9/2015                                     | 5 Payee name<br>Shirley Donuts  |  |
| 6 Amount (\$)<br>33.10                                 | 7 Payee address; City; State; Zip Code<br>5603 Scott St<br><br>Houston Tx 77004 |  |
| 8 PURPOSE OF EXPENDITURE                               | (a) Category<br><br>Food/Beverage Expense                                       | (b) Description<br><br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donuts for Seniors |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name   | office sought office held  |

|  |  |  |
|--|--|--|
| 4 Date<br>9/10/2015                                    | 5 Payee name<br>Lucheyna Wells   |  |
| 6 Amount (\$)<br>185.00                                | 7 Payee address; City; State; Zip Code<br>3831 N. McGregor Way<br><br>Houston Tx 77004 |  |
| 8 PURPOSE OF EXPENDITURE                               | (a) Category<br><br>Salaries/Wages/Contract Labor                                      | (b) Description<br><br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name  | office sought office held  |

|                          |  |                 |
|--------------------------|--|-----------------|
| 4 Date<br>9/10/2015      | 5 Payee name<br>Frenzy's   |                 |
| 6 Amount (\$)<br>53.30   | 7 Payee address; City; State; Zip Code<br>3919 Scott<br><br>Houston Tx 77004 |                 |
| 8 PURPOSE OF EXPENDITURE | (a) Category   | (b) Description |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

The Instruction Guide explains how to complete this form.

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

|  |   |                          |  |
|--|---|--------------------------|--|
| 4 Date<br>9/10/2015                                    | 5 Payee name<br>U.S Post Office   |                          |  |
| 6 Amount (\$)<br>147.00                                | 7 Payee address; City; State; Zip Code<br>4110 Alameda Rd<br>Houston Tx 77004 |                          |  |
| 8 PURPOSE OF EXPENDITURE                               | (a) Category<br>Advertising Expense   | <input type="checkbox"/> | (b) Description<br>Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Postage |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name   | office sought            | office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

The Instruction Guide explains how to complete this form.

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|---|---|---|
| <b>1</b> Total pages Schedule F1:                             | <b>2</b> FILER NAME Georgia Provost   | <b>3</b> Filer ID (Ethics Commission filers)  |
| <b>4</b> Date<br>9/11/2015                                    | <b>5</b> Payee name<br>HEB  |   |
| <b>6</b> Amount (\$)<br>34.34                                 | <b>7</b> Payee address; City; State; Zip Code<br>6102 Scott<br><br>Houston Tx 77004 |   |
| <b>8 PURPOSE OF EXPENDITURE</b>                               | (a) Category<br><br>Travel in District  | (b) Description<br><br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><br>Gas |
| <b>9</b> Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name   | office sought office held   |

|   |   |   |
|---|---|---|
| <b>4</b> Date<br>9/11/2015                                    | <b>5</b> Payee name<br>Pal's Custom Printing  |   |
| <b>6</b> Amount (\$)<br>200.00                                | <b>7</b> Payee address; City; State; Zip Code<br>11052 Dalebrook Dr<br><br>Houston Tx 77016 |   |
| <b>8 PURPOSE OF EXPENDITURE</b>                               | (a) Category<br><br>Advertising Expense   | (b) Description<br><br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><br>Printing flyers |
| <b>9</b> Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name   | office sought office held   |

|                                 |  |                 |
|---------------------------------|--|-----------------|
| <b>4</b> Date<br>9/15/2015      | <b>5</b> Payee name<br>U.S Post Office   |                 |
| <b>6</b> Amount (\$)<br>167.00  | <b>7</b> Payee address; City; State; Zip Code<br>4110 Alameda Rd<br><br>Houston Tx 77004 |                 |
| <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.

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

|   |  |  |             |
|---|--|--|-------------|
| <b>4</b> Date<br>9/17/2015                                    | <b>5</b> Payee name<br>U.S Post Office   |  |             |
| <b>6</b> Amount (\$)<br>49.00                                 | <b>7</b> Payee address; City; State; Zip Code<br>4110 Alameda Rd<br>Houston Tx 77004 |  |             |
| <b>8</b> PURPOSE OF EXPENDITURE                               | (a) Category<br>Advertising Expense  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Stamps |             |
| <b>9</b> Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name  | office sought  | office held |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

The Instruction Guide explains how to complete this form.

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| <b>1</b> Total pages Schedule F1:                                | <b>2</b> FILER NAME Georgia Provost   | <b>3</b> Filer ID (Ethics Commission filers)   |
| <b>4</b> Date<br>9/17/2015                                       | <b>5</b> Payee name<br>Art Smith  |  |
| <b>6</b> Amount (\$)<br>85.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>5307 Sonora<br><br>Houston Tx 77028                    |  |
| <b>8 PURPOSE OF EXPENDITURE</b>                                  | (a) Category<br><br>Contributions/Donations<br>Made By<br>Candidate/Officeholder/Political<br>Committee | (b) Description<br><br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| <b>9</b> Complete ONLY if direct<br>expendituree to benefit C/OH | Candidate / Officeholder name   | office sought office held  |

|  |  |  |
|--|--|--|
| <b>4</b> Date<br>9/17/2015                                       | <b>5</b> Payee name<br>Skip Flanagan   |  |
| <b>6</b> Amount (\$)<br>200.00                                   | <b>7</b> Payee address; City; State; Zip Code<br>5300 Martin Luther King<br><br>Houston Tx 77033 |  |
| <b>8 PURPOSE OF EXPENDITURE</b>                                  | (a) Category<br><br>Salaries/Wages/Contract<br>Labor   | (b) Description<br><br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><br>Yard signs |
| <b>9</b> Complete ONLY if direct<br>expendituree to benefit C/OH | Candidate / Officeholder name  | office sought office held  |

|                                 |   |                 |
|---------------------------------|---|-----------------|
| <b>4</b> Date<br>9/18/2015      | <b>5</b> Payee name<br>Lucheyna Wells   |                 |
| <b>6</b> Amount (\$)<br>175.00  | <b>7</b> Payee address; City; State; Zip Code<br>3821 N. McGregor Way<br><br>Houston Tx 77004 |                 |
| <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 Georgia Provost  |  | 3 Filer ID (Ethics Commission filers)   |
|  | Salaries/Wages/Contract Labor   | <input type="checkbox"/><br><input type="checkbox"/> | Check if travel outside of Texas, complete Schedule T<br>Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name                      office sought                      office held |  |   |

|                            |  |  |  |
|----------------------------|--|--|--|
| 4 Date<br><br>9/18/2015    | 5 Payee name<br><br>This is it   |  |  |
| 6 Amount (\$)<br><br>17.05 | 7 Payee address;                      City;                      State;                      Zip Code<br><br>2712 Blodgett<br><br>Houston Tx 77004 |  |  |

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

|  |   |  |  |
|--|---|--|--|
| 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 Georgia Provost   | 3 Filer ID (Ethics Commission filers)   |
| 4 Date<br>9/18/2015                                    | 5 Payee name<br>U.S Post Office  |   |
| 6 Amount (\$)<br>21.00                                 | 7 Payee address; City; State; Zip Code<br>4110 Almeda Rd<br><br>Houston Tx 77004 |   |
| 8 PURPOSE OF EXPENDITURE                               | (a) Category<br><br>Advertising Expense  | (b) Description<br><br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><br>Postage |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name  | office sought office held   |

|  |  |   |
|--|--|---|
| 4 Date<br>9/20/2015                                    | 5 Payee name<br>HEB  |   |
| 6 Amount (\$)<br>38.00                                 | 7 Payee address; City; State; Zip Code<br>6102 Scott<br><br>Houston Tx 77004 |   |
| 8 PURPOSE OF EXPENDITURE                               | (a) Category<br><br>Travel in District                                       | (b) Description<br><br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><br>Gas |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name  | office sought office held   |

|                          |  |                 |
|--------------------------|--|-----------------|
| 4 Date<br>9/20/2015      | 5 Payee name<br>KPFT   |                 |
| 6 Amount (\$)<br>100.00  | 7 Payee address; City; State; Zip Code<br>401 Lovett<br><br>Houston Tx 77006 |                 |
| 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 Georgia Provost   |  | 3 Filer ID (Ethics Commission filers)   |
|  | Contributions/Donations Made By Candidate/Officeholder/Political Committee | <input type="checkbox"/><br><input type="checkbox"/> | Check if travel outside of Texas, complete Schedule T<br>Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name  | office sought  | office held   |

|  |   |  |  |
|--|---|--|--|
| 4 Date<br>9/21/2015                                    | 5 Payee name<br>Kim Mayes   |  |  |
| 6 Amount (\$)<br>150.00                                | 7 Payee address; City; State; Zip Code<br>2510 Blodgett<br><br>Houston Tx 77004 |  |  |
| 8 PURPOSE OF EXPENDITURE                               | (a) Category<br><br>Advertising Expense   | <input type="checkbox"/><br><input type="checkbox"/> | (b) Description<br>Check if travel outside of Texas, complete Schedule T<br>Check if Austin, TX, officeholder living expense |
| 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 Georgia Provost   | 3 Filer ID (Ethics Commission filers)  |
| 4 Date<br>9/22/2015                                    | 5 Payee name<br>Malik Kenyata  |  |
| 6 Amount (\$)<br>125.00                                | 7 Payee address; City; State; Zip Code<br>7304 Mesa Rd<br><br>Houston Tx 77016 |  |
| 8 PURPOSE OF EXPENDITURE                               | (a) Category<br><br>Salaries/Wages/Contract Labor                              | (b) Description<br><br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name  | office sought office held  |

|  |  |   |
|--|--|---|
| 4 Date<br>9/22/2015                                    | 5 Payee name<br>ABC parking  |   |
| 6 Amount (\$)<br>5.00                                  | 7 Payee address; City; State; Zip Code<br>Preston St<br><br>Houston Tx 77021 |   |
| 8 PURPOSE OF EXPENDITURE                               | (a) Category<br><br>Fees   | (b) Description<br><br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><br>Parking |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name  | office sought office held   |

|                          |  |                 |
|--------------------------|--|-----------------|
| 4 Date<br>9/22/2015      | 5 Payee name<br>Chris Latson   |                 |
| 6 Amount (\$)<br>50.00   | 7 Payee address; City; State; Zip Code<br>2205 King St<br><br>Houston Tx 77028 |                 |
| 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 Georgia Provost  |  | 3 Filer ID (Ethics Commission filers)   |
|   | Contributions/Donations<br>Made By<br>Candidate/Officeholder/Political<br>Committee | <input type="checkbox"/><br><input type="checkbox"/> | Check if travel outside of Texas, complete Schedule T<br>Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct<br>expendituree 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.

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**