# 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: 48
3 CANDIDATE / OFFICEHOLDER NAME	Ms/MRs/MR FIRST Mr. Jew	MI Don	OFFICE USE ONLY
	NICKNAME LAST Boney	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address		city; state; zip code buston, TX 77288	RECEIVED  OCT 24 2015  CITY SECRETARY
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 281 ) 702-9988	EXTENSION	Date Hand-delivered or Data Postmarked
6 CAMPAIGN TREASURER	Ms/MRs/MR FIRST Dorca	МІ	Receipt # Amount \$
NAME	NICKNAME LAST  Medina Boney	SUFFIX	Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	,	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (832) 618-6619	EXTENSION	
9 REPORT TYPE	January 15 X 30th day before electrical Sth day before electrical Statement (1997).		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 07 / 01. / 2015	Month 09	Day Year 24 2015
11 ELECTION	ELECTION DATE  Month Day Year Primary  11 03 2015 X General	ELECTION TYPE  Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)  Council Member District	D City Controlle	er
	GO ТО І	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	Filer ID (Ethics Commission Filers)
Jew Don Bor	ney		Ther is (Ethics Commission Fliers)
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	
	X GENERAL	Jew Don Boney Campaign for Co	ntroller
	SPECIFIC	COMMITTEE ADDRESS	
	SPECIFIC	P.O. Box 8447, Houston, TX 77	288
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		Dorca Medina Boney	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		2503 Rosedale St, Houston, TX	77004
17 CONTRIBUTION TOTALS	4	I POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
	1	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$5,875.00
EXPENDITURE TOTALS	1 3 TOTAL DOLLTICAL EXPENDITURES OF \$100 OR LESS		\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ \$5,762.65
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ \$1,461.41		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$		
18 AFFIDAVIT			
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.	
		Jaw lon	date or Office holder
AFFIX NOTARY STAM	IP/SEALABOVE		1
Sworn to and subsc	har		this the
day of	<u>-5 5,</u> 20 <u>10</u> ,	to certify which, witness my hand and seal of office.	1
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath

## **SUBTOTALS - COH**

#### FORM C/OH COVER SHEET PG 3

	COVER	SHEET PG 3
19 FILER NAME	20 Filer ID (Ethics Co	mmission Filers)
Jew Don Boney		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ \$5,875.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBU	TIONS	\$ \$5,762.65
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRI	BUTIONS	\$
8. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
9. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSIN	ESS OF C/OH	\$
10. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS	\$
11. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTE RETURNED TO FILER	ONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS  4. SCHEDULE E: LOANS  5. SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBU  6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS  8. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS  9. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSIN  10. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  11. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	BUTIONS  ESS OF C/OH  CONTRIBUTIONS	\$ \$ \$ \$ \$,762.65 \$ \$ \$ \$

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Jew Don Boney		3 Filer ID (Ethics Commission Filers)	
4 Date 09/06/2015	5 Full name of contributorout-of-state PAC (ID#:)  Allen, Ruby  6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$) \$20.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date 09/06/2015	Bailey, Andra	; Zip Code	Amount of contribution (\$) \$15.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 09/06/2015	Full name of contributor	(ID#:)  Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	iions)
Date 08/01/2015	Barnestone, Gertrude	(ID#:) ; Zip Code Houston TX 77005	Amount of contribution (\$)
Principal occup Retired	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jew Don Boney 5 Full name of contributor \_\_\_ out-of-state PAC (ID#:\_\_\_ 4 Date 7 Amount of contribution (\$) Borden, Sahelerria 09/06/2015 \$10.00 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date ut-of-state PAC (ID#: Amount of contribution (\$) Bowman, Michelle 08/20/2015 \$200.00 Contributor address; City; State; Zip Code 9102 Meaux Dr. Houston, TX 77031 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) Brown, Kendra 09/06/2015 \$25.00 City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Nurse Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:\_\_\_\_ Brown, Cheryl \$20.00 Contributor address; City; State; Zip Code 08/20/2015 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.

			JOHESSEE 711
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Jew Doi	n Boney		3 Filer ID (Ethics Commission Filers)
4 Date 09/06/2015	Bryant, Anthony	C (ID#)	7 Amount of contribution (\$) \$25.00
O Drincingloccu	pation / Job title (See Instructions)		
6 Filldipal occu	pation / Job title (See matidotions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
09/06/2015	Contributor address; City; State 5218 Teirwester, Houston, TX 7		\$100.00
Principal occup	pation / Job tifle (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
09/06/2015	Contributor address; City; State	; Zip Code	\$10.00
Principal occup Nurse	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
09/06/2015	Contributor address; City; State	; Zip Code	\$25.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES O  If contributor is out-of-state PAC, please see instr		

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Jew Dor	n Boney		3 Filer ID (Ethics Commission Filers)
4 Date 09/10/2015	5 Full name of contributorout-of-state PAC ( Coleman, Garnet  6 Contributor address; City; State; 5445 Almeda, Ste 501, Houston, T	·	7 Amount of contribution (\$) \$500.00
·	pation / Job title (See Instructions) resentative for District 147	9 Employer (See Instruc State of Texas	tions)
Dáte 09/06/2015	Full name of contributor	Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 09/06/2015	Full name of contributor out-of-state PAC of Dean, Cara  Contributor address; City; State;	(ID#:) Zip Code	Amount of contribution (\$) \$10.00
Principal occup Nurse	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 09/06/2015	Dubnel, A	(ID#:)	Amount of contribution (\$) \$25.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF		

The	Instruction Guide explains how to complete this f	orm.	<b>1</b> Total pages Schedule A1:
2 FILER NAME Jew Dor	n Boney		3 Filer ID (Ethics Commission Filers)
4 Date	<b>5</b> Full name of contributor out-of-state PAC (ID#:)  East, Ella		7 Amount of contribution (\$)
09/06/2015	6 Contributor address; City; State;	ı	\$25.00
	3302 Sparrow, Houston, IX 77031		
8 Principal occu	pation / Job title (See Instructions)	) Employer (See Instruct	ions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
09/06/2015		Zip Code	\$25.00
	302 Annes Way, Stafford, TX 7747	77	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
09/06/2015	Eyob, Aster Contributor address; City; State;	Zip Code	\$25.00
Nurse	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		ID#:)	Amount of contribution (\$)
09/06/2015	Ezell, Erik Contributor address; City; State;	Zip Code	\$25.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instru		

The	Instruction Guide explains how to complete this for	·m.	<b>1</b> Total pages Schedule A1: 6
2 FILER NAME Jew Dor	Boney		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#	<i>‡</i> :)	7 Amount of contribution (\$)
09/07/2015	6 Contributor address; City; State;	Zip Code	\$25.00
	2203 N. Fountain Valley Dr., Misson	ıri City, TX 774	59
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructi	ons)
Date		#:)	Amount of contribution (\$)
09/06/2015	Goodrich, Earnest B. & Norma M.  Contributor address; City; State;	Zip Code	\$50.00
	19935 Mountain Dale Dr. Cypress, 5	TX 77433	
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	#:)	Amount of contribution (\$)
09/06/2015	Grant, Rodney Contributor address; City: State:	Zip Code	\$10.00
Principal occu Nurse	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID	)#:)	Amount of contribution (\$)
09/06/2015	Green, Emmuel Contributor address; City; State;	Zip Code	\$10.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE ction guide for additional	EEDED reporting requirements.

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Jew Dor	ı Boney		3 Filer ID (Ethics Commission Filers)
4 Date		(ID#:)	7 Amount of contribution (\$)
09/06/2015	Hays, Gloria  6 Contributor address; City; State;	Zip Code	\$10.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
09/06/2015	Contributor address; City; State;	Zip Code	\$25.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
09/08/2015	Hilliard, Bishop I.V. & Bridget Contributor address; City; State;		\$1,000.00
	19525 Doerre Rd., Spring, TX 773	379	
Principal occup Pastor	eation / Job title (See Instructions)	Employer (See Instruct New Light Chur	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
09/06/2015		Zip Code	\$25.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES O		

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Jew Dor	n Boney		3 Filer ID (Ethics Commission Filers)
4 Date		(ID#:)	7 Amount of contribution (\$)
09/06/2015	Holley, Vicke  Contributor address; City; State	Zip Code	\$25.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
09/06/2015	Contributor address; City; State	Zip Code	\$60.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
09/06/2015	Contributor address; City; State	Zip Code	\$25.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
09/06/2015	Contributor address; City; State	; Zip Code	\$10.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 9 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jew Don Boney 4 Date 5 Full name of contributor \_\_\_ out-of-state PAC (ID#\_\_\_\_ 7 Amount of contribution (\$) Johnson, W 09/06/2015 \$10.00 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_ Date Amount of contribution (\$) Jones, Sandra 09/06/2015 City; State; Zip Code \$10.00 Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) Luthuli, Omowale City; State; Zip Code 09/06/2015 \$25.00 Contributor address; 3329 Ozark, Houston, TX 77021 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$)

Date Full name of contributor \_\_out-of-state PAC (ID#:\_\_\_\_\_\_) Amount of contribution (\$)

Madison, Thaddeus

Contributor address; City; State; Zip Code \$25.00

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.

## SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Jew Don Boney		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC Meek, Clara	E (ID#:)	7 Amount of contribution (\$)
09/07/2015	6 Contributor address: City; State 4389 Fiesta Ln., Houston, TX 770	,	\$100.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
09/06/2015	Contributor address; City; State	e; Zip Code	\$10.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
09/06/2015	Contributor address; City; State	; Zip Code	\$10.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC  Nash, C Earl	C (ID#:)	Amount of contribution (\$)
08/22/2015	Contributor address; City; State 5106 Dowling St., Houston, TX 77		\$300.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EEDED

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

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 11 Jew Don Boney 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Nelson, Marguise \$10.00 City; State; Zip Code 09/06/2015 6 Contributor address; 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:\_\_\_ Amount of contribution (\$) Full name of contributor Date Patton, Audrey \$10.00 . . . . . . . . . . . . . . . . . . . 08/20/2015 City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:\_\_\_\_\_ Date Reggans, John \$20.00 City: State; Zip Code 08/20/2015 Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Date Rodriguez, Anthony City; State; Zip Code . . . . . . . . . . . . . . . . . \$250.00 09/17/2015 Contributor address; 11018 Seminole Spring Ln. Houston, TX 77089

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

Employer (See Instructions)

Principal occupation / Job title (See Instructions)

### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Jew Dor	n Boney		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Sanyika, Mtangulizi	(ID#;)	7 Amount of contribution (\$)
09/10/2015	6 Contributor address: City: State: 11926 Fortune Park Dr., Houston,		\$30.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
08/28/2015	Contributor address; City; State;		\$100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	(ID#)	Amount of contribution (\$)
08/06/2015	Contributor address; City: State; 500 Normandy St., Houston, TX 77	Zip Code	\$200.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	· ·	(ID#:)	Amount of contribution (\$)
08/20/2015	Stoney, Vascola Contributor address; City; State;	Zip Code	\$50.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
	ATTACH ADDITIONAL COPIES Of		

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

The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:				
Jew Don Boney			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)	
	Tewolde, Haddis			
09/06/2015	6 Contributor address; City; State	e; Zip Code	\$100.00	
	16130 Padons Trace, Missouri Ci	ty, TX 77489		
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)	
00/05/0015	Thomas, Dwight			
09/06/2015	Contributor address; City; State	e; Zip Code	\$50.00	
v v v				
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)	
			,	
Date	Full name of contributor out-of-state PAI	C (ID#:)	Amount of contribution (\$)	
00/06/0015	Wagner, Dorothy		\$25.00	
09/06/2015	Contributor address; City; State	e; Zip Code	\$25.00	
Principal occupation / Job title (See Instructions) Employer (See Instruc		tions)		
Date	Full name of contributor	C (ID#:	Amount of contribution (\$)	
Date	Wald, Jerry	O (IU#)	Amount of contribution (c)	
08/20/2015		· · · · · · · · · · · · · · · · · · ·	\$20.00	
	Contributor address; City; Stati	e; Zip Code	12000	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
- Junior - J				
	ATTACH ADDITIONAL COPIES ( If contributor is out-of-state PAC, please see ins			

#### SCHEDULE A1

The Instruction Guide explains how to complete this form.  2 FILER NAME Jew Don Boney  14 Date  5 Full name of contributor   Substitutions   S				OUNEDULE AT
Jew Don Boney  14  4 Date 5 Full name of contributor   out-of-state PAC (IDF)   7 Amount of contribution (s)  8 Principal occupation / Job title (See Instructions)  Date Full name of contributor   out-of-state PAC (IDF)   Amount of contribution (s)  8 Principal occupation / Job title (See Instructions)  Date Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Date Full name of contributor   out-of-state PAC (IDF)   Amount of contribution (s)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date Full name of contributor   out-of-state PAC (IDF)   Amount of contribution (s)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (s)  ### Amoun	The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
Walker, Kevin  09/06/2015  8 Principal occupation / Job title (See Instructions)  Date  Full name of contributor Walsek, Jacek  08/20/2015  Contributor address:  City: State: Zip Code  Full name of contributor Walsek, Jacek  08/20/2015  Contributor address:  City: State: Zip Code  \$100.00  Frincipal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Ward, Monica  09/06/2015  Contributor address:  City: State: Zip Code  \$10.00  Frincipal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Employer (See Instructions)  Amount of contribution (\$)  Amount of contribution (\$)  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Full name of contributor Ward, Monica  City: State: Zip Code  \$10.00  Amount of contribution (\$)  Amount of contribution (\$)  Amount of contribution (\$)  Contributor address:  City: State: Zip Code  \$10.00				
8 Principal occupation / Job title (See Instructions)  Date Full name of contributor Walsek, Jacek  08/20/2015 Contributor address: City: State: Zip Code  Full name of contribution (\$)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Sales  Date Full name of contributor Ward, Monica  09/06/2015 Contributor address: City: State: Zip Code \$10.00  Frincipal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Full name of contributor Washington, DeAundrea  O9/15/2015 Contributor address: City: State: Zip Code \$10.00  \$150.00  Amount of contribution (\$)  Washington, DeAundrea  Contributor address: City: State: Zip Code \$150.00	4 Date		C (ID#:)	7 Amount of contribution (\$)
Date Full name of contributor walsek, Jacek  08/20/2015 Contributor address: City: State: Zip Code \$100.00  Principal occupation / Job title (See Instructions)  Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Washington, DeAundrea  09/15/2015 Contributor address: City: State: Zip Code \$150.00	09/06/2015	6 Contributor address; City; State	∍; Zip Code	\$15.00
Walsek, Jacek  Contributor address: City: State: Zip Code \$100.00  Principal occupation / Job title (See Instructions)  Sales  Date Full name of contributor   cut-of-state PAC (ID#   State; Zip Code   State; Zi	8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instruc	l :tions)
Contributor address: City: State: Zip Code 5710.00  Principal occupation / Job title (See Instructions)  Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$)  Ward, Monica  09/06/2015 Contributor address: City: State: Zip Code \$10.00  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Washington, DeAundrea  09/15/2015 Contributor address: City: State: Zip Code \$150.00  2200 Business Center Dr. Apt 1208, Pearland, TX 77584		tonism)	C (ID#)	Amount of contribution (\$)
Date Full name of contributor   out-of-state PAC (ID#:	08/20/2015	,		\$100.00
Ward, Monica  Contributor address; City; State; Zip Code \$10.00  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) Washington, DeAundrea  09/15/2015 Contributor address; City; State; Zip Code \$150.00  2200 Business Center Dr. Apt 1208, Pearland, TX 77584		pation / Job title (See Instructions)	Employer (See Instruct	tions)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Pate Full name of contributor out-of-state PAC (ID# Amount of contribution (\$)  Washington, DeAundrea  09/15/2015 Contributor address; City: State: Zip Code  2200 Business Center Dr. Apt 1208, Pearland, TX 77584	Date		C (ID#:)	Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$)  Washington, DeAundrea  09/15/2015 Contributor address; City; State; Zip Code  2200 Business Center Dr. Apt 1208, Pearland, TX 77584	09/06/2015	Contributor address; City; State	g Zip Code	\$10.00
Washington, DeAundrea  09/15/2015  Contributor address; City; State; Zip Code  2200 Business Center Dr. Apt 1208, Pearland, TX 77584	Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Contributor address; City; State; Zip Code  2200 Business Center Dr. Apt 1208, Pearland, TX 77584		sat or state title	C (ID#)	Amount of contribution (\$)
				•
	MARKET NO STREET PROJECT OF THE STREET			

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

The	Instruction Guide explains how to complete this	; form.	1 Total pages Schedule A1:
2 FILER NAME Jew Dor	n Boney		3 Filer ID (Ethics Commission Filers)
4 Date 07/11/2015	Wells, Judy Reed & Robert		7 Amount of contribution (\$) \$20.00
8 Principal occu Owner/Oper	pation / Job title (See Instructions)	9 Employer (See Instruc Wells & Son LLC (	tions) Carpet Cleaning/ Floor Care
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$) \$10.00
09/06/2015	Contributor address; City; State	e; Zip Code	\$10.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 09/04/2015	Full name of contributor		Amount of contribution (\$) \$100.00
	Contributor address; City: State  1302 Waugh Dr., #935, Houston, T		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
08/20/2015	Contributor address; City; State	e; Zip Code	\$25.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

		WWW.		
The	Instruction Guide explains how to complete this	form.	<b>1</b> Total pages Schedule A1:	
2 FILER NAME Jew Dor	n Boney		3 Filer ID (Ethics Commission Filers)	
4 Date	<b>5</b> Full name of contributor out-of-state PAC Womack, Gerald W.	C (ID#:)	7 Amount of contribution (\$)	
09/09/2015	6 Contributor address; City; State 4412 Almeda Rd., Houston, TX 770		\$500.00	
·	pation / Job title (See Instructions)	9 Employer (See Instruc	·	
Realtor		Womack Developme	ent	
Date	Full name of contributor out-of-state PAC Dennis Haskin	C (ID#:)	Amount of contribution (\$)	
08/20/2015	Contributor address; City; State		\$500.00	
	8818 Sun Haven Lin Pearland, IX	//584		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Marketing		Haskin Market	ing LLC	
Date	Full name of contributor out-of-state PAC  Dennis Haskin	C (ID#:)	Amount of contribution (\$)	
08/20/2015	Contributor address; City; State; Zip Code \$500.00			
	8818 Sun Haven Ln Pearland, TX	77564		
	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Marketing		Haskin Marketi	ng LLc	
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
	Contributor address; City; State; Zip Code			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
	ATTACH ADDITIONAL COPIES O			
	If contributor is out-of-state PAC, please see instr	i uction quiue for additional	reporting requirements.	

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:
2 FILER NAME Jew Don Boney			3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	6 Full name of contributor out-of-state PAC (ID#:		8 Amount of . 9 In-kind contribution Contribution \$ . description
	7 Contributor address; City; State; Zip Cod	 de	
			Check if travel outside of Texas, complete Schedule T
	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	<b>11</b> Employe	er (FOR NON-JUDICIAL)(See Instructions)
	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL)(See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	
Date	Full name of contributor	)	Amount of . In-kind contribution Contribution \$ . description
	Contributor address; City; State; Zip Cod	de	
	j ·	***************************************	Check if travel outside of Texas, complete Schedule T
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL)(See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
·			
	ATTACH ADDITIONAL COPIES OF T		
11	contributor is out-of-state PAC, please see instruction	i quide for a	dditional reporting requirements.

#### PLEDGED CONTRIBUTIONS SCHEDULE B 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jew Don Boney 4 TOTAL OF UNITEMIZED PLEDGES 5 Date 6 Full name of pledgor out-of-state PAC (ID#:\_ Amount . 9 In-kind contribution of Pledge \$. description 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas, complete Schedule T 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Amount In-kind contribution of Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas, complete Schedule T Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of In-kind contribution Full name of pledgor \_\_\_\_ out-of-state PAC (ID#:\_\_ Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas, complete Schedule T Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Full name of pledgor Date out-of-state PAC (ID#:\_\_ Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas, complete Schedule T Employer (See Instructions) Principal occupation / Job title (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 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 1 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jew Don Boney 4 TOTAL OF UNITEMIZED LOANS \$ 5 Date of loan 7 Name of lender out-of-state PAC (ID#:\_\_ 9 Loan Amount (\$) 6 Is lender 8 Lender address; 10 Interest rate City; State; Zip Code a financial Institution? 11 Maturity date 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Loan Amount (\$) out-of-state PAC (ID# Interest rate Is lender Lender address; State; Zip Code City; a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none GUARANTOR Name of guarantor Amount Guaranteed (\$) INFORMATION Guarantor address; City; State; Zip Code not applicable 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.

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
1	Jew Don Boney		
4 Date	5 Payee name		
07/02/2015	Kwik Kopy Business Solutions		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$32.48	4001 San Jacinto St., Houston, T	X 77004	
8	(a) Category (See categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel outside of Texas, complete Schedule T	
OF EXPENDITURE	Printing Expense	Check if Austin, TX, officeholder living expense	
EXI ENDITORE	5 1		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholdername  Jew Don Boney	Office sought Office held City Controller	
Date	Payee name		
07/02/2015	Harris County Tejano Democrats		
07/02/2013			
Amount (\$)	Payee address; City; State; Zip Code		
\$50.00	3715 North Main St., Houston, TX	77009	
\$50.00	3,13 Notell Latin Bet, meabour, 111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Texas, complete Schedule T	
OF	Contributions/Donations	Check if Austin, TX, officeholder living expense	
EXPENDITURE			
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/OF	d Jew Don Boney	City Controller	
Date	Payee name		
07/02/2015	T-Mobile		
Amount (\$)	Payee address; City; State; Zip Code		
` `	•	-	
\$238.99	P.O. Box 660252, Dallas, TX 7526		
0	Category (See categories listed at the top of this schedule)	Description	
	Category (See categories asted at the top of this scriedule)	Check if travel outside of Texas, complete Schedule T	
PURPOSE OF	7	Check if Austin, TX, officeholder living expense	
EXPENDITURE	Fees		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
complete QNLT is ullect		City Controller	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a extension coefficient of the coefficient)

Contributions/Donations Made B Candidate/Officeholder/Politica	· · · · · · · · · · · · · · · · · · ·	xpense Travel Out Of District Vages/Contract Labor Other (enter a category not listed above)
	The Instruction Guide explains how to o	complete this form.
1 Total pages Schedule F1: 2	2 FILER NAME Jew Don Boney	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
07/12/2015	Hobbit Cafe	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$40.50	2243 Richmond Ave, Houston, TX	77098
8	(a) Category (See categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas, complete Schedule T
OF EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF	H Jew Don Boney	City Controller
Date	Payee name	
07/28/2015	Kwik Kopy Business Solution	
Amount (\$)	Payee address; City; State; Zip Code	!
\$182.94	4001 San Jacinto St. Houston, T.	X 77004
	Category (See categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas, complete Schedule T
OF EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
LAI LIIDITORE	<u> </u>	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH	Jew Don Boney	•
Date	Payee name	
07/30/2015	Dot Coffee Shop	
0.7,507,2015	bot corree shop	
Amount (\$)	Payee address; City; State; Zip Code	
\$21.87	7006 I-45 South, Houston, TX 77	087
	Category (See categories listed at the top of this schedule)	Description
PURPOSE OF		Check if travel outside of Texas, complete Schedule T
EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
	, ,	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH	Jew Don Boney	City Controller
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

## SCHEDULE F1

#### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica		Vages/Contract Labor Other (enter a category not listed above)
	The Instruction Guide explains how to o	•
<b>1</b> Total pages Schedule F1:	2 FILER NAME Jew Don Boney	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
07/26/2015	Whole Foods	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$115.05	701 Waugh Dr. Houston, TX 77019	
8	(a) Category (See categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas, complete Schedule T
OF EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H Jew Don Boney	Office sought Office held City Controller
Date	Payee name	
07/07/2015	Ferrell Phelps Photography	
Amount (\$)	Payee address; City; State; Zip Code	
\$243.45	5222 FM 1960 West, Houston TX 7	7069
	Category (See categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas, complete Schedule T
OF EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
O STATE ONLY IS A STATE OF	Candidate / Officeholder name	Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	-	
Date	Payee name	
07/08/2015	Dorca Medina Boney	
Amount (\$)	Payee address; City; State; Zip Code	
\$100.00	P.O. Box 8447 Houston, TX 77288	
	Category (See categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas, complete Schedule T
OF EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
O LL CHIVE	Candidate / Officeholder name	Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O		City Controller
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)			
The Instruction Guide explains how to complete this form.			
<b>1</b> Total pages Schedule F1:	2 FILER NAME Jew Don Boney	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name	1	
07/10/2015	NBUF Houston		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
120.00	2428 Southmore Blvd, Houston, TX	77004	
8	(a) Category (See categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel outside of Texas, complete Schedule T	
OF EXPENDITURE	Contributions/Donation	L Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Jew Don Boney	Office sought Office held City Controller	
Date	Payee name		
07/14/2015	Dorca Medina Boney		
Amount (\$)	Payee address; City; State; Zip Code		
\$177.00	P.O. Box 8447, Houston, TX 7728	8	
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Texas, complete Schedule T	
OF EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Jew Don Boney	Office sought Office held	
Date	Payee name		
08/02/2015	T-Mobile		
Amount (\$)	Payee address; City; State; Zip Code		
\$283.31	P.O. Box 660252 Dallas TX 75266		
PURPOSE	Category (See categories listed at the top of this schedule)	Description  Check if travel outside of Texas, complete Schedule T	
OF EXPENDITURE	Fees	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Jew Don Boney	Office sought Office held City Controller	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1: 5	2 FILER NAME Jew Don Boney	3 Filer ID (Ethics Commission Filers)	
4 Date 08/03/2015	5 Payee name Dot Coffee Shop		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$42.00	7006 I-45 South Houston, TX 7708	37	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  Food/Beverage Expense	(b) Description  Check if travel outside of Texas, complete Schedule T  Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I Jew Don Boney	Office sought Office held City Controller	
Date	Payee name		
08/06/2015	City of Houston Parking		
Amount (\$) \$6.00	Payee address; City; State; Zip Code		
_	Category (See categories listed at the top of this schedule)	Description	
PURPOSE OF		Check if travel outside of Texas, complete Schedule T  Check if Austin, TX, officeholder living expense	
EXPENDITURE	Fees	Gradient dam, tree substitution and graphics	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholdername Jew Don Boney	Office sought Office held	
Date	Payee name		
08/11/2015	On the Way Gas Station		
Amount (\$)	Payee address; City; State; Zip Code		
\$20.00	2705 Reed Rd., Houston, TX 77051		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Travel In District	Description  Check if travel outside of Texas, complete Schedule T  Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Jew Don Boney	Office sought Office held City Controller	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking
Consulting Expense
Contributions/Donations Made By

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)			
The Instruction Guide explains how to complete this form.			
<b>1</b> Total pages Schedule F1:	2 FILER NAME Jew Don Boney	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
08/14/2015	Star Stop 60		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$20.00	2111 Southmore Houston, TX 77004	1	
8	(a) Category (See categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel outside of Texas, complete Schedule T	
OF EXPENDITURE	Travel In District	Check if Austin, TX, officeholder living expense	
EXTENDITORE			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name  Jew Don Boney	Office sought Office held City Controller	
	- Gew Boll Bolley	crey concrete	
Date	Payee name		
08/16/2015	New Light Church		
Amount (\$)	Payee address; City; State; Zip Code		
\$52.00	11233 Crown Park Dr., Ste A, Ho	uston TX 77067	
•	TIESS CLOWN LAIN DI., DEC 11, 110	abcon, in 17007	
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Texas, complete Schedule T	
OF	Garatari bashi awa (Dawahi awa	Check if Austin, TX, officeholder living expense	
EXPENDITURE	Contributions/Donations		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/OH Jew Don Boney			
Date	Payee name		
08/18/2015	U.S. Postal Service		
Amount (\$)	Payee address; City; State; Zip Code		
\$94.00	4110 Almeda Rd., Houston, TX 7	7004	
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Texas, complete Schedule T	
OF EXPENDITURE	Fees	Check if Austin, TX, officeholder living expense	
EXI ENDITORE			
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/OH	Jew Don Boney	City Controller	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)			
The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	<b>2</b> FILER NAME Jew Don Boney	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
08/19/2015	Office Depot/OfficeMax		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$32.48	5134 Richmond Ave Houston, TX 7	7056	
8	(a) Category (See categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel outside of Texas, complete Schedule T	
OF	Advertising Expense	Check if Austin, TX, officeholder living expense	
EXPENDITURE			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name H Jew Don Boney	Office sought Office held City Controller	
Date:	Payee name		
08/20/2015	Party City		
Amount (\$)	Payee address; City; State; Zip Code		
\$41.22	3225 Southwest Frwy Houston, TX 77027		
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Texas, complete Schedule T	
OF	   Solicitation/Fundraising Expense	Check if Austin, TX, officeholder living expense	
EXPENDITURE	BOILCICACION, Fundralising Expense		
		Office sought Office held	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit oron	Jew Don Boney		
Date	Payee name		
08/19/2015	Batteries Plus Bulbs		
Amount (\$)	Payee address; City; State; Zip Code		
404.00	4774 Beechnut St, Houston, TX 7	77096	
\$94.00	4//4 Beechnut St, Houston, IX	77096	
	Category (See categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Texas, complete Schedule T	
OF		Check if Austin, TX, officeholder living expense	
EXPENDITURE	Event Expense		
Complete ONLY if disease	Candidate / Officeholder name	Office sought Office held	
Complete ONLY if direct expenditure to benefit C/OI		City Controller	
	<u>-</u>		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (online) a related page 1 of the control of the

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)						
The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME Jew Don Boney  3 Filer ID (Ethics Commission Filers)					
4 Date	5 Payee name					
08/19/2015	Fadi's Mediterranean Grill					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$45.92	4738 Beechnut St Houston, TX 770	96				
8	(a) Category (See categories listed at the top of this schedule)	(b) Description				
PURPOSE		Check if travel outside of Texas, complete Schedule T				
OF	Food/Beverage Expense	Check if Austin, TX, officeholder living expense				
EXPENDITURE						
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held				
expenditure to benefit C/OF		City Controller				
Date	Payee name					
08/21/2015	Micro Center					
Amount (\$)	Payee address; City; State; Zip Code					
\$101.71	\$101.71 5305 South Rice Ave Houston TX 77081					
	Category (See categories listed at the top of this schedule)	Description				
PURPOSE		Check if travel outside of Texas, complete Schedule T				
OF		Check if Austin, TX, officeholder living expense				
EXPENDITURE	Office Overhead Expense					
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held				
expenditure to benefit C/OF	Jew Don Boney	-				
Date	Payee name					
08/20/2015	Abears' Catering Service					
08/20/2015	Abears catering betvice					
Amount (\$)	Payee address; City; State; Zip Code					
	GCOE Deviler Dd Harrie MV GGO1C					
\$50.00	7605 Parker Rd Houston TX 77016					
		T				
	Category (See categories listed at the top of this schedule)	Description				
PURPOSE OF		Check if travel outside of Texas, complete Schedule T				
EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held				
expenditure to benefit C/OF	Jew Don Boney	City Controller				
ATTAQUADDITIONAL GODIEG CETURO COUEDURE A QUEEDED						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

## SCHEDULE F1

#### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)					
The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME Jew Don Boney		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name		3		
08/28/2015	Micro Center				
6 Amount (\$)	7 Payee address; City; State; Zip Code		***************************************		
\$164.49	5305 South Rice Ave Houston TX 7	77081			
8	(a) Category (See categories listed at the top of this schedule)	(b) Description	- 101		
PURPOSE	Check if travel outside of Texas, complete Schedu				
OF ·	Office Overhead Expense	Check if Austi	n, TX, officeholder living expense		
EXPENDITURE	Office Overhead Expense				
O Complete CNIIV is direct	Candidate / Officeholder name	Office sought	Office held		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		City Cont			
Date	Payee name				
08/28/2015	Chawla's Citgo				
00/20/2013	onawia b citys				
Amount (\$)	Payee address; City; State; Zip Code				
\$40.00 3501 Eastex Frwy Houston, TX					
	Category (See categories listed at the top of this schedule)	Description			
PURPOSE		Check if travel	outside of Texas, complete Schedule T		
OF  Travel In District  Check if Austin, TX, officeholder living expense					
EXPENDITURE	liavel in biscrict				
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF		Omoo bodgm	Smot field		
Date	Payee name				
	D				
08/29/2015	Dorca Medina Boney				
Amount (\$)	Payee address; City; State; Zip Code				
Amount (#)	Payee address, Oity, State, Zip Code				
\$50.00	P.O. Box 8447 Houston, TX 77288				
	The best of the stead of the st				
	Category (See categories listed at the top of this schedule)	Description			
PURPOSE		Check if travel	outside of Texas, complete Schedule T		
OF	Event Expense		, TX, officeholder living expense		
EXPENDITURE					
	Condidate / Officeholder name	Office saveh	Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Jew Don Boney	Office sought			
O	Dew Doll Bolley	City Cont	rorrer		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
	AT INCLUDED HOMAL COPIES OF THIS	OOLIEDOLE NO MEE	_U_U		

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officebolder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Menss/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)							
The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1:	2 FILER NAME Jew Don Boney	3 Filer ID (Ethics Commit	ssion Filers)				
4 Date	5 Payee name						
08/30/2015	Harris County Toll Road Authori	ty					
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$15.00	5305 South Rice Ave Houston TX 7	5305 South Rice Ave Houston TX 77081					
8	(a) Category (See categories listed at the top of this schedule) (b) Description						
PURPOSE		Check if travel outside of Texas, complete Schedule					
OF	Travel In District	Check if Austin, TX, officeholder living expense					
EXPENDITURE							
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office I	neld				
expenditure to benefit C/O	d Jew Don Boney	City Controller					
Date	Payee name						
08/26/2015	Subway						
Amount (\$)	Payee address; City; State; Zip Code						
\$27.66	\$27.66 2533 Southmore Ste D Houston TX 77004						
727,00	2555 Bodenmore Bee B Houseon III	, , , , , ,					
	Category (See categories listed at the top of this schedule)	Description					
	Check if travel outside of Texas, complete Schedule T						
PURPOSE OF	Food/Beverage Expense Check if Austin, TX, officeholder living expense						
EXPENDITURE	rood/ beverage Expense						
	Candidate / Officeholder name	Office sought Office I	neld				
Complete ONLY if direct expenditure to benefit C/OF		omeo coagm					
	Sew Boll Bolley						
Date	Payee name						
D-1	mb - Warran Dala I Warra Garage						
08/06/2015	The HoneyBaked Ham Company						
Amount (\$)	Payee address; City; State; Zip Code						
• • •	, , , , , , , , , , , , , , , , , , , ,						
\$38.01	2621 South Shepherd Dr. Houston	, TX 77098					
		I					
	Category (See categories listed at the top of this schedule)	Description					
PURPOSE		Check if travel outside of Texas, complete Sched	tule T				
OF EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense					
LAI LINDITORE							
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office	held				
expenditure to benefit C/OI	H Jew Don Boney	City Controller					
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED					

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Political Committee Legal Services Salanes/Wages/Contract Labor Other (enter a category not listed above)					
The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME Jew Don Boney	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name				
08/15/2015	Whole Foods Market				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$53.80	701 Waugh Dr Houston TX 770019				
8	(a) Category (See categories listed at the top of this schedule)	(b) Description			
PURPOSE		Check if travel outside of Texas, complete Schedule T			
OF EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense			
move marked in Orthon					
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name  Jew Don Boney	Office sought Office held City Controller			
Date	Payee name				
08/04/2015	Whole Foods Market				
Amount (\$)	Payee address; City; State; Zip Code				
\$73.69	701 Waugh Dr. Houston, TX 7701	9			
	Category (See categories listed at the top of this schedule)	Description			
PURPOSE		Check if travel outside of Texas, complete Schedule T			
OF EXPENDITURE	Food/Beverage Expense Check if Austin, TX, officeholder living expense				
EAFENDITURE					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholdername Jew Don Boney	Office sought Office held			
Date	Payee name				
09/02/2015	T-Mobile				
05,02,000					
Amount (\$)	Payee address; City; State; Zip Code				
\$276.29	P.O. Box 660256				
	Category (See categories listed at the top of this schedule)	Description			
PURPOSE		Check if travel outside of Texas, complete Schedule T			
OF EXPENDITURE	Fees	Check if Austin, TX, officeholder living expense			
LAI LINDITUIL					
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held			
expenditure to benefit C/OH		City Controller			
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED			
Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 02/27/2015					

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Waces/Contract Labor

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)						
The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME Jew Don Boney	3 Filer ID (Ethics Commission Filers)				
4 Date 09/02/2015	5 Payee name Stripes #1004					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$40.00	2329 Southmore Houston TX 77004					
8	(a) Category (See categories listed at the top of this schedule)	(b) Description				
PURPOSE	Check if travel outside of Texas, complete Schedule T					
OF EXPENDITURE	Travel In District	Check if Austin, TX, officeholder living expense				
w-yeary and the second						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name  Jew Don Boney	Office sought Office held City Controller				
Date	Payee name					
09/02/2015	Dorca Medina Boney					
Amount (\$)	Payee address: City: State: 7in Code					
Απομία (φ)	Payee address; City; State; Zip Code					
\$57.00	\$57.00 P.O. Box 8447 Houston, TX 77288					
	Category (See categories listed at the top of this schedule)  Description  Check if travel outside of Texas, complete Schedule T  Event Expense  Check if Austin, TX, officeholder living expense					
PURPOSE OF						
EXPENDITURE	Event Enperior					
,						
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held				
expenditure to benefit C/OF	Jew Don Boney					
	Payon pama					
Date	Payee name					
09/03/2015	Pappas BBQ					
Amount (\$)	Payee address; City; State; Zip Code					
\$30.26	1217 Pierce Houston TX 77002					
	Category (See categories listed at the top of this schedule)	Description				
PURPOSE OF	Hand/Davage Francis	Check if travel outside of Texas, complete Schedule T				
EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held				
expenditure to benefit C/Of		City Controller				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
<u> </u>						

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Onice ioide/Politica	The Instruction Guide explains how to a	complete this form.				
1 Total pages Schedule F1:	2 FILER NAME Jew Don Boney  3 Filer ID (Ethics Commission Filers)					
4 Date 09/04/2015	5 Payee name Kwik Kopy Business Solution					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$416.76	4001 San Jacinto Houston TX 77004					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  Printing Expense  (b) Description  Check if travel outside of Texas, complete Schedule T  Check if Austin, TX, officeholder living expense					
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name I Jew Don Boney	Office sought Office held City Controller				
Date	Payee name					
09/04/2015	Sunshine Health Food Store					
Amount (\$)	Payee address; City; State; Zip Code					
\$19.45	4915 MLK Blvd Houston TX 77021					
	Category (See categories listed at the top of this schedule)  Description					
PURPOSE OF EXPENDITURE	Food/Beverage Expense  Check if Austin, TX, officeholder living expense  Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Jew Don Boney	Office sought Office held				
Date	Payee name					
09/05/2015	Harris County Toll Road Author	ity				
Amount (\$)	Payee address; City; State; Zip Code					
\$3.50	East Plaza					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Description  Check if travel outside of Texas, complete Schedule T  Travel In District  Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Jew Don Boney	Office sought Office held City Controller				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME Jew Don Boney	3 Filer ID (Ethics Commission Filers)				
<b>4</b> Date 09/08/2015	<b>5</b> Payee name Star Stop 60					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$20.00	2111 Southmore Houston TX 77004					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas, complete Schedule T  Check if Austin, TX, officeholder living expense					
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name I Jew Don Boney	Office sought Office held City Controller				
Date	Payee name					
09/08/2015	Hunan Village Restaurant					
Amount (\$)	Payee address; City; State; Zip Code					
\$43.17	3311 S Shepherd Dr. Houston TX 7	77098				
	Category (See categories listed at the top of this schedule)	Description				
PURPOSE OF		Check if travel outside of Texas, complete Schedule T				
EXPENDITURE	Food/Beverage Expense Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Jew Don Boney	Office sought Office held				
Date	Payee name					
09/08/2015	Pace Entertainment Group					
Amount (\$)	Payee address; City; State; Zip Code					
\$122.22	2600 South Loop West 300 N Hous	ton TX 77054				
PURPOSE	Category (See categories listed at the top of this schedule)	Description Check if travel outside of Texas, complete Schedule T				
OF EXPENDITURE	Printing Expense	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Jew Don Boney	Office sought Office held City Controller				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officenoide//Politica	The Instruction Guide explains how to c	omplete this form.					
1 Total pages Schedule F1:	2 FILER NAME Jew Don Boney  3 Filer ID (Ethics Commission Filers)						
4 Date 09/09/2015	5 Payee name American General Center						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$1.50	2929 Allen Parkway Houston TX 7'	7019					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas, complete Schedule T  Check if Austin, TX, officeholder living expense						
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholdername H Jew Don Boney	Office sought Office held City Controller					
Date	Payee name						
09/08/2015	City of Houston Parking						
Amount (\$)	Payee address; City; State; Zip Code						
\$7.00	Houston Tx						
	Category (See categories listed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	Travel In District  Check if Austin. TX, officeholder living expense  Check if Austin. TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name  H Jew Don Boney	Office sought Office held					
Date	Payee name						
09/08/2015	Micro Center						
Amount (\$)	Payee address; City; State; Zip Code						
\$124.77	5305 South Rice Ave Houston TX	77081					
PURPOSE	Category (See categories listed at the top of this schedule)	Description  Check if travel outside of Texas, complete Schedule T					
OF EXPENDITURE	Office Overhead Check if Austin, TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H Jew Don Boney	Office sought Office held City Controller					
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED					

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.							
<b>1</b> Total pages Schedule F1: 16	2 FILER NAME Jew Don Boney  3 Filer ID (Ethics Commission Filers)						
4 Date	- ·						
09/10/2015	La Tapatia Mexican Cafe						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$77.72	1749 Richmond Ave Houston TX 770	98					
8	(a) Category (See categories listed at the top of this schedule)	(b) Description					
PURPOSE OF EXPENDITURE	Food/Beverage Expense  Check if Austin, TX, officeholder living expense  Check if Austin, TX, officeholder living expense						
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I Jew Don Boney	Office sought City Cont	Office held roller				
Date	Payee name						
09/11/2015	Cullen Shell						
Amount (\$)	Payee address; City; State; Zip Code						
\$47.00 7401 Cullen Blvd Houston TX 77051							
	Category (See categories listed at the top of this schedule)	Description					
PURPOSE	Check if travel outside of Texas, complete Schedule T						
OF EXPENDITURE	Travel In District Check if Austin, TX, officeholder living expense						
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Jew Don Boney	Office sought	Office held				
Date	Payee name	that the desiration among a residual desiration as the following the second and the second among the second and					
09/18/2015	Stripes #1004						
Amount (\$)	Payee address; City; State; Zip Code						
\$20.00	2329 Southmore Houston TX 77004						
	Category (See categories listed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	Travel In District		outside of Texas, complete Schedule T . TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Jew Don Boney	Office sought City Cont	Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/N  The Instruction Guide explains how to c	/ages/Contract Labor Other (enter a category not listed above)				
	The instruction duide explains now to c	omplete this form.				
1 Total pages Schedule F1:	2 FILER NAME Jew Don Boney  3 Filer ID (Ethics Commission Filers)					
4 Date	5 Payee name					
09/21/2015	Hilton & GRB CC					
6 Amount (\$)	7 Payee address; City: State: Zip Code					
\$1.15	Houston, TX					
8	(a) Category (See categories listed at the top of this schedule)	(b) Description				
PURPOSE		Check if travel outside of Texas, complete Schedule T				
OF EXPENDITURE	Travel In District	Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held				
expenditure to benefit C/OF	d Jew Don Boney	City Controller				
Date	Payee name					
09/22/2015	Stripes #1004					
Amount (\$)	Payee address; City; State; Zip Code					
\$40.00	2329 Southmore Houston TX 77004					
	Category (See categories listed at the top of this schedule)	Description				
DURDOCE		Check if travel outside of Texas, complete Schedule T				
PURPOSE OF	Charle if Austin TV efficience living average					
EXPENDITURE	Travel In District					
ş.						
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held				
expenditure to benefit C/OH	Jew Don Boney					
Date	Payee name					
	Trader Joe's					
09/07/2015	Trader 500 B					
Amount (\$)	Payee address; City; State; Zip Code					
\$33.72	2922 South Shepherd Dr Houston	TX 77098				
	Category (See categories listed at the top of this schedule)	Description Charles to take at Table 2 and the School 2.				
PURPOSE OF	- 1/p	Check if travel outside of Texas, complete Schedule T				
EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held				
expenditure to benefit C/OH	Jew Don Boney	City Controller				
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED				

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME Jew Don Boney	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name				
09/20/2015	Sprint 2 Print				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$1,500.00	8748 Clay Rd Ste 300 Houston TX	77080			
8	(a) Category (See categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Printing Expense  Check if Austin, TX, officeholder living expense  Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H Jew Don Boney	Office sought Office held City Controller			
Date	Payee name				
09/22/2015	Dorca Medina Boney				
Amount (\$)	Payee address; City; State; Zip Code				
\$100.00	P.O. Box 8447 Houston TX 77288				
Category (See categories listed at the top of this schedule)  Description					
PURPOSE		Check if travel outside of Texas, complete Schedule T			
OF EXPENDITURE	Travel In District Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Jew Don Boney	Office sought Office held			
Date	Payee name				
09/16/2015	Houston's				
Amount (\$)	Payee address; City; State; Zip Code				
\$38.70	4848 Kirby Dr Houston TX				
	Category (See categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Food/Beverage Expense  Check if travel outside of Texas, complete Schedule T  Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name  Jew Don Boney	Office sought Office held City Controller			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

## UNPAID INCURRED OBLIGATIONS

#### SCHEDULE F2

						OUTEDOLL 12
EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic		Event Expense Fees Food/Beverage Ex Gift/Awards/Memo Legal Services The Instructio	pense orials Expense n Guide explain	Office Overhea Polling Expens Printing Expen Salaries/Wage	se s/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F2	2 FILER		>>		Total time total.	3 Filer ID (Ethics Commission Filers)
1	Je	w Don Bone	žλ			Grines (Ethics Commission Filers)
4 TOTAL OF UNITE	MIZED UN	PAID INCUR	RED OBLIG	GATIONS		\$
<b>5</b> Date	6 Payee	name	**************************************			
7 Amount (\$)	8 Payee	address;	City; State;	Zip Code		
9 TYPE OF EXPENDITURE	F	Political	Non-Po	olitical		
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas, complete Schedule T  Check if Austin. TX, officeholder living expense					
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Cano H	lidate / Officeho	ider name	Office	sought	Office held
Date	Payee i	name				
Amount (\$)	Payee a	address;	City; State; .	Zip Code		
TYPE OF EXPENDITURE	P	olitical		Non-Politica	1	
PURPOSE OF EXPENDITURE	Catego	'y (See categories	listed at the top of	this schedule)	<u> </u>	on if travel outside of Texas, complete Schedule T if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		idate / Officehol	der name	Office	sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F3:		
2 FILERNAME Jew Don Bo	oney	3 Filer ID (Ethics Commission Filers)		
4 Date 5	Name of person from whom investment is purchased			
. 6	Address of person from whom investment is purchased; Cit	y; State; Zip Code		
7	Description of investment			
8	Amount of investment (\$)			
Date	Name of person from whom investment is purchased			
	Address of person from whom investment is purchased; City	; State; Zip Code		
	Description of investment			
	Amount of investment (\$)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

#### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politi		s/Wages/Contract Labor	Other (enter a category not listed above)
The Instruction Guide explains how to complete this form.			
1 Total pages Schedule G:	2 FILER NAME Jew Don Boney		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name Jew Don Boney		
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code P.O. Box 8447 Houston, TX 77288		
Reimbursement from political contributions intended	1.0. Box 6447 Houston, 1x 77286	,	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Travel In District/Event Expense		dide of Texas, complete Schedule T
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
PURPOSE	Category (See categories listed at the top of this schedule)	(b) Description	
OF		Check if travel outs	ide of Texas, complete Schedule T
EXPENDITURE		Check if Austin, TX	, officeholder living expense
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
PURPOSE OF	Category (See categories listed at the top of this schedule)	(b) Description  Check if travel outs:	ide of Texas, complete Schedule T
EXPENDITURE		l m	officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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

#### SCHEDULE H

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Contributions/Donations Made Candidate/Officeholder/Politi	By Gift/Awards/Memorials Expense Prin	nting Expense aries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule H: 1	2 FILER NAME Jew Don Boney		Filer ID (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address; City; State; Zip Co	de	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule		of Texas, complete Schedule T ceholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Cod	de	
PURPOSE	Category (See categories listed at the top of this schedule)		
OF EXPENDITURE		Check if Austin, TX, office	Frexas, complete Schedule T beholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Coc	de	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description Check if travel outside of Check if Austin, TX, office	Texas, complete Schedule T eholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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#### SCHEDULE !

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule I:	2 FILER NAME  Jew Don Boney	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 (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required )	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	<b>Description</b> (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

### SCHEDULE K

The Instruction Guide explains how to complete this form.  1 Total pages Sched		dule K:	
2 FILER NAME  Jew Don Boney  3 Filer ID (Ethics			s Commission Filers)
JEW DO	n Boney		
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 Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$\)
Date	Name of person from whom amount is received	William III and Andrews	Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code	
•		about the second	
		Verenezanakanse	
	Purpose for which amount is received Check if		
	Check II	political contribution	returned to tiler
Date	Name of person from whom amount is received		Amount (\$)
24.0	Name of person from whom amount is received	and a second sec	Λιτιομίτε (φ)
	Address of person from whom amount is received; City; State;	Zip Code	
	Purpose for which amount is received Check if	- Ditter 1	
	Check ir p	political contribution	returned to filer
į			
Date	Name of paragraph from whom a second in a		A 20 - 1 - 1 / 10 3
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 Check if r		
	Check if p	olitical contribution i	returned to filer
i de la companya de l			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			