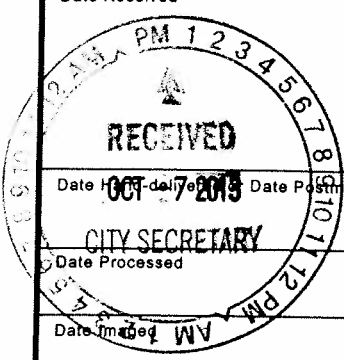




# AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

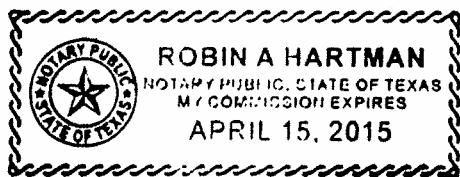
An exemption affidavit must be submitted with each paper report.

A candidate or officeholder who has accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY	
Date Received	
	
Date Handed	Date Postmarked
Date Processed	
Date Filed	

Filer name <u>JAMES S. HORWITZ</u>	Account # 
---------------------------------------	---------------

- I swear or affirm that I have not accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$20,000 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the 3<sup>rd</sup> day before election report due on 10/7/13. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.



[Signature]  
 Signature of Candidate or Officeholder

NOTARY STAMP / SEAL  
 Sworn to and subscribed before me by James S. Horwitz this the 7<sup>th</sup> day of October

2013 to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath  
ROBIN HARTMAN Print name of officer administering oath  
Notary Public Title of officer administering oath

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission Filers)

2 Total pages filed:

14

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

MR

FIRST

JAMES

MI

S

NICKNAME

LAST

HORWITZ

SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

4109 CAROLINE ST  
HOUSTON, TX 77004

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 521-0373

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

MR

FIRST

JERRY

MI

NICKNAME

LAST

BALAMONTE

SUFFIX

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

1402 HAROLD ST HOUSTON, TX 77006

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 528-0111

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (officeholder only)

July 15

8th day before election

Exceeded \$500 limit

Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year

8 / 23 / 2013

THROUGH

Month Day Year

10 / 7 / 2013

11 ELECTION

ELECTION DATE  
Month Day Year

11 / 5 / 2013

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

HOUSTON CITY COUNCIL  
AT LARGE #5

GO TO PAGE 2

OFFICE USE ONLY

Date Received

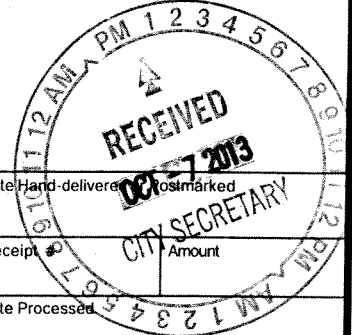
Date Hand-delivered or postmarked

Receipt #

Amount

Date Processed

Date Imaged



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME JAMES S HORWITZ 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 100 <sup>00</sup>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,490 <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 686 <sup>11</sup>
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,227 <sup>12</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,262 <sup>88</sup>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 600 <sup>00</sup>

18 AFFIDAVIT

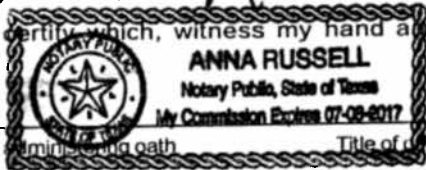
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said James Horwitz this the 7th day of October, 20 13, to

[Signature]  
Signature of officer administering oath



Printed name of officer Anna Russell Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1 of 3

2 FILER NAME

JAMES HORWITZ

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/2/13

5 Full name of contributor  out-of-state PAC (ID#:

Christian Sarkar

7 Amount of contribution (\$)

\$50<sup>00</sup>

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

12926 Kimberly  
Houston, TX 77079

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

marketing

10 Employer (See Instructions)

self

Date

9/3/13

Full name of contributor  out-of-state PAC (ID#:

Jim Ohmart

Amount of contribution (\$)

\$100<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4570 Inman St  
Houston TX 77020

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

Date

9/5/13

Full name of contributor  out-of-state PAC (ID#:

Thomas Noble

Amount of contribution (\$)

\$5,000

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

7242 Brennar's Place  
Dallas, TX 75214

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

LAWYER

Employer (See Instructions)

self

Date

9/6/13

Full name of contributor  out-of-state PAC (ID#:

Dr. Michael Hoffman

Amount of contribution (\$)

\$250<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

870 Lakeview Trail  
Lake McQueeney, TX 78123

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Doctor

Employer (See Instructions)

self

Date

9/7/13

Full name of contributor  out-of-state PAC (ID#:

Jane Polaski

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1200 Elm St.  
Austin, TX 78703

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

consultant in energy

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 of 3

2 FILER NAME

AMES S HORWITZ

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/11/13

5 Full name of contributor  out-of-state PAC (ID#:

Walter Henig

6 Contributor address; City; State; Zip Code

10925 Siglo Court  
San Diego, CA 92124

7 Amount of contribution (\$)

\$100<sup>00</sup>

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

retired

10 Employer (See Instructions)

retired

Date

9/15/13

Full name of contributor  out-of-state PAC (ID#:

JERRY Balamonte

Contributor address; City; State; Zip Code

1402 Harold  
Houston, TX 77006

Amount of contribution (\$)

\$100<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

printer

Employer (See Instructions)

A&T

Date

9/12/13

Full name of contributor  out-of-state PAC (ID#:

Laren Schiller

Contributor address; City; State; Zip Code

4408 Mesquite Springs Cove  
Austin, TX 78735

Amount of contribution (\$)

\$350<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

Date

9/12/13

Full name of contributor  out-of-state PAC (ID#:

Meelin Castillo

Contributor address; City; State; Zip Code

5402 Grape  
Houston, TX 77096

Amount of contribution (\$)

\$3,000<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

Date

9/28/13

Full name of contributor  out-of-state PAC (ID#:

Tom Dschinger

Contributor address; City; State; Zip Code

5415 Imogene  
Houston, TX 77096

Amount of contribution (\$)

\$125<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

parking department

Employer (See Instructions)

Rice University

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

3 of 3

2 FILER NAME

JAMES HORWITZ

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/1/13

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Sharon Lynn

6 Contributor address; City; State; Zip Code

Houston, TX

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

writer

10 Employer (See Instructions)

American Editor

Date

10/1/13

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

John Donisi

Contributor address; City; State; Zip Code

401 Congress Ave  
Austin, TX 78701

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

lawyer

Employer (See Instructions)

Winstead

Date

10/2/13

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Lawrence Rosenberg

Contributor address; City; State; Zip Code

1316 W. Pierce  
Houston, TX 77019

Amount of contribution (\$)

\$75.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

land ownership representative

Employer (See Instructions)

Cherbon

Date

9/16/13

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Jerry Kluchin

Contributor address; City; State; Zip Code

8725 Meadowcroft Dr.  
Houston TX 77063

Amount of contribution (\$)

\$940.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

scrap metal

Employer (See Instructions)

self

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B: 1

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES:      ⇒      ⇒      ⇒      ⇒      ⇒      ⇒      \$

5 Date

6 Full name of pledgor       out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address;      City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor       out-of-state PAC (ID#: \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;      City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor       out-of-state PAC (ID#: \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;      City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor       out-of-state PAC (ID#: \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;      City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor       out-of-state PAC (ID#: \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;      City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

JAMES S HORWITZ

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$ 600<sup>00</sup>

5 Date of loan

8/23/13

7 Name of lender

JAMES HORWITZ

out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

\$500-

6 Is lender a financial institution?

Y  N

8 Lender address; City; State; Zip Code

4109 Caroline  
Houston, TX 77004

10 Interest rate

0%

11 Maturity date

on demand

12 Principal occupation / Job title (See Instructions)

lawyer

13 Employer (See Instructions)

self

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

\$100<sup>00</sup> was, \$500<sup>00</sup> paid for filing

16 GUARANTOR INFORMATION

not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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



# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>1062</b>		2 FILER NAME <b>JAMES S. HORWITZ</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>9/24/13</b>		5 Payee name <b>CBS Outdoor</b>			
6 Amount (\$) <b>\$5,899<sup>50</sup></b>		7 Payee address; City; State; Zip Code <b>185 US Highway #6, Fairfield, NJ 07004</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>advertising expense</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>rental of billboard</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>James Horwitz</b>		Office sought / Office held <b>Houston City Council at Large #5</b>	
Date <b>9/16/13</b>		Payee name <b>Signs On the Cheap</b>			
Amount (\$) <b>\$496<sup>03</sup></b>		Payee address; City; State; Zip Code <b>11525A Stone Hollow Dr. #102 Austin, TX 78758</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>advertising expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>political yard signs</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>James Horwitz</b>		Office sought / Office held <b>Houston City Council at Large #5</b>	
Date <b>9/16/13</b>		Payee name			
Amount (\$) <b>\$283<sup>07</sup></b>		Payee address; City; State; Zip Code <b>PO BOX 842882, Boston, MA 02284-2882</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>advertising expenses</b>		Description (If travel outside of Texas, complete Schedule T) <b>banners and pushcarts</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>JAMES HORWITZ</b>		Office sought / Office held <b>Houston City Council at Large #5</b>	
Date <b>9/3/13 to 10/2/13</b>		Payee name <b>Mainly Sandwiches</b>			
Amount (\$) <b>\$1182<sup>53</sup></b>		Payee address; City; State; Zip Code <b>3310 S. Shepherd Dr. Houston, TX 77098</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>food/beverage expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>taking people to lunch</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>JAMES HORWITZ</b>		Office sought / Office held <b>Houston City Council at Large #5</b>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>2002</b>	2 FILER NAME <b>JAMES S HORWITZ</b>	3 ACCOUNT # (Ethics Commission Filers)
--	--	--

4 Date	5 Payee name <b>FACE BOOK</b>
--------	----------------------------------

6 Amount (\$)	7 Payee address; City; State; Zip Code <b>156 University Ave. Palo Alto, CA 94301-1605</b>
---------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>advertising expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>boost ads</b>
--------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>JAMES HORWITZ</b> • <u>Office sought</u> <b>Houston City Council at Large #5</b> <u>Office held</u>
---	---

Date <b>9/16/13</b>	Payee name <b>Jewish Herald-Voice</b>
------------------------	--

Amount (\$) <b>\$940<sup>00</sup></b>	Payee address; City; State; Zip Code <b>3403 Audley Houston, TX 77098</b>
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>advertising expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>ad in weekly newspaper</b>
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>JAMES HORWITZ</b> • <u>Office sought</u> <b>Houston City Council at Large #5</b> <u>Office held</u>
---	---

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure 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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 1	<b>2</b> FILER NAME JAMIE S HORWITZ	<b>3</b> ACCOUNT # (Ethics Commission Filers)
---------------------------------------	--	---

<b>4</b> Date 8/23/13	<b>5</b> Payee name City of Houston
--------------------------	--

<b>6</b> Amount (\$) \$500- <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 901 Bagby Houston, TX 77002
---	--

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees (Filing fee)	(b) Description (If travel outside of Texas, complete Schedule T) filing fee for candidacy
---------------------------------	---	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule H: <u>1</u>	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Business name	
<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

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# 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: 1		<b>2</b> FILER NAME		<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		<b>(a)</b> Category (See instructions for examples of acceptable categories)		<b>(b)</b> Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See instructions for examples of acceptable categories)		<b>(b)</b> Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See instructions for examples of acceptable categories)		<b>(b)</b> Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See instructions for examples of acceptable categories)		<b>(b)</b> Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See instructions for examples of acceptable categories)		<b>(b)</b> Description (See instructions regarding type of information required.)	

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# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: /

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

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# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: /

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

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