Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

# AFFIDAVIT FOR COMMITTEE THAT DOES NOT USE COMPUTER EQUIPMENT

| OFFICE USE ONLY |
| --- |
| Date Received |
| Date Hand-Delivered or Date Postmarked |
| Date Processed |
| Date Imaged |

RECEIVED JUL 18 2001 CITY SEC. Post Mark 7/31

Filer name: Houstonians for Family Values

Account #:

I swear or affirm that the political committee of which I am the campaign treasurer does not use computer equipment to keep current records of political contributions, political expenditures, or contributors.

I further swear or affirm that no person acting as the committee's agent or consultant or a person with whom the committee contracts uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.

I further swear or affirm that I understand that I am required to file the committee's campaign finance reports electronically if the committee, the committee's agent or consultant, or a person with whom the committee contracts uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.

I am filing this affidavit with the July 15th report. I understand that this affidavit is required to be filed with each campaign finance report for which the committee is claiming an exemption from electronic filing.

David B Wilson
Signature of Campaign Treasurer

YOLANDA NAVARRO FLORES
Notary Public, State of Texas
My Commission Expires
DECEMBER 17, 2002

NOTARY STAMP / SEAL

Sworn to and subscribed before me by David B Wilson this the 16th day of July, 20 01, to certify which, witness my hand and seal of office.

Yolanda Navarro Flores — Signature of officer administering oath
Yolanda Navarro Flores — 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.**

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# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

**FORM SPAC**
**COVER SHEET PG 1**

The SPAC Instruction Guide explains how to complete this form.

1 ACCOUNT # (Ethics Commission Use)

2 Total pages filed:

3 COMMITTEE NAME
Houstonians For Family Values (HFFV)

OFFICE USE ONLY
Date Received
Date Hand-delivered or Date Postmarked
Receipt #
Amount
Date Processed
Date Imaged

4 COMMITTEE ADDRESS
☐ Change of Address
ADDRESS / PO BOX: 505 Melbourne
APT / SUITE #:
CITY: Houston,
STATE: Texas
ZIP CODE: 77022

5 CAMPAIGN TREASURER NAME
TITLE:
FIRST: David
MI: B
NICKNAME:
LAST: Wilson
SUFFIX:

6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE): [redacted]
APT / SUITE #:
CITY: Houston,
STATE: Texas
ZIP CODE: 77022

7 CAMPAIGN TREASURER'S MAILING ADDRESS
☐ Change of Address
STREET OR PO BOX: 505 Melbourne
APT / SUITE #:
CITY: Houston,
STATE: Texas
ZIP CODE: 77022

8 CAMPAIGN TREASURER PHONE
AREA CODE: (713)
PHONE NUMBER: 699-4488
EXTENSION:

9 REPORT TYPE
☐ January 15
☒ July 15
☐ 30th day before election
☐ 8th day before election
☐ Runoff
☐ Exceeded $500 limit
☐ Dissolution (attach RAC/DR)
☐ 10th day after campaign treasurer termination

10 PERIOD COVERED
Month Day Year: 01 / 01 / 01
THROUGH
Month Day Year: 6 / 30 / 1

11 ELECTION
ELECTION DATE: Month / Day / Year: / /
ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☐ Special

GO TO PAGE 2

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# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

**FORM SPAC**
**COVER SHEET PG 2**

**12 COMMITTEE NAME** Houstonians For Family Values (HFFV)

ACCOUNT # (Ethics Commission filers)

**13 COMMITTEE PURPOSE** (Attach Tab on plain paper to complete this report if necessary.)

- ☐ SUPPORT
- ☐ OPPOSE
- ☐ ASSIST (officeholders only)

- ☐ CANDIDATE
- ☐ OFFICEHOLDER
- ☒ MEASURE

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION / M — ELECTION DATE Month Day Year: 11 / 6 / 1

DESCRIPTION

**14 NO REPORTABLE ACTIVITY** ☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

| | | |
|---|---|---|
| **15 CONTRIBUTION TOTALS** | 1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | $ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ 24,310.00 |
| **EXPENDITURE TOTALS** | 3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED | $ |
| | 4. TOTAL POLITICAL EXPENDITURES | $ 57,227.65 |
| **OUTSTANDING LOAN TOTALS** | 5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ 35,000.00 |

**16 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.

David B Wilson
Signature of campaign treasurer

YOLANDA NAVARRO FLORES
Notary Public, State of Texas
My Commission Expires
DECEMBER 17, 2002

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David B Wilson, this the 16th day of July, 2001, to certify which, witness my hand and seal of office.

Yolanda Navarro Flores — Yolanda Navarro Flores — Notary Public
Signature of officer administering oath — Printed name of officer administering oath — Title of officer administering oath

Printed on recycled paper

Revised 04/10/2000

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The instruction guide explains how to complete this form.

1 Total pages this Schedule A1: 142

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#) / 6 Contributor address: City, State, Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/28/1 | C. Weber [redacted] 77030 | 10.00 | |
| | 9 Principal occupation (Optional) | 10 Employer (Optional) | |
| Date | Full name of contributor / out-of-state PAC (ID#) / Contributor address: City, State, Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 2/28/1 | M/M Leaz [redacted] 77096 | 20.00 | |
| | Principal occupation (Optional) | Employer (Optional) | |
| Date | Full name of contributor / out-of-state PAC (ID#) / Contributor address: City, State, Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 2/28/1 | L.E. Caraway [redacted] 77018 | 5.00 | |
| | Principal occupation (Optional) | Employer (Optional) | |
| Date | Full name of contributor / out-of-state PAC (ID#) / Contributor address: City, State, Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 2/28/1 | M/M Dozier [redacted] 77079 | 50.00 | |
| | Principal occupation (Optional) | Employer (Optional) | |
| 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) |
| 2/28/1 | A. Jacob [redacted] 77062 | 10.00 | |
| | Principal occupation (Optional) | Employer (Optional) | |

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**
**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SE, EC-S/OH, SCH/PAC, SPAC, & SPAC-SE)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: H FEV

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#: ) / Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/27/1 | N. Edmondson [redacted] 77096 | 25.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| 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) |
|---|---|---|---|
| 2/28/1 | W.W. Watts [redacted] 77088 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 2/27/1 | S. Harvin [redacted] 77056 | 25.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 2/28/1 | W. Wiegand [redacted] 7739 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 2/28/1 | D. Mabe [redacted] 77042 | 15.00 | |

Principal occupation (Optional) | Employer (Optional)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, COH-Last, SCC/OH, SCC/PAC, SPAC, & SPAC-SS)

The instruction guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission use)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#) / 6 Contributor address: City, State, Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/27/1 | G. Jansen [redacted] 77035 | 20.00 | |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date | Full name of contributor / out-of-state PAC (ID#) / Contributor address: City, State, Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 2/28/1 | F. Colley [redacted] 77063 | 10.00 | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date | Full name of contributor / out-of-state PAC (ID#) / Contributor address: City, State, Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 2/28/1 | R. Sharpe [redacted] 77007 | 20.00 | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date | Full name of contributor / out-of-state PAC (ID#) / Contributor address: City, State, Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 2/28/1 | S. Arnold [redacted] 77072 | 25.00 | |
| Principal occupation (Optional) | | Employer (Optional) | |
| 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) |
| 2/28/1 | J. Wardrum [redacted] 77035 | 20.00 | |
| Principal occupation (Optional) | | Employer (Optional) | |

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS G/CH, G/CH-SS, SC-C/CH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: H FFV

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#) / 6 Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/28/1 | C Chandler<br>[redacted] 77079 | 25.00 | |

9 Principal occupation (Optional):

10 Employer (Optional):

| 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) |
|---|---|---|---|
| 2/28/1 | C. Stapp<br>[redacted] 77079 | 10.00 | |

Principal occupation (Optional):

Employer (Optional):

| 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) |
|---|---|---|---|
| 2/28/1 | S. Hartman<br>[redacted] 77345 | 10.00 | |

Principal occupation (Optional):

Employer (Optional):

| 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) |
|---|---|---|---|
| 2/28/1 | H. Jones<br>[redacted] 77022 | 5.00 | |

Principal occupation (Optional):

Employer (Optional):

| 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) |
|---|---|---|---|
| 2/28/1 | D. Higgins<br>[redacted] 77035 | 25.00 | |

Principal occupation (Optional):

Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SG-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME HFFU

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/28/1 | M Kemper<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77024 | 5.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/28/1 | G. McMahan<br>Contributor address: City: State: Zip Code<br>[redacted] 74 | 5.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/28/1 | M Perron<br>Contributor address: City: State: Zip Code<br>[redacted] 77018 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/28/1 | C. Brodin<br>Contributor address: City: State: Zip Code<br>[redacted] 77077 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/28/1 | P. Jenkins<br>Contributor address: City: State: Zip Code<br>[redacted] 77075 | 50.00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, D/OH-SP, SCANDI, SCANDII, SPAC, & SPAC-SP)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor / 6 Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/27/1 | D. Cook [redacted] 77022 | 5.00 | |

9 Principal occupation (Optional): 10 Employer (Optional):

| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/27/1 | C. Ruffin [redacted] 77019 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/27/1 | H. Sample [redacted] 77018 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/27/1 | D Brotherton [redacted] 77018 | 20.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/27/1 | C Frank [redacted] 77018 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

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

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

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-ES, SC-C/OH, SC-SPAC, SPAC, & SPAC-ES)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFEV

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#) / Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/27/1 | P Fiber [redacted] | 25.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| 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) |
|---|---|---|---|
| 2/27/1 | L Sury [redacted] | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 2/27/1 | R Phillips [redacted] 77080 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 2/27/1 | Richard Santos [redacted] 77076 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 2/27/1 | H. Coplinger [redacted] 77096 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission Filer)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) / 6 Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/28/1 | F. Acosta [redacted] 77036 | 20.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| 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) |
|---|---|---|---|
| 2/28/1 | Y. Wetzel [redacted] 77055 | 100.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 2/28/1 | E. Cook [redacted] 77339 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 2/28/1 | C. Oldenburg [redacted] 77046 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 2/28/1 | G. Kolstad [redacted] 77024 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS B/CH, D/CH-CS, SC-C/CH, SC-SPAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/28/1 | J. Howard<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77035 | 20.00 | |

9 Principal occupation (Optional): 10 Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/28/1 | R. Cockerham<br>Contributor address: City: State: Zip Code<br>[redacted] 77062 | 20.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/28/1 | H. Holcomb<br>Contributor address: City: State: Zip Code<br>[redacted] 77018 | 25.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/28/1 | O. Graf<br>Contributor address: City: State: Zip Code<br>[redacted] 77059 | 50.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/28/1 | J. Hawthorne<br>Contributor address: City: State: Zip Code<br>[redacted] 77062 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

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

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS G/CH, G/CH-SS, SG-G/CH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission Item):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#) / 6 Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/28/1 | R. Kipp [redacted] 77017 | 5.00 | |

9 Principal occupation (Optional): 10 Employer (Optional):

| 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) |
|---|---|---|---|
| 2/28/1 | J. Smith [redacted] 77017 | 100.00 | |

Principal occupation (Optional): Employer (Optional):

| 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) |
|---|---|---|---|
| 2/28/1 | P. Miller [redacted] 77035 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

| 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) |
|---|---|---|---|
| 2/28/1 | W. Sears [redacted] 77345 | 50.00 | |

Principal occupation (Optional): Employer (Optional):

| 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) |
|---|---|---|---|
| 2/28/1 | E. Amburn [redacted] 77027 | 20.00 | |

Principal occupation (Optional): Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SCH/OH, SCH/PAC, SPAC & SPAC-SS)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (Texas Commission Filers)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#) / Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/28/1 | C Jones [redacted] 77339 | 20.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| 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) |
|---|---|---|---|
| 2/28/1 | T Brown [redacted] 77071 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 2/28/1 | R Avriett [redacted] 77063 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 2/28/1 | K Kerr [redacted] 77018 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 2/28/1 | C Smith [redacted] 77013 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS B/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission Sent):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/27/1 | B Kennerly<br>6 Contributor address: City: State: Zip Code<br>[redacted] | 25.00 | |

9 Principal occupation (Optional):

10 Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/27/1 | J Leyne<br>Contributor address: City: State: Zip Code<br>[redacted], 77079 | 20.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/27/1 | H. Pinkston<br>Contributor address: City: State: Zip Code<br>[redacted] 77339 | 25.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/27/1 | O. Palmquist<br>Contributor address: City: State: Zip Code<br>[redacted] 77061 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/27/1 | P. Stephens<br>Contributor address: City: State: Zip Code<br>[redacted] 77057 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS COH, COH-SS, SCC-COH, SCHPAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor / Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/28/1 | W Wandel [redacted], 72019 | 10 50 | |

9 Principal occupation (Optional) 10 Employer (Optional)

| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/28/1 | M. Gorgan [redacted] 7707A | 20 00 | |

Principal occupation (Optional) Employer (Optional)

| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/28/1 | H. Flemmy [redacted] 77055 | 10 00 | |

Principal occupation (Optional) Employer (Optional)

| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/28/1 | J. Brown [redacted] 77080 | 20 00 | |

Principal occupation (Optional) Employer (Optional)

| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/28/1 | B Ferday [redacted] 77079 | 20 00 | |

Principal occupation (Optional) Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS COH, COH-SS, SC-C/CH, SCH/PAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission files)

| 4 Date | 5 Full name of contributor / Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/27/1 | V Clinger [redacted] 77055 | 10.00 | |
| 9 Principal occupation (Optional) | 10 Employer (Optional) | | |
| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 2/27/1 | A Olson [redacted] 7706 | 10.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |
| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 2/27/1 | H Robb [redacted] 77036 | 10.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |
| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 2/27/1 | M Scarce [redacted] 77075 | 95.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |
| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 2/27/1 | W Schultz [redacted] 77025 | 100.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/28/1 | R. Ennis<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77007 | 20.00 | |

9 Principal occupation (Optional):

10 Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/28/1 | M. Bunting<br>Contributor address: City: State: Zip Code<br>[redacted], 77055 | 100.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/28/1 | M. Buse<br>Contributor address: City: State: Zip Code<br>[redacted] 77096 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/28/1 | M. Ellison<br>Contributor address: City: State: Zip Code<br>[redacted] 77018 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/28/1 | M.J. Tymniak<br>Contributor address: City: State: Zip Code<br>[redacted] 77041 | 5.00 | |

Principal occupation (Optional): Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC/SCH, SC/SPAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFPV

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/28/1 | A. Bailes<br>6 Contributor address: City: State: Zip Code [redacted] 77061 | 25 00 | |
| 9 Principal occupation (Optional) | 10 Employer (Optional) | | |
| Date | Full name of contributor / out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 2/28/1 | L. D. Laird<br>Contributor address: City: State: Zip Code [redacted] 77080 | 10 00 | |
| Principal occupation (Optional) | Employer (Optional) | | |
| Date | Full name of contributor / out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 2/28/1 | L. Creath<br>Contributor address: City: State: Zip Code [redacted] | 25 00 | |
| Principal occupation (Optional) | Employer (Optional) | | |
| Date | Full name of contributor / out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 2/28/1 | R. Wisebaker<br>Contributor address: City: State: Zip Code [redacted] 77062 | 10 00 | |
| Principal occupation (Optional) | Employer (Optional) | | |
| Date | Full name of contributor / out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 2/28/1 | L. D. Trotta<br>Contributor address: City: State: Zip Code [redacted] LA 77036 | 20 00 | |
| Principal occupation (Optional) | Employer (Optional) | | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-EZ, SCC/OH, SCC/PAC, SPAC, & SPAC-EZ)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor / ☐ out-of-state PAC (ID#: ) 6 Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/28/21 | T. Defalco [redacted] 77092 | 20 00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| 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) |
|---|---|---|---|
| 2/28/21 | M. Davilleaux [redacted] 77096 | 50 00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 2/28/21 | E. Brinkman [redacted] 77062 | 10 00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 2/28/21 | C Brown [redacted] 77017 | 20 00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 2/28/21 | M Peters [redacted] | 50 00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS COH, COH-SS, SEC-EXH, SEC-SPAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#) / 6 Contributor address: City, State, Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/27/1 | M Hester [redacted] 77062 | 20.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| 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) |
|---|---|---|---|
| 2/28/1 | J Oliver [redacted] 77017 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 2/28/1 | M/M Edmiston [redacted] 77080 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 2/28/1 | K Dear [redacted] | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 2/28/1 | M/M Fletcher [redacted] 77063 | 5.00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/28/1 | R Adams<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77072 | 100.00 | |

9 Principal occupation (Optional):

10 Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/28/1 | A Kramer<br>Contributor address: City: State: Zip Code<br>[redacted] 77063 | 10.00 | |

Principal occupation (Optional):

Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/28/1 | J Piscacek<br>Contributor address: City: State: Zip Code<br>[redacted] 77062 | 50.00 | |

Principal occupation (Optional):

Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/28/1 | R Lomec<br>Contributor address: City: State: Zip Code<br>[redacted] 77062 | 20.00 | |

Principal occupation (Optional):

Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/28/1 | C H Asel<br>Contributor address: City: State: Zip Code<br>[redacted] 77079 | 50.00 | |

Principal occupation (Optional):

Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, G/OH-SS, SC-C/OH, SC-EPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/28/1 | G. Johnson<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77059 | 10.00 | |

9 Principal occupation (Optional): 10 Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/28/1 | A. Aschenbeck<br>Contributor address: City: State: Zip Code<br>[redacted] 77043 | 50.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/28/1 | R. Duck<br>Contributor address: City: State: Zip Code<br>[redacted] 77043 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/28/1 | J. McMahan<br>Contributor address: City: State: Zip Code<br>[redacted] | 25.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/28/1 | C. Farenbaugh<br>Contributor address: City: State: Zip Code<br>[redacted] 77055 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS B/SP1, C/OH-ec, SC-SPAC, SPAC, & SPAC-ec)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HEEV

3 ACCOUNT # (ethics commission files)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#:) | 6 Contributor address: City State Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|---|
| 2/28/1 | S McBee | [redacted] TX 77043 | 20.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| 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) |
|---|---|---|---|---|
| 2/28/1 | J.F Lacey | [redacted] | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|---|
| 2/28/1 | A. Guttino | [redacted] 77005 | 25.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|---|
| 2/28/1 | G. Selig | [redacted] 77096 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|---|
| 2/28/1 | T. Eccles | [redacted] 77096 | 25.00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS GPAC, GPAC-SS, SCPAC, SCPAC-SS, SPAC, & SPAC-SS)

The instruction guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFPV

3 ACCOUNT # (Ethics Commission Filers)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#) / 6 Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/28/1 | M Pomeroy [redacted] 77025 | 10.00 | |
| 9 Principal occupation (Optional) | 10 Employer (Optional) | | |
| Date | Full name of contributor / out-of-state PAC (ID#) / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 2/28/1 | L Sanders [redacted] 77063 | 25.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |
| Date | Full name of contributor / out-of-state PAC (ID#) / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 2/28/1 | P Jantz [redacted] 77018 | 40.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |
| Date | Full name of contributor / out-of-state PAC (ID#) / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 2/28/1 | G Piers [redacted] 77025 | 20.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |
| 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) |
| 2/28/1 | R Whitney [redacted] | 10.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-8800 1-800-325-8506

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, D/OH-SS, SC/C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | L. Fultz<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77062 | 10.00 | |

9 Principal occupation (Optional): 10 Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | V. Kaelber<br>Contributor address: City: State: Zip Code<br>[redacted] 77057 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | M. Harris<br>Contributor address: City: State: Zip Code<br>[redacted] 77035 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | J. Malane<br>Contributor address: City: State: Zip Code<br>[redacted] 77077 | 25.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | L. Smith<br>Contributor address: City: State: Zip Code<br>[redacted] 77018 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC/C/OH, SC/SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) / 6 Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | C Quinn<br>[redacted] 77034 | 25.00 | |

9 Principal occupation (Optional): 10 Employer (Optional):

| 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) |
|---|---|---|---|
| 3/31/1 | H Bay<br>[redacted] 77042 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

| 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) |
|---|---|---|---|
| 3/31/1 | H Gatlin<br>[redacted] 77036 | 25.00 | |

Principal occupation (Optional): Employer (Optional):

| 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) |
|---|---|---|---|
| 3/31/1 | M Mougne<br>[redacted] 77042 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

| 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) |
|---|---|---|---|
| 3/31/1 | P Moak<br>[redacted] 77025 | 100 | |

Principal occupation (Optional): Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, D/OH-SS, SC-C/OH, SC/SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | J Lang<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77079 | 20.00 | |

9 Principal occupation (Optional):

10 Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | G. Houston<br>Contributor address: City: State: Zip Code<br>[redacted] 77077 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | R. O'Means<br>Contributor address: City: State: Zip Code<br>[redacted] 77013 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | A.L. McAllister<br>Contributor address: City: State: Zip Code<br>[redacted] 77074 | 20.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | W Luper<br>Contributor address: City: State: Zip Code<br>[redacted] 77063 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instructions Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | S Civjan<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77096 | 15.00 | |

9 Principal occupation (Optional):

10 Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | Otto & Phillip<br>Contributor address: City: State: Zip Code<br>[redacted] 77062 | 25.00 | |

Principal occupation (Optional):

Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | R Smith<br>Contributor address: City: State: Zip Code<br>[redacted] 77062 | 10.00 | |

Principal occupation (Optional):

Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | B Patterso<br>Contributor address: City: State: Zip Code<br>[redacted] 77055 | 20.00 | |

Principal occupation (Optional):

Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | J Rudolph<br>Contributor address: City: State: Zip Code<br>[redacted] 77077 | 20.00 | |

Principal occupation (Optional):

Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission Filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | H Franks<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77025 | 10.00 | |

9 Principal occupation (Optional):

10 Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | J Spacek<br>Contributor address: City: State: Zip Code<br>[redacted] 77072 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | B Dickson<br>Contributor address: City: State: Zip Code<br>[redacted] 77055 | 20.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | K Gertrude<br>Contributor address: City: State: Zip Code<br>[redacted] 77012 | 100.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | A Germany<br>Contributor address: City: State: Zip Code<br>[redacted] 77055 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS G/CH, D/CH-SS, SC-G/CH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission Item)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | R Diez<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77059 | 15.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | R Dodds<br>Contributor address: City: State: Zip Code<br>[redacted] 77043 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | J Simpson<br>Contributor address: City: State: Zip Code<br>[redacted] 77008 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | C Kibler<br>Contributor address: City: State: Zip Code<br>[redacted] 77005 | 50 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | R Frantz<br>Contributor address: City: State: Zip Code<br>[redacted] 77099 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SCC/OH, SCSPAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (if any assigned by commission)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | J. Hohenebel [redacted] 77024 | 5.00 | |

9 Principal occupation (Optional) 10 Employer (Optional)

| 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) |
|---|---|---|---|
| 3/31/1 | R. Capshaw [redacted] 77059 | 10.00 | |

Principal occupation (Optional) Employer (Optional)

| 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) |
|---|---|---|---|
| 3/31/1 | M. Delorenzo [redacted] 7707? | 2.00 | |

Principal occupation (Optional) Employer (Optional)

| 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) |
|---|---|---|---|
| 3/31/1 | R Redmond [redacted] 77007 | 10.00 | |

Principal occupation (Optional) Employer (Optional)

| 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) |
|---|---|---|---|
| | D Moore [redacted] 7707? | 15.00 | |

Principal occupation (Optional) Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS GOH, GOH-SS, SC-GOH, SC-SPAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFEV

3 ACCOUNT # (Ethics Commission use)

| 4 Date | 5 Full name of contributor / 6 Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | M. Truncale [redacted] 77056 | 20.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | R Lowe [redacted] 77077 | 50.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | C Moore [redacted] 77019 | 50.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | C Hedge [redacted] 77079 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | E. Edwards [redacted] 77061 | 5.00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS G/OH, G/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#) | 6 Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|---|
| 3/31/1 | D Weinhold | [redacted] 77018 | 20.00 | |

9 Principal occupation (Optional): 10 Employer (Optional):

| 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) |
|---|---|---|---|---|
| 3/31/1 | A Platz | [redacted] | 15.00 | |

Principal occupation (Optional): Employer (Optional):

| 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) |
|---|---|---|---|---|
| 3/31/1 | J Carper | [redacted] 77036 | 100.00 | |

Principal occupation (Optional): Employer (Optional):

| 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) |
|---|---|---|---|---|
| 3/31 | P Jeter | [redacted] 77087 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

| 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) |
|---|---|---|---|---|
| 3/31 | E Ivm | [redacted] 77087 | 30.00 | |

Principal occupation (Optional): Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-ES, SC-C/OH, SC-SPAC, SPAC, & SPAC-ES)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: H F F V

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor / 6 Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | S. Williams [redacted] 77036 | 10.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | R. Mills [redacted] 77063 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | H. Spraggs [redacted] | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | F. Lang [redacted] 77034 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | J. Freitas [redacted] 77081 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS COH, C/OH-SB, SC-COH, SC-SPAC, SPAC, & SPAC-SB)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission files)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#) / Contributor address / City / State / Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | J. Giese [redacted] 77079 | 25.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| 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) |
|---|---|---|---|
| 3/31 | D. Frakenfield [redacted] 77059 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 3/31 | Betty Mueller [redacted] 77092 | 1.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 3/31 | T Moore [redacted] | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 3/31 | C. Holder [redacted] 7708 | 5.00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS G/CH, G/CH-GG, SG-G/CH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission Item)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | C. Cates<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77087 | 10.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | W. Spillers<br>Contributor address: City: State: Zip Code<br>[redacted] 77023 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | A. Swearingen<br>Contributor address: City: State: Zip Code<br>[redacted] 112EC 77096 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | A. Cox<br>Contributor address: City: State: Zip Code<br>[redacted] 77087 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | A. Mattson<br>Contributor address: City: State: Zip Code<br>[redacted] 77061 | 15.00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The instruction guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | D. Cline<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77042 | 25.00 | |

9 Principal occupation (Optional):

10 Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | D. McGraw<br>Contributor address: City: State: Zip Code<br>[redacted] 77096 | 5.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | B. Lane<br>Contributor address: City: State: Zip Code<br>[redacted] 77092 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | R. Fisher<br>Contributor address: City: State: Zip Code<br>[redacted] | 20.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | G. Garver<br>Contributor address: City: State: Zip Code<br>[redacted] 77088 | 25.00 | |

Principal occupation (Optional): Employer (Optional):

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS COH, COH-SE, SCC/COH, SCC-SPAC, SPAC, & SPAC-SE)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#) / Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | J. Genitempo [redacted] | 20 00 | |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date | Full name of contributor / out-of-state PAC (ID#) / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | M Fricke [redacted] 77062 | 10 00 | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date | Full name of contributor / out-of-state PAC (ID#) / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | W Zech [redacted] 77077 | 20 00 | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date | Full name of contributor / out-of-state PAC (ID#) / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | J Rosales [redacted] 77046 | 15 00 | |
| Principal occupation (Optional) | | Employer (Optional) | |
| 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) |
| 3/31/1 | A Rachel [redacted] | 20 00 | |
| Principal occupation (Optional) | | Employer (Optional) | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS G/CH, C/CH-SS, SC-C/CH, SC-SPAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: H FFV

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) / 6 Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | R. Franks [redacted] 77092 | 2.00 | |

9 Principal occupation (Optional):

10 Employer (Optional):

| 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) |
|---|---|---|---|
| 3/31/1 | R. Lava [redacted] 77059 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

| 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) |
|---|---|---|---|
| 3/31/1 | C. Lutz 4631 Merwin 77027 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

| 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) |
|---|---|---|---|
| 3/31/1 | H. Reimers [redacted] | 5.00 | |

Principal occupation (Optional): Employer (Optional):

| 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) |
|---|---|---|---|
| 3/31/1 | F. Ponsell [redacted] | 25.00 | |

Principal occupation (Optional): Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-GS, SC-C/OH, SC-SPAC, SPAC, & SPAC-GS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFEU

3 ACCOUNT # (Ethics Commission Filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | L Massey<br>6 Contributor address: City: State: Zip Code 77017<br>[redacted] | 25.00 | |

9 Principal occupation (Optional):

10 Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | J Moore<br>Contributor address: City: State: Zip Code 77015<br>[redacted] | 10.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | A Keller<br>Contributor address: City: State: Zip Code 77057<br>[redacted] | 10.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | S. Merril<br>Contributor address: City: State: Zip Code 77062<br>[redacted] | 100.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | H Redfern<br>Contributor address: City: State: Zip Code 77008<br>[redacted] | 20.00 | |

Principal occupation (Optional): Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS B/ON, G/OR/SS, SCAC/OH, SCAC/PAC, B/PAC & SPAC-55)

The instruction Guide explains how to complete this form. 1 Total pages this Schedule A1:

2 FILER NAME: HFFV 3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#) / Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | E. Cochran [redacted] 77008 | 10.00 | |
| 9 Principal occupation (Optional) | 10 Employer (Optional) | | |
| Date | Full name of contributor / out-of-state PAC (ID#) / Contributor address: City State Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | L. Williams [redacted] 77059 | 10.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |
| Date | Full name of contributor / out-of-state PAC (ID#) / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | D. Stigall [redacted] 77052 | 100.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |
| Date | Full name of contributor / out-of-state PAC (ID#) / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | W. Barrack [redacted] 77030 | 40.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |
| 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) |
| 3/31/1 | W. Thurmond [redacted] | 25.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, COH-SS, SCC/OH, SCC/PAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | W Howard [redacted] 77018 | 15.00 | |
| 9 Principal occupation (Optional) | 10 Employer (Optional) | | |
| Date | Full name of contributor / out-of-state PAC (ID#) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | H. Hansen [redacted] 77004 | 20.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |
| Date | Full name of contributor / out-of-state PAC (ID#) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | P. Foame [redacted] 77079 | 10.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |
| Date | Full name of contributor / out-of-state PAC (ID#) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | H. Flake [redacted] 7738 | 15.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |
| 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) |
| 3/31/1 | W Brangon [redacted] 77097 | 20.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS COH, COH-SS, SCH/COH, SCH/PAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFEU

3 ACCOUNT # (Ethics Commission Filers)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#) / Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | J Biedenstedt [redacted] 77057 | 10.00 | |
| 9 Principal occupation (Optional) | 10 Employer (Optional) | | |
| Date | Full name of contributor / out-of-state PAC (ID#) / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | T. Gunter [redacted] 77018 | 10.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |
| Date | Full name of contributor / out-of-state PAC (ID#) / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | E Hopkins [redacted] | 10.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |
| Date | Full name of contributor / out-of-state PAC (ID#) / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | L Jacob [redacted] 77008 | 10.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |
| 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) |
| 3/31/1 | K Hill [redacted] 77092 | 10.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(PCS: FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission Item)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | J Havran<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77339 | 10.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | D Wooten<br>Contributor address: City: State: Zip Code<br>[redacted] 77345 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | A Tomchesson<br>Contributor address: City: State: Zip Code<br>[redacted] 77008 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | B Gideon<br>Contributor address: City: State: Zip Code<br>[redacted] 77080 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | S Rutherford<br>Contributor address: City: State: Zip Code<br>[redacted] 77027 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission Item)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | F Pearson<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77042 | 5.00 | |

9 Principal occupation (Optional)

10 Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | R Coules<br>Contributor address: City: State: Zip Code<br>[redacted] 77042 | 20.00 | |

Principal occupation (Optional)

Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | R Morgan<br>Contributor address: City: State: Zip Code<br>[redacted] 77024 | 10.00 | |

Principal occupation (Optional)

Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | G Beard<br>Contributor address: City: State: Zip Code<br>[redacted] 77079 | 15.00 | |

Principal occupation (Optional)

Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | J Hinton<br>Contributor address: City: State: Zip Code<br>[redacted] 77061 | 10.00 | |

Principal occupation (Optional)

Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS G/CH, G/CH-SS, SC-C/CH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission Sent)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | W Fogleman<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77035 | 15.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | G Ruther<br>Contributor address: City: State: Zip Code<br>[redacted] 77079 | 5.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | J Green<br>Contributor address: City: State: Zip Code<br>[redacted] 77006 | 15.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | C Zumbado<br>Contributor address: City: State: Zip Code<br>[redacted] | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | G Lacy<br>Contributor address: City: State: Zip Code<br>[redacted] 77061 | 5.00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS 0/0H, 0/0H-SS, SC-0/0H, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission Name)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#) / 6 Contributor address: City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | T. Devine [redacted] 77080 | 5.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| 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) |
|---|---|---|---|
| 3/31/1 | J. Skere [redacted] 77057 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 3/31/1 | M. Gamboa [redacted] 77020 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 3/31/1 | R. Lonkrigan [redacted] 77025 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 3/31/1 | D. Morris [redacted] 77019 | 25.00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, OH-ES, SCH/OH, SC-SPAC, SPAC, & SPAC-ES)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#) / Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | A Barber [redacted] 77345 | 10.00 | |

9 Principal occupation (Optional) 10 Employer (Optional)

| 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) |
|---|---|---|---|
| 3/31/1 | J Curry [redacted] | 5.00 | |

Principal occupation (Optional) Employer (Optional)

| 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) |
|---|---|---|---|
| 3/31/1 | D Peppard [redacted] 77036 | 10.00 | |

Principal occupation (Optional) Employer (Optional)

| 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) |
|---|---|---|---|
| 3/31/1 | J Krantz [redacted] 77036 | 50.00 | |

Principal occupation (Optional) Employer (Optional)

| 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) |
|---|---|---|---|
| 3/31/1 | J Woods [redacted] 77035 | 20.00 | |

Principal occupation (Optional) Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-CS, SCH/PAC, SPAC, & SPAC-CS)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission Use)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#) / Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | R Bouches [redacted] 77087 | 25.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| 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) |
|---|---|---|---|
| 3/31/1 | R Hemingway [redacted] Hou 77219 | 25.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 3/31/1 | Carl Hollis [redacted] 77079 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 3/31/1 | Darwin McMullen [redacted] 77027 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 3/31/1 | J Federman [redacted] 77036 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS COH, COH-SE, SCG/CON, SCH/PAC, SPAC, & SPAC-SE)

The instruction guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HEFV

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#) | 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|---|
| 3/31/1 | R Volkert | [redacted] 77076 | 20.00 | |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | | |
| Date | Full name of contributor / out-of-state PAC (ID#) | Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | G Bauman | [redacted] 77079 | 10.00 | |
| Principal occupation (Optional) | | Employer (Optional) | | |
| Date | Full name of contributor / out-of-state PAC (ID#) | Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | L Brigham | [redacted] 77059 | 25.00 | |
| Principal occupation (Optional) | | Employer (Optional) | | |
| Date | Full name of contributor / out-of-state PAC (ID#) | Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | S Kurth | [redacted] 77035 | 20.00 | |
| Principal occupation (Optional) | | Employer (Optional) | | |
| 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) |
| 3/31/1 | G Bezdek | [redacted] | 10.00 | |
| Principal occupation (Optional) | | Employer (Optional) | | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS COH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFEV

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#) / 6 Contributor address: City, State, Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | D Dunlop [redacted] 77339 | 20.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| 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) |
|---|---|---|---|
| 3/31/1 | T Sellner [redacted] 77339 | 25.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 3/31/1 | M Dubay [redacted] 77345 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 3/31/1 | R Parshall [redacted] 77076 | 50.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 3/31/1 | T Hollamon [redacted] 77055 | 5.00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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(FOR FORMS G/GH, G/GH-SS, SC-C/GH, SC-SPAC, SPAC, & SPAC-SS)

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1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission Rent)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | D Kaiser<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77008 | 15.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | Dorothy Spencer<br>Contributor address: City: State: Zip Code<br>[redacted] 77025 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | H Zaruba<br>Contributor address: City: State: Zip Code<br>[redacted] 77055 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | David & Jean<br>Contributor address: City: State: Zip Code<br>[redacted] 77008 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | M Tanco<br>Contributor address: City: State: Zip Code<br>[redacted] 77080 | 5.00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission Item)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) / 6 Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | K Heine<br>[redacted] 77071 | 10.00 | |

9 Principal occupation (Optional) 10 Employer (Optional)

| 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) |
|---|---|---|---|
| 3/31/1 | M Plutt<br>[redacted] 77006 | 10.00 | |

Principal occupation (Optional) Employer (Optional)

| 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) |
|---|---|---|---|
| 3/31/1 | H O'Neal<br>[redacted] 77043 | 20.00 | |

Principal occupation (Optional) Employer (Optional)

| 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) |
|---|---|---|---|
| 3/31/1 | T Hughes<br>[redacted] 77034 | 5.00 | |

Principal occupation (Optional) Employer (Optional)

| 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) |
|---|---|---|---|
| 3/31/1 | E Hill<br>[redacted] 77096 | 20.00 | |

Principal occupation (Optional) Employer (Optional)

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1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#) | 6 Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|---|
| 3/31/1 | J. Fleming | [redacted] 77092 | 25.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| 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) |
|---|---|---|---|---|
| 3/31/1 | R Lester | [redacted] 77092 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|---|
| 3/31/1 | E. Jennings | [redacted] 77070 | 50.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|---|
| 3/31/1 | C. Shaver | [redacted] 77092 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|---|
| 3/31/1 | R. Huffman | [redacted] 77035 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS SCH, SCH-SS, SCACSH, SCSPAC, SPAC, & SPAC-SS)

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1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor / 6 Contributor address: City, State, Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | L Woodard [redacted] 77070 | 25.00 | |
| 9 Principal occupation (optional) | 10 Employer (Optional) | | |
| Date | Full name of contributor / Contributor address: City, State, Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | L Hoft [redacted] 77339 | 10.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |
| Date | Full name of contributor / Contributor address: City, State, Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | G Martin [redacted] 77021 | 15.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |
| Date | Full name of contributor / Contributor address: City, State, Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | M Wallace [redacted] | 10.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |
| Date | Full name of contributor / Contributor address: City, State, Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | J Devore [redacted] 77005 | 20.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC/OH, SC-SPAC, SPAC, & SPAC-SS)

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1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission files)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#) / Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | H Kaufman [redacted] 77077 | 100.00 | |

| 9 Principal occupation (Optional) | 10 Employer (Optional) |
|---|---|
| | |

| 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) |
|---|---|---|---|
| 3/31/1 | E. Fields [redacted] 77096 | 10.00 | |

| Principal occupation (Optional) | Employer (Optional) |
|---|---|
| | |

| 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) |
|---|---|---|---|
| 3/31/1 | L. Jackson [redacted] 77096 | 10.00 | |

| Principal occupation (Optional) | Employer (Optional) |
|---|---|
| | |

| 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) |
|---|---|---|---|
| 3/31/1 | D. Martin [redacted] 77042 | 25.00 | |

| Principal occupation (Optional) | Employer (Optional) |
|---|---|
| | |

| 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) |
|---|---|---|---|
| 3/31/1 | A. Hoffman [redacted] LA 77092 | 5.00 | |

| Principal occupation (Optional) | Employer (Optional) |
|---|---|
| | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS G/GH, G/GH-SS, SC-G/GH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | W McCulloch<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77057 | 25.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | W McCelroy<br>Contributor address: City: State: Zip Code<br>[redacted] #78 77081 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | R Ybarra<br>Contributor address: City: State: Zip Code<br>[redacted] 77339 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | W Hood<br>Contributor address: City: State: Zip Code<br>[redacted] 77035 | 11.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | J Miller<br>Contributor address: City: State: Zip Code<br>[redacted] 77339 | 25.00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
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1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission Item)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | C Ramas<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77025 | 20.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | D Barth<br>Contributor address: City: State: Zip Code<br>[redacted] 77017 | 25.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | J. Shanklin<br>Contributor address: City: State: Zip Code<br>[redacted] 77057 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | J. Cadrin<br>Contributor address: City: State: Zip Code<br>[redacted] 77080 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | J. Denison<br>Contributor address: City: State: Zip Code<br>[redacted] 77080 | 25.00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC/COH, SC/SPAC, & SPAC-SS)

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1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission Use)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|---|
| 3/31/1 | A Gilchrist | [redacted] 77008 | 35.00 | |

| 9 Principal occupation (Optional) | 10 Employer (Optional) |
|---|---|
| | |

| 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) |
|---|---|---|---|---|
| 3/31/1 | R Atkinson | [redacted] 77070 | 25.00 | |

| Principal occupation (Optional) | Employer (Optional) |
|---|---|
| | |

| 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) |
|---|---|---|---|---|
| 3/31/1 | R Haight | [redacted] 77036 | 5.00 | |

| Principal occupation (Optional) | Employer (Optional) |
|---|---|
| | |

| 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) |
|---|---|---|---|---|
| 3/31/1 | P Beamth | [redacted] 77042 | 10.00 | |

| Principal occupation (Optional) | Employer (Optional) |
|---|---|
| | |

| 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) |
|---|---|---|---|---|
| 3/31/1 | C Dean | [redacted] 77096 | 10.00 | |

| Principal occupation (Optional) | Employer (Optional) |
|---|---|
| | |

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**SCHEDULE A1**
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1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission Item)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | H Adam<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77074 | 10.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | J Bradley<br>Contributor address: City: State: Zip Code<br>[redacted] 77080 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | H Kopycinski<br>Contributor address: City: State: Zip Code<br>[redacted] 77018 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | C Ofner<br>Contributor address: City: State: Zip Code<br>[redacted] 77019 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | L Marshal<br>Contributor address: City: State: Zip Code<br>[redacted] 77074 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

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2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission Item)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | E Obrecht<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77080 | 10.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | R Gilson<br>Contributor address: City: State: Zip Code<br>[redacted] 7708 | 5.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | H Otto<br>Contributor address: City: State: Zip Code<br>[redacted] 77057 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | L Bridges<br>Contributor address: City: State: Zip Code<br>[redacted] 77077 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | H Heckman<br>Contributor address: City: State: Zip Code<br>[redacted] | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
FOR FORMS G/OH, G/OH-SS, SC-G/OH, SC-SPAC, SPAC, & SPAC-SS

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor / Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | S Richardson [redacted] 77080 | 10.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | R Bishop [redacted] 77088 | 25.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | R Luster [redacted] 77077 | 5.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | W Caldwell [redacted] 77019 | 4.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | L Wilson [redacted] | 15.00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS COH, COH-SS, SCC/COH, SCH/PAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | T W Kirkpatrick [redacted] 77080 | 10 00 | |
| 9 Principal occupation (Optional) | 10 Employer (Optional) | | |
| 3/31/1 | M/M Dorsey [redacted] 77023 | 15 00 | |
| Principal occupation (Optional) | Employer (Optional) | | |
| 3/31/1 | B Hearsberger [redacted] 77018 | 20 00 | |
| Principal occupation (Optional) | Employer (Optional) | | |
| 3/31/1 | G Robinshaw [redacted] 77042 | 50 00 | |
| Principal occupation (Optional) | Employer (Optional) | | |
| 3/31/1 | B Jones [redacted] | 10 00 | |
| Principal occupation (Optional) | Employer (Optional) | | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (ethics Commission filers):

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#) / 6 Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | W Ashford [redacted] 77093 | 10.00 | |
| 3/31/11 | P. Crocker [redacted] 77056 | 1.00 | |
| 3/31/11 | J. Bass [redacted] 77015 | 10.00 | |
| 3/31/11 | H. Hickok [redacted] 77055 | 10.00 | |
| 3/31/11 | W.R. Waghburn [redacted] 77024 | 20.00 | |

| 9 Principal occupation (Optional) | 10 Employer (Optional) |
|---|---|
| Principal occupation (Optional) | Employer (Optional) |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
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1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | J Hall<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77036 | 1.00 | |

9 Principal occupation (Optional):

10 Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | J Womack<br>Contributor address: City: State: Zip Code<br>[redacted] 77025 | 1.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | R. Boyd<br>Contributor address: City: State: Zip Code<br>[redacted] 77027 | 20.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | C. Lehotsky<br>Contributor address: City: State: Zip Code<br>[redacted] 77008 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | E. Bowen<br>Contributor address: City: State: Zip Code<br>[redacted] 77056 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
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1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | A Lenick<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77042 | 20.00 | |

9 Principal occupation (Optional):

10 Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | H. Harris<br>Contributor address: City: State: Zip Code<br>[redacted] 77080 | 25.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | A. Byington<br>Contributor address: City: State: Zip Code<br>[redacted] 77345 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | K. Dippel<br>Contributor address: City: State: Zip Code<br>[redacted] 77096 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | J Seligman<br>Contributor address: City: State: Zip Code<br>[redacted] #11BW 77056 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

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(FOR FORMS C/OH, C/OH-89, SC-C/OH, SC-SPAC, SPAC, & SPAC-SB)

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1 Total pages this Schedule A1:

2 FILER NAME: H F F U

3 ACCOUNT # (Ethics Commission files):

| 4 Date | 5 Full name of contributor / 6 Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | M/M Hazlett [redacted] 77096 | 10 00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | H Harding [redacted] 77043 | 10 00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | F C Davidson [redacted] 77025 | 10 00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | B Flatt [redacted] 77043 | 10 00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | J Lester [redacted] 77025 | 10 00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, D/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

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1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission Rule)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | K Judd<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77080 | 10.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | L Hanley<br>Contributor address: City: State: Zip Code<br>[redacted] 77018 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | H Jalloski<br>Contributor address: City: State: Zip Code<br>[redacted] 77008 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | W Bielenda<br>Contributor address: City: State: Zip Code<br>[redacted] | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | A Wilcox<br>Contributor address: City: State: Zip Code<br>[redacted] 77017 | 15.00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS G/DH, G/DH-SS, SC-G/DH, SC-SPAC, SPAC & SPAC-SS)

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1 Total pages this Schedule A1:

2 FILER NAME: H FEV

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#) / 6 Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | P. Allen [redacted] 77047 | 10 00 | |

| 9 Principal occupation (Optional) | 10 Employer (Optional) |
|---|---|
| | |

| 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) |
|---|---|---|---|
| 3/31/1 | J. Meadows [redacted] 77034 | 10 00 | |

| Principal occupation (Optional) | Employer (Optional) |
|---|---|
| | |

| 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) |
|---|---|---|---|
| 3/31/1 | R. Jones [redacted] 77034 | 10 00 | |

| Principal occupation (Optional) | Employer (Optional) |
|---|---|
| | |

| 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) |
|---|---|---|---|
| 3/31/1 | M/M G[illegible] [redacted] 77074 | 10 00 | |

| Principal occupation (Optional) | Employer (Optional) |
|---|---|
| | |

| 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) |
|---|---|---|---|
| 3/31/1 | L. Pirtle [redacted] 77082 | 10 00 | |

| Principal occupation (Optional) | Employer (Optional) |
|---|---|
| | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (TEC Commission filer)

| 4 Date | 5 Full name of contributor / 6 Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | E Lemm [redacted] 77076 | 15.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | M Williamson [redacted] 77009 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | R Sims [redacted] 77079 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | J Dorn [redacted] 77034 | 10.00 | |

Principle occupation (Optional) | Employer (Optional)

| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | R McCharen [redacted] 77042 | 15.00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
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1 Total pages this Schedule A1:

2 FILER NAME: HEFU

3 ACCOUNT # (Ethics Commission Filers)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#) / Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | H Paula [redacted] 77071 | 10 00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| 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) |
|---|---|---|---|
| 3/31/1 | J Westmoreland [redacted] 77035 | 10 00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 3/31/1 | E Marcotte [redacted] 77063 | 10 00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 3/31/1 | S.W. Harper [redacted] 77096 | 10 00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 3/31/1 | T Humble [redacted] 77056 | 10 00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
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The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission files):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | M/M Carter<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77096 | 10.00 | |

9 Principal occupation (Optional):

10 Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | D Williams<br>Contributor address: City: State: Zip Code<br>[redacted] 77061 | 10.00 | |

Principal occupation (Optional):

Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | G Hightower<br>Contributor address: City: State: Zip Code<br>[redacted] 77018 | 10.00 | |

Principal occupation (Optional):

Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | L Knierien<br>Contributor address: City: State: Zip Code<br>[redacted] 77072 | 10.00 | |

Principal occupation (Optional):

Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | Eugene & Susan<br>Contributor address: City: State: Zip Code<br>[redacted] 770[illegible] | 10.00 | |

Principal occupation (Optional):

Employer (Optional):

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3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#) / Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | S Canniff [redacted] 77063 | 10.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| 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) |
|---|---|---|---|
| 3/31/1 | W. Garrett [redacted] 77027 | 15.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 3/31/1 | L Ander [redacted] 77080 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 3/31/1 | F Andrews [redacted] 77096 | 5.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 3/31/1 | I Eiland [redacted] 77025 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission Item)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | J Smith<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77027 | 15.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | M. Cannon<br>Contributor address: City: State: Zip Code<br>[redacted] 77080 | 15.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | C. Berry<br>Contributor address: City: State: Zip Code<br>[redacted] 77092 | 5.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | M. Hagry<br>Contributor address: City: State: Zip Code<br>[redacted] 77079 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | E. McLean<br>Contributor address: City: State: Zip Code<br>[redacted] 77035 | 5.00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS COH, COH-ss, SCC/COH, SCH/PAC, SPAC, & SPAC-ss)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission Use)

| 4 Date | 5 Full name of contributor / Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | H Kisar [redacted] 77008 | 10.00 | |
| 9 Principal occupation (Optional) | 10 Employer (Optional) | | |
| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | W. Schulze [redacted] 7709J | 10.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |
| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | G.W. Laird [redacted] 77043 | 10.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |
| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | W.M. Denton [redacted] 77096 | 10.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |
| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | R. Haight [redacted] 77008 | 15.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
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1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | J Furtovich<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77009 | 10.00 | |

9 Principal occupation (Optional):

10 Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | D Fackell<br>Contributor address: City: State: Zip Code<br>[redacted] 77339 | 10.00 | |

Principal occupation (Optional):

Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | J.C. Feltis<br>Contributor address: City: State: Zip Code<br>[redacted] 77025 | 10.00 | |

Principal occupation (Optional):

Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | L Sepolio<br>Contributor address: City: State: Zip Code<br>[redacted] 77096 | 10.00 | |

Principal occupation (Optional):

Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | J Williams<br>Contributor address: City: State: Zip Code<br>[redacted] 77055 | 10.00 | |

Principal occupation (Optional):

Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this Schedule A1:

2 FILER NAME: HFEV

3 ACCOUNT # (Ethics Commission Use)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#) / Contributor address: City, State, Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | J Smith [redacted] 77096 | 15.00 | |
| | 9 Principal occupation (Optional) | 10 Employer (Optional) | |
| Date | Full name of contributor / out-of-state PAC (ID#) / Contributor address: City, State, Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | J Davenport [redacted] 77035 | 10.00 | |
| | Principal occupation (Optional) | Employer (Optional) | |
| Date | Full name of contributor / out-of-state PAC (ID#) / Contributor address: City, State, Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | W Chung [redacted] 77036 | 10.00 | |
| | Principal occupation (Optional) | Employer (Optional) | |
| Date | Full name of contributor / out-of-state PAC (ID#) / Contributor address: City, State, Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | C Baldwin [redacted] 77017 | 10.00 | |
| | Principal occupation (Optional) | Employer (Optional) | |
| 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) |
| 3/31/1 | D Kuenker [redacted] 77059 | 15.00 | |
| | Principal occupation (Optional) | Employer (Optional) | |

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1 Total pages this Schedule A1

2 FILER NAME: LFFU

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor / Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | J. Litchfield [redacted] 77042 | 15.00 | |
| 9 Principal occupation (Optional) | 10 Employer (Optional) | | |
| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | S. Mullin [redacted] 77070 | 10.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |
| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | F. Zschiesche [redacted] 77024 | 10.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |
| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | D. Carter [redacted] 77074 | 10.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |
| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | H. Cullen [redacted] 77055 | 10 | |
| Principal occupation (Optional) | Employer (Optional) | | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this Schedule A1:

2 FILER NAME: HEFU

3 ACCOUNT # (ethics Commission filers)

| 4 Date | 5 Full name of contributor / out-of-state PAC ID# | 6 Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|---|
| 3/31/1 | A Bond | [redacted] 77005 | 100.00 | |
| | 9 Principal occupation (Optional) | 10 Employer (Optional) | | |
| Date | Full name of contributor / out-of-state PAC ID# | Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | F Goldman | [redacted] 77092 | 20.00 | |
| | Principal occupation (Optional) | Employer (Optional) | | |
| Date | Full name of contributor / out-of-state PAC ID# | Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | S Lindeman | [redacted] 77092 | 25.00 | |
| | Principal occupation (Optional) | Employer (Optional) | | |
| Date | Full name of contributor / out-of-state PAC ID# | Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | D Ward | [redacted] | 100.00 | |
| | Principal occupation (Optional) | Employer (Optional) | | |
| 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) |
| 3/31/1 | A Wyer | [redacted] | 10.00 | |
| | Principal occupation (Optional) | Employer (Optional) | | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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(FOR FORMS G/CH, C/CH-SS, SG-C/CH, SC-SPAC, SPAC, & SPAC-SS)

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1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | K Meier<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77077 | 10.00 | |

9 Principal occupation (Optional):

10 Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | Glen or James<br>Contributor address: City: State: Zip Code<br>[redacted] 77013 | 25.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | C. Wolf<br>Contributor address: City: State: Zip Code<br>[redacted] 77027 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | O. Towns<br>Contributor address: City: State: Zip Code<br>[redacted] 77018 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | G. Bookout<br>Contributor address: City: State: Zip Code<br>[redacted] 77071 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | A Walker<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77036 | 10.00 | |

9 Principal occupation (Optional):

10 Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | A Bale<br>Contributor address: City: State: Zip Code<br>[redacted] | 10.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | K Ponton<br>Contributor address: City: State: Zip Code<br>[redacted] 77034 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | E Bozarth<br>Contributor address: City: State: Zip Code<br>[redacted] 77072 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | R Chumley<br>Contributor address: City: State: Zip Code<br>[redacted] 77079 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

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1 Total pages this Schedule A1:

2 FILER NAME: HEEU

3 ACCOUNT # (Ethics Commission Item)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | F. Champion<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77034 | 10.00 | |

9 Principal occupation (Optional) 10 Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | S. Schlein<br>Contributor address: City: State: Zip Code<br>[redacted] 77077 | 10.00 | |

Principal occupation (Optional) Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | E. Blackburn<br>Contributor address: City: State: Zip Code<br>[redacted] 77096 | 5.00 | |

Principal occupation (Optional) Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | L. Lowry<br>Contributor address: City: State: Zip Code<br>[redacted] 77061 | 10.00 | |

Principal occupation (Optional) Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | R. Blank<br>Contributor address: City: State: Zip Code<br>[redacted] 77035 | 15.00 | |

Principal occupation (Optional) Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, D/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

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1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | E. Maguer<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77063 | 10.00 | |

9 Principal occupation (Optional):

10 Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | B. Barrows<br>Contributor address: City: State: Zip Code<br>[redacted] 77080 | 10.00 | |

Principal occupation (Optional):

Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | M/M Ditto<br>Contributor address: City: State: Zip Code<br>[redacted] 77055 | 10.00 | |

Principal occupation (Optional):

Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | J. Fox<br>Contributor address: City: State: Zip Code<br>[redacted] 77018 | 10.00 | |

Principal occupation (Optional):

Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | H. Harpole<br>Contributor address: City: State: Zip Code<br>[redacted] 77077 | 10.00 | |

Principal occupation (Optional):

Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
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The instruction Guide explains how to complete this form

1 Total pages this Schedule A1:

2 FILER NAME: HEFV

3 ACCOUNT # (Ethics Commission Use)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#) | 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|---|
| 3/31/1 | A. Hoffart | [redacted] | 10.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| 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) |
|---|---|---|---|---|
| 3/31/1 | V. Rivera | [redacted] 77022 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|---|
| 3/31/1 | B. Sparks | [redacted] 77063 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|---|
| 3/31/1 | E. Hodge | [redacted] 77079 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|---|
| 3/31/1 | W. P. Jackson | [redacted] 77024 | 5.00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS 2/CH, 3/CH-SS, SC-C/CH, SC-SPAC, SPAC, & SPAC-SS)

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1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission Item)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) / 6 Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | S Faut [redacted] 77077 | 10.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| 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) |
|---|---|---|---|
| 3/31/1 | K. Kiendke [redacted] 77008 | 5.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 3/31/1 | D. Smith [redacted] 77079 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 3/31/1 | B. Pruden [redacted] 77071 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 3/31/1 | D. Eitel [redacted] 77339 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

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1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission Sent)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | J Black<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77077 | 10.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | W.R. Brown<br>Contributor address: City: State: Zip Code<br>[redacted] 77079 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | O. Ellis<br>Contributor address: City: State: Zip Code<br>[redacted] 77080 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | R. Jure<br>Contributor address: City: State: Zip Code<br>[redacted] 77042 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | S.W. Giuffre<br>Contributor address: City: State: Zip Code<br>[redacted] 77033 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS COH, COH-SS, SCH-COH, SCH-PAC, SPAC, & SPAC-SS)

This instruction guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFV

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#) / Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | L Van Dibber [redacted] 77009 | 10.00 | |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date | Full name of contributor / out-of-state PAC (ID#) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | R Shadle [redacted] 7700 | 10.00 | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date | Full name of contributor / out-of-state PAC (ID#) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | S Collins [redacted] 77077 | 10.00 | |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date | Full name of contributor / out-of-state PAC (ID#) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | W Butler [redacted] 77096 | 10.00 | |
| Principal occupation (Optional) | | Employer (Optional) | |
| 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) |
| 3/31/1 | M/M Kirkendall [redacted] 77074 | 10.00 | |
| Principal occupation (Optional) | | Employer (Optional) | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, D/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | B Lott<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77089 | 5.00 | |

9 Principal occupation (Optional):

10 Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | F. Holube<br>Contributor address: City: State: Zip Code<br>[redacted] 77009 | 10.00 | |

Principal occupation (Optional):

Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | C Anderson<br>Contributor address: City: State: Zip Code<br>[redacted] 77055 | 15.00 | |

Principal occupation (Optional):

Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | P. Smith<br>Contributor address: City: State: Zip Code<br>[redacted] 77077 | 5.00 | |

Principal occupation (Optional):

Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | A Jatelau<br>Contributor address: City: State: Zip Code<br>[redacted] 77018 | 10.00 | |

Principal occupation (Optional):

Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS COH, COH-SE, SCOH, SCH-PAC, SPAC, & SPAC-SE)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1

2 FILER NAME: HEFV

3 ACCOUNT # (Ethics Commission files)

| 4 Date | 5 Full name of contributor / 6 Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | M. Latorre [redacted] 77074 | 10.00 | |
| 9 Principal occupation (Optional) | 10 Employer (Optional) | | |
| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | L Wagnespack [redacted] 77072 | 10.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |
| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | E. Garrett [redacted] 77035 | 10.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |
| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | A. Mata [redacted] 77024 | 20.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |
| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | C Crabb [redacted] 77008 | 20.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, D/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

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1 Total pages this Schedule A1:

2 FILER NAME: NFFU

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | M R Starke<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77036 | 10.00 | |

9 Principal occupation (Optional):

10 Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | G Chapa<br>Contributor address: City: State: Zip Code<br>[redacted] 77018 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | R Cheema<br>Contributor address: City: State: Zip Code<br>[redacted] 77025 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | D Anderson<br>Contributor address: City: State: Zip Code<br>[redacted] 77339 | 15.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | J Wilson<br>Contributor address: City: State: Zip Code<br>[redacted] 77074 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS G/GH, G/GH-SS, SC-S/CH, SC-SPAC, SPAC, & SPAC-SS)

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1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | H Buescher<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77036 | 5.00 | |

9 Principal occupation (Optional):

10 Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | K Sloan<br>Contributor address: City: State: Zip Code<br>[redacted] 77096 | 10.00 | |

Principal occupation (Optional):

Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | R Ferley<br>Contributor address: City: State: Zip Code<br>[redacted] 77096 | 10.00 | |

Principal occupation (Optional):

Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | B L Moore<br>Contributor address: City: State: Zip Code<br>[redacted] 77345 | 10.00 | |

Principal occupation (Optional):

Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | V Purcell<br>Contributor address: City: State: Zip Code<br>[redacted] 77339 | 10.00 | |

Principal occupation (Optional):

Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

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1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) / 6 Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | M. Gaither<br>[redacted] 77079 | 5.00 | |

9 Principal occupation (Optional): 10 Employer (Optional):

| 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) |
|---|---|---|---|
| 3/31/1 | J. Neck<br>[redacted] 77035 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

| 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) |
|---|---|---|---|
| 3/31/1 | H. Fahrenthold<br>[redacted] 77077 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

| 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) |
|---|---|---|---|
| 3/31/1 | H. Mann<br>[redacted] 77043 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

| 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) |
|---|---|---|---|
| 3/31/1 | D. Worster<br>[redacted] 77018 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS G/CH, G/CH-SS, SC-C/CH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | H Hall<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77096 | 20.00 | |

9 Principal occupation (Optional) 10 Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | R Davidson<br>Contributor address: City: State: Zip Code<br>[redacted] 77079 | 15.00 | |

Principal occupation (Optional) Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | J Camel<br>Contributor address: City: State: Zip Code<br>[redacted] 77036 | 10.00 | |

Principal occupation (Optional) Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | C Fleming<br>Contributor address: City: State: Zip Code<br>[redacted] 77339 | 10.00 | |

Principal occupation (Optional) Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | J Boyd<br>Contributor address: City: State: Zip Code<br>[redacted] 77339 | 15.00 | |

Principal occupation (Optional) Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS COH, COH-CS, SCOH, SCOH-SPAC, SPAC, & SPAC-CS)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HEFV

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 6 Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|---|
| 3/31/21 | J. Stanley | [redacted] 77042 | 10.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| 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) |
|---|---|---|---|---|
| 3/31/21 | B. Erskine | [redacted] 77057 | 5.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|---|
| 3/31/21 | J. Sloan | [redacted] 77096 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|---|
| 3/31/21 | L. Cutrer | [redacted] 77096 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|---|
| 3/31/21 | W. Gaeke | [redacted] 77092 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS G/CH, G/CH-SS, SC-C/CH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission Signs)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | C Pool<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77096 | 20.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | K Webster<br>Contributor address: City: State: Zip Code<br>[redacted] 77092 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | D Hare<br>Contributor address: City: State: Zip Code<br>[redacted] 77079 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | J Coolidge<br>Contributor address: City: State: Zip Code<br>[redacted] 77057 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | D Raiffeisen<br>Contributor address: City: State: Zip Code<br>[redacted] 77080 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**

(FOR FORMS COH, GPAC-SG, SCHEMAC, SMAC, & SPAC-SG)

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1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission files)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#) / Contributor address / City / State / Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | R Royall [redacted] 7706[illegible] | 20.00 | |
| 9 Principal occupation (Optional) [redacted] | 10 Employer (Optional) | | |
| Date | Full name of contributor / out-of-state PAC (ID#) / Contributor address / City / State / Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | F Meier [redacted] 77096 | 20.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |
| Date | Full name of contributor / out-of-state PAC (ID#) / Contributor address / City / State / Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | J Becerra [redacted] 77045 | 20.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |
| Date | Full name of contributor / out-of-state PAC (ID#) / Contributor address / City / State / Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | F Haberger [redacted] 77096 | 20.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |
| 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) |
| 3/31/1 | H Larson [redacted] 77035 | 20.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS G/CH, G/CH-SS, SC-C/CH, SC-SPAC, SPAC, & SPAC-SS)

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1 Total pages this Schedule A1

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission Filers)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) / 6 Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | C. Jentho [redacted] 77017 | 20.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| 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) |
|---|---|---|---|
| 3/31/11 | C. McLemore [redacted] 77096 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 3/31/11 | D. Herkel [redacted] 77031 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 3/31/11 | D. Maas [redacted] 77088 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 3/31/11 | J. Caldwell [redacted] 77088 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

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(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

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1 Total pages this Schedule A1:

2 FILER NAME: H FFV

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | H Petty<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77036 | 20.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | C Speck<br>Contributor address: City: State: Zip Code<br>[redacted] 77008 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | T Lott<br>Contributor address: City: State: Zip Code<br>[redacted] 77013 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | E Flynn<br>Contributor address: City: State: Zip Code<br>[redacted] 77008 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | M Megdal<br>Contributor address: City: State: Zip Code<br>[redacted] 77025 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**
**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**



1010

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | S. Scott<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77074 | 20.00 | |

9 Principal occupation (Optional):

10 Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | A. Roine<br>Contributor address: City: State: Zip Code<br>[redacted] 77077 | 20.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | T. Duffy<br>Contributor address: City: State: Zip Code<br>[redacted] 77025 | 20.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | M.T. Robin<br>Contributor address: City: State: Zip Code<br>[redacted] 77035 | 20.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | R. Williams<br>Contributor address: City: State: Zip Code<br>[redacted] 77036 | 25.00 | |

Principal occupation (Optional): Employer (Optional):

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

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS 3/CH, 3/CH-SS, SC-3/CH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME HFFV

3 ACCOUNT # (Ethics Commission Sent)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | J. Leblince<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77013 | 20.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | A. Deschamps<br>Contributor address: City: State: Zip Code<br>[redacted] 77080 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | N. Andrew<br>Contributor address: City: State: Zip Code<br>[redacted] 77042 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | T. Jeffcoat<br>Contributor address: City: State: Zip Code<br>[redacted] 77034 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | W. Erwin<br>Contributor address: City: State: Zip Code<br>[redacted] 77056 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, D/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission Item)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | L. Thomas<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77042 | 20.00 | |

9 Principal occupation (Optional)

10 Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | T. Garrisi<br>Contributor address: City: State: Zip Code<br>[redacted] Rider 77062 | 20.00 | |

Principal occupation (Optional)

Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | P. Tuel<br>Contributor address: City: State: Zip Code<br>[redacted] 77079 | 20.00 | |

Principal occupation (Optional)

Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | M/M Durden<br>Contributor address: City: State: Zip Code<br>[redacted] 77096 | 20.00 | |

Principal occupation (Optional)

Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | R. Gelbert<br>Contributor address: City: State: Zip Code<br>[redacted] 77057 | 20.00 | |

Principal occupation (Optional)

Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS B/BH, G/GH-SS, SC-B/BH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission Here):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | J Griffen<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77008 | 20.00 | |

9 Principal occupation (Optional):

10 Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | M/M Roberts<br>Contributor address: City: State: Zip Code<br>[redacted] 77042 | 20.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | R Vogel<br>Contributor address: City: State: Zip Code<br>[redacted] 77072 | 20.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | M Hunicutt<br>Contributor address: City: State: Zip Code<br>[redacted] 77072 | 20.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | Joe & Mary<br>Contributor address: City: State: Zip Code<br>[redacted] 77043 | 20 | |

Principal occupation (Optional): Employer (Optional):

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100

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, G/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | John & Marie<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77061 | 20.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | A. Skopp<br>Contributor address: City: State: Zip Code<br>[redacted] 77024 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | Lee & Pegge<br>Contributor address: City: State: Zip Code<br>[redacted] 77092 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | Herchel & Bernadean<br>Contributor address: City: State: Zip Code<br>[redacted] 77077 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | H. Payne<br>Contributor address: City: State: Zip Code<br>[redacted] 77079 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS COH, DCH-CS, SC-COH SCHPAC, SPAC, & SPAC-CS)

The instruction GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFEV

3 ACCOUNT # (Ethics Commission Use)

| 4 Date | 5 Full name of contributor / Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/21/1 | B Babb [redacted] 77076 | 25.00 | |
| 9 Principal occupation (Optional) | 10 Employer (Optional) | | |
| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/21/1 | J Sawyer [redacted] 77008 | 25.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |
| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/21/1 | C Segrest [redacted] 77345 | 20.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |
| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/21/1 | J Peaple [redacted] 77334 | 25.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |
| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/21/1 | R Pinnell [redacted] 77008 | 20.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS DIGH, DIGH-SS, SC-DIGH, SC-SPAC, SPAC & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: 16 EEU

3 ACCOUNT # (Ethics Commission Item)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | K. Ezell<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77059 | 20.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | C. Johnston<br>Contributor address: City: State: Zip Code<br>[redacted] | 25.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | M. Hanstea<br>Contributor address: City: State: Zip Code<br>[redacted] 77074 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | B. Glitsch<br>Contributor address: City: State: Zip Code<br>[redacted] 77074 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | P. Canfield<br>Contributor address: City: State: Zip Code<br>[redacted] 77077 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

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

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS CEM, CEM-SE, SCEM, SCEMPAC, SPAC, & SPAC-SE)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#:) | 6 Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|---|
| 3/31/11 | V. Molnosky | [redacted] 77092 | 5.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| 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) |
|---|---|---|---|---|
| 3/31/11 | L. Williams | [redacted] 77018 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|---|
| 3/31/11 | B. Burghan | [redacted] 77098 | 25.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|---|
| 3/31/11 | L. Deluca | [redacted] 77080 | 25.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|---|
| 3/31/11 | A. Washington | [redacted] 77042 | 25.00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS 3/GH, 3/GH-SS, 3G-2/GH, 3G-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | O. Holland<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77074 | 20.00 | |

9 Principal occupation (Optional): | 10 Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | E. Naumes<br>Contributor address: City: State: Zip Code<br>[redacted] 77345 | 25.00 | |

Principal occupation (Optional): | Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | C. Wilson<br>Contributor address: City: State: Zip Code<br>[redacted] 77034 | 25.00 | |

Principal occupation (Optional): | Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | J. Moon<br>Contributor address: City: State: Zip Code<br>[redacted] 77072 | 25.00 | |

Principal occupation (Optional): | Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | C. Stewart<br>Contributor address: City: State: Zip Code<br>[redacted] 77077 | 25.00 | |

Principal occupation (Optional): | Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS GPAC, GPAC-SS, SC-C/CH, SC-SPAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission files)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#) | 6 Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|---|
| 3/31/1 | B Ellis | [redacted] 77063 | 20.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| 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) |
|---|---|---|---|---|
| 3/31/1 | W. Floyd | [redacted] 77096 | 25.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|---|
| 3/31/1 | C. Schoux | [redacted] 77096 | 25.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|---|
| 3/31/1 | R Reagan | [redacted] 77008 | 25.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|---|
| 3/31/1 | J Hruska | [redacted] 77074 | 25.00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS COH, SPAC, & SPAC-96)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission Use)

| 4 Date | 5 Full name of contributor / Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | J. Hubbs [redacted] 77096 | 25.00 | |
| 9 Principal occupation (Optional) | 10 Employer (Optional) | | |
| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/11 | R. Galeski [redacted] 77077 | 25.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |
| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/11 | M. Welbourne [redacted] 77077 | 25.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |
| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/11 | W. Stamen [redacted] 77042 | 25.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |
| Date | Full name of contributor / Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/11 | W. Spring [redacted] 77018 | 25.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-CS, SCAC/OH, SC-SPAC, SPAC, & SPAC-CS)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: H E B V

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#) | 6 Contributor address: City, State, Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|---|
| 3/31/1 | J Harvey | [redacted] 7702[illegible] | 25.00 | |

9 Principal occupation (Optional) 10 Employer (Optional)

| 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) |
|---|---|---|---|---|
| 3/31/1 | R Hansen | [redacted] | 25.00 | |

Principal occupation (Optional) Employer (Optional)

| 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) |
|---|---|---|---|---|
| 3/31/1 | E Bowen | [redacted] 7701[illegible] | 25.00 | |

Principal occupation (Optional) Employer (Optional)

| 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) |
|---|---|---|---|---|
| 3/31/1 | M Monroe | [redacted] TX 7703[illegible] | 25.00 | |

Principal occupation (Optional) Employer (Optional)

| 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) |
|---|---|---|---|---|
| 3/31/1 | C McMurray | [redacted] 77027 | 25.00 | |

Principal occupation (Optional) Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS COH, COH-CS, SCC/COH, SCC/SPAC, SPAC, & SPAC-CS)

The instruction guide explains how to complete this form

1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission use)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#) | 6 Contributor address: City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|---|
| 3/31/1 | D Jackson | [redacted] 77036 | 25.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| 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) |
|---|---|---|---|---|
| 3/31/1 | W Dollahan | [redacted] 77096 | 25.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|---|
| 3/31/1 | J Garcia | [redacted] 77025 | 25.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|---|
| 3/31/1 | R Grant | [redacted] 77043 | 25.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|---|
| 3/31/1 | W.E. Booker | [redacted] 77079 | 25.00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS 6/GH, 6/GH-SS, SC-6/GH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission files):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | G. McLeod<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77079 | 25.00 | |

9 Principal occupation (Optional):

10 Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | W. Brunner<br>Contributor address: City: State: Zip Code<br>[redacted] 77043 | 25.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | B. Hilton<br>Contributor address: City: State: Zip Code<br>[redacted] 77339 | 25.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | B. Sainhurst<br>Contributor address: City: State: Zip Code<br>[redacted] 77074 | 25.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | S. Mitchell<br>Contributor address: City: State: Zip Code<br>[redacted] 77096 | 25.00 | |

Principal occupation (Optional): Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS COH, COH-68, SCH/CH, SCH/PAC, SPAC, & SPAC-68)

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

2 FILER NAME: HFFU | 3 ACCOUNT # (if not Commission filer):

| 4 Date | 5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) | 6 Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|---|
| 3/31/1 | R Howard | [redacted] 77075 | 25.00 | |
| | 9 Principal occupation (Optional) | 10 Employer (Optional) | | |
| Date | Full name of contributor (☐ out-of-state PAC (ID#:_____)) | Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | Ken Colvin | [redacted] 77092 | 20.00 | |
| | Principal occupation (Optional) | Employer (Optional) | | |
| Date | Full name of contributor (☐ out-of-state PAC (ID#:_____)) | Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | B Schorre | [redacted] 77096 | 25.00 | |
| | Principal occupation (Optional) | Employer (Optional) | | |
| Date | Full name of contributor (☐ out-of-state PAC (ID#:_____)) | Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 3/31/1 | A Lewis | [redacted] 77056 | 25.00 | |
| | Principal occupation (Optional) | Employer (Optional) | | |
| 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) |
| 3/31/1 | R Brown | [redacted] 77092 | 25.00 | |
| | Principal occupation (Optional) | Employer (Optional) | | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS COH, COH-CS, SCH/COH, SCH/PAC, SPAC, & SPAC-CS)

The instruction guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: AEFU

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor / out-of-state PAC (if applicable) / Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | C Savage [redacted] 77057 | 50 00 | |
| 3/31/1 | J Brennan [redacted] 77057 | 50 00 | |
| 3/31/1 | J Wedge [redacted] 77031 | 20 00 | |
| 3/31/1 | P McFall [redacted] 77079 | 25 00 | |
| 3/31/1 | B Youngflesh [redacted] 77077 | 25 00 | |

9 Principal occupation (Optional) / 10 Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS G/GH, C/CH-GS, SC-G/GH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | W. Doelling<br>6 Contributor address: City: State: Zip Code<br>[redacted] | 25.00 | |

9 Principal occupation (Optional) 10 Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | C. Alonso<br>Contributor address: City: State: Zip Code<br>[redacted] 77096 | 22.00 | |

Principal occupation (Optional) Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | D. Hengst<br>Contributor address: City: State: Zip Code<br>[redacted] 77339 | 30.00 | |

Principal occupation (Optional) Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | J. Gattis<br>Contributor address: City: State: Zip Code<br>[redacted] 77018 | 50.00 | |

Principal occupation (Optional) Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | B. Hoefer<br>Contributor address: City: State: Zip Code<br>[redacted] 77057 | 40.00 | |

Principal occupation (Optional) Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission Item)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | R. Simpson<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77006 | 50.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | P. Eiserloh<br>Contributor address: City: State: Zip Code<br>[redacted] 77079 | 50.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | R. Cuenod<br>Contributor address: City: State: Zip Code<br>[redacted] 77057 | 50.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | W. McNeel<br>Contributor address: City: State: Zip Code<br>[redacted] 77036 | 50.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | G. McKie<br>Contributor address: City: State: Zip Code<br>[redacted] 77007 | 35.00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SCH/OH, SCH/PAC, & SPAC-SS)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: H6 FRV

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#) | 6 Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|---|
| 3/31/1 | C Hopkins | [redacted] 77008 | 50 00 | |

| 9 Principal occupation (Optional) | 10 Employer (Optional) |
|---|---|
| | |

| 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) |
|---|---|---|---|---|
| 3/31/1 | J Lenhard | [redacted] 77042 | 50 00 | |

| Principal occupation (Optional) | Employer (Optional) |
|---|---|
| | |

| 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) |
|---|---|---|---|---|
| 3/31/1 | W. Carl | [redacted] 77027 | 50 00 | |

| Principal occupation (Optional) | Employer (Optional) |
|---|---|
| | |

| 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) |
|---|---|---|---|---|
| 3/31/1 | R. F. Debesse | [redacted] 77079 | 50 00 | |

| Principal occupation (Optional) | Employer (Optional) |
|---|---|
| | |

| 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) |
|---|---|---|---|---|
| 3/31/1 | J Hamilton | [redacted] 77057 | 50 00 | |

| Principal occupation (Optional) | Employer (Optional) |
|---|---|
| | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS COH, COH-SS, SCC-COH, SCC-SPAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor / out-of-state PAC ID# / Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | A.R. Davis [redacted], 77279-9185 | 35.00 | |

| 9 Principal occupation (Optional) | 10 Employer (Optional) |
|---|---|
| | |

| 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) |
|---|---|---|---|
| 3/31/1 | M Gibson [redacted] 77079 | 40.00 | |

| Principal occupation (Optional) | Employer (Optional) |
|---|---|
| | |

| 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) |
|---|---|---|---|
| 3/31/1 | E Murphy [redacted] 77056 | 250.00 | |

| Principal occupation (Optional) | Employer (Optional) |
|---|---|
| | |

| 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) |
|---|---|---|---|
| 3/31/1 | C Clark [redacted] 77339 | 50.00 | |

| Principal occupation (Optional) | Employer (Optional) |
|---|---|
| | |

| 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) |
|---|---|---|---|
| 3/31/1 | R. Lemer [redacted], 77079 | 100.00 | |

| Principal occupation (Optional) | Employer (Optional) |
|---|---|
| | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | D Wolf<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77042 | 50.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | N Anderson<br>Contributor address: City: State: Zip Code<br>[redacted] 77036 | 50.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | L Fairbanks<br>Contributor address: City: State: Zip Code<br>[redacted] 77036 | 50.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | G Vasichko<br>Contributor address: City: State: Zip Code<br>[redacted] 77096 | 50.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/11 | T McGregor<br>Contributor address: City: State: Zip Code<br>[redacted] 77057 | 150.00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | J Miller<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77042 | 50.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | R Lazear<br>Contributor address: City: State: Zip Code<br>[redacted] 77005 | 100.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | R Stewart<br>Contributor address: City: State: Zip Code<br>[redacted] 77024 | 100.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | S Graham<br>Contributor address: City: State: Zip Code<br>[redacted] 77062 | 100.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 3/31/1 | W Ferrary<br>Contributor address: City: State: Zip Code<br>[redacted] 77018 | 50.00 | |

Principal occupation (Optional) | Employer (Optional)

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100.00

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS G/OH, G/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) / 6 Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/30/1 | D Temple<br>[redacted] 77062 | 10.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| 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) |
|---|---|---|---|
| 4/30/1 | T. Brown<br>[redacted] 77036 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 4/30/1 | P. Heinsohn<br>[redacted] 77072 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 4/30/1 | W. King<br>[redacted] 77036 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 4/30/1 | P. Cantrell<br>[redacted] 77092 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-E/OH, SC-EPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/30/1 | J Merritt<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77096 | 20.00 | |

9 Principal occupation (Optional):

10 Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/30/1 | J. York<br>Contributor address: City: State: Zip Code<br>[redacted] 77079 | 50.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/30/1 | W. Walters<br>Contributor address: City: State: Zip Code<br>[redacted] 77079 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/30/1 | E.C. Matys<br>Contributor address: City: State: Zip Code<br>[redacted] 77008 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/30/1 | W.M. Lesley<br>Contributor address: City: State: Zip Code<br>[redacted] 77053 | 20.00 | |

Principal occupation (Optional): Employer (Optional):

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) / 6 Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/30/1 | W. Bayer<br>[redacted] 77087 | 10.00 | |

9 Principal occupation (Optional): 10 Employer (Optional):

| 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) |
|---|---|---|---|
| 4/30/1 | D. Clement<br>[redacted] 77045 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

| 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) |
|---|---|---|---|
| 4/30/1 | S. Adams<br>[redacted] 77009 | 20.00 | |

Principal occupation (Optional): Employer (Optional):

| 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) |
|---|---|---|---|
| 4/30/1 | P. Riehl<br>[redacted] 77035 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

| 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) |
|---|---|---|---|
| 4/30/1 | J. Livesay<br>[redacted] 77019 | 20.00 | |

Principal occupation (Optional): Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/30/1 | D Inwood<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77080 | 20.00 | |

9 Principal occupation (Optional):

10 Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/30/1 | A Wolf<br>Contributor address: City: State: Zip Code<br>[redacted] 77019 | 50.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/30/1 | D Ream<br>Contributor address: City: State: Zip Code<br>[redacted] 77043 | 20.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/30/1 | C Chambliss<br>Contributor address: City: State: Zip Code<br>[redacted] Cir 77079 | 20.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/30/1 | S Sparlock<br>Contributor address: City: State: Zip Code<br>[redacted] 77339 | 20.00 | |

Principal occupation (Optional): Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS COH, COH-SE, SCC/COH, SCC/SPAC, SPAC, & SPAC-SE)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: AFFU

3 ACCOUNT # (Ethics Commission files)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/30/1 | E Waters<br>6 Contributor address: City: State: Zip Code [redacted] | 29.00 | |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/30/1 | R. Bradley<br>Contributor address: City: State: Zip Code [redacted] 77027 | 100.00 | |
| Principal occupation (Optional) | | Employer (Optional) | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/30/1 | R. Allen<br>Contributor address: City: State: Zip Code [redacted] 77079 | 50.00 | |
| Principal occupation (Optional) | | Employer (Optional) | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/30/1 | R. Matley<br>Contributor address: City: State: Zip Code [redacted] 77043 | 20.00 | |
| Principal occupation (Optional) | | Employer (Optional) | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/30/1 | H Crane<br>Contributor address: City: State: Zip Code [redacted] 77345 | 20.00 | |
| Principal occupation (Optional) | | Employer (Optional) | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS COH, COH-SS, SCOH, SCOH-SS, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor / out-of-state PAC (OOP) | 6 Contributor address: City, State, Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|---|
| 4/30/1 | R. Daves | [redacted] 77315 | 20 | |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | | |
| Date | Full name of contributor / out-of-state PAC (OOP) | Contributor address: City, State, Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 4/30/1 | O. Street | [redacted] 77018 | 20.00 | |
| Principal occupation (Optional) | | Employer (Optional) | | |
| Date | Full name of contributor / out-of-state PAC (OOP) | Contributor address: City, State, Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 4/30/1 | N. Higgs | [redacted] 77035 | 5 | |
| Principal occupation (Optional) | | Employer (Optional) | | |
| Date | Full name of contributor / out-of-state PAC (OOP) | Contributor address: City, State, Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 4/30/1 | O. Wilson | [redacted] 77007 | 50.00 | |
| Principal occupation (Optional) | | Employer (Optional) | | |
| Date | Full name of contributor / out-of-state PAC (OOP) | Contributor address: City, State, Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
| 4/30/1 | H. Brockstein | [redacted] 77058 | 10.00 | |
| Principal occupation (Optional) | | Employer (Optional) | | |

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instructions Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission Item)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/30/1 | W. Maury<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77096 | 10.00 | |

9 Principal occupation (Optional)

10 Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/30/1 | A. M. Saxer<br>Contributor address: City: State: Zip Code<br>[redacted] 77096 | 10.00 | |

Principal occupation (Optional)

Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/30/1 | W. Woodall<br>Contributor address: City: State: Zip Code<br>[redacted] 77036 | 25.00 | |

Principal occupation (Optional)

Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/30/1 | J. Coronado<br>Contributor address: City: State: Zip Code<br>[redacted] 77074 | 10.00 | |

Principal occupation (Optional)

Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/30/1 | Jim Bobo<br>Contributor address: City: State: Zip Code<br>[redacted] 77074 | 20.00 | |

Principal occupation (Optional)

Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission Rate)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#) / 6 Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 4/30/1 | J Holm<br>[redacted] 77004 | 15.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| 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) |
|---|---|---|---|
| 4/30/1 | R Whitefield<br>[redacted] 77071 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 4/30/1 | M Thompson<br>[redacted] 77057 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 5/9/1 | L Pringle<br>[redacted] 77060 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 5/9/1 | R Rickaway<br>[redacted] 77018 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/CH, C/CH-SS, SC-C/CH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/15/1 | T. Sawyer<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77018 | 10.00 | |

9 Principal occupation (Optional):

10 Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/15/1 | M. Ahlberg<br>Contributor address: City: State: Zip Code<br>[redacted] 77072 | 100.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/15/1 | R. Riddle<br>Contributor address: City: State: Zip Code<br>[redacted] 77096 | 20.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/15/1 | J. Skweres<br>Contributor address: City: State: Zip Code<br>[redacted] | 5.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/15/1 | U. Loomis<br>Contributor address: City: State: Zip Code<br>[redacted] 77025 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS G/CH, C/CH-SS, SC-C/CH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/15/1 | E Nickerson<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77017 | 10.00 | |

9 Principal occupation (Optional):

10 Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/15/1 | S Vann<br>Contributor address: City: State: Zip Code<br>[redacted] 77061 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/15/1 | J.A. Galeontian<br>Contributor address: City: State: Zip Code<br>[redacted] 77077 | 20.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/15/1 | M Jusa<br>Contributor address: City: State: Zip Code<br>[redacted] 77071 | 5.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/15/1 | WB Grimes<br>Contributor address: City: State: Zip Code<br>[redacted] 77018 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, G/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission Item):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#): | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/15/1 | D Haupt<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77079 | 25.00 | |

9 Principal occupation (Optional):

10 Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#): | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/15/1 | S. Dang<br>Contributor address: City: State: Zip Code<br>[redacted] 77055 | 5.00 | |

Principal occupation (Optional):

Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#): | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/15/1 | J. Coates<br>Contributor address: City: State: Zip Code<br>[redacted] | 15.00 | |

Principal occupation (Optional):

Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#): | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/15/1 | J. Argue<br>Contributor address: City: State: Zip Code<br>[redacted] 77079 | 50.00 | |

Principal occupation (Optional):

Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#): | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/15/1 | G. Zeier<br>Contributor address: City: State: Zip Code<br>[redacted] 77057 | 20.00 | |

Principal occupation (Optional):

Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS B/CH, C/CH-BS, SC-C/CH, SC-SPAC, SPAC, & SPAC-BS)

The Instruction Guide explains how to complete this form.

1 Total pages the Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#) / 6 Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/15/1 | E.H. Boysen<br>[redacted] 77008 | 10.00 | |

9 Principal occupation (Optional):

10 Employer (Optional):

| 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) |
|---|---|---|---|
| 5/15/1 | J. Blume<br>[redacted] 77056 | 20.00 | |

Principal occupation (Optional): Employer (Optional):

| 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) |
|---|---|---|---|
| 5/15/1 | B. Franco<br>[redacted] 77012 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

| 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) |
|---|---|---|---|
| 5/15/1 | T. Harrison<br>[redacted] 77077 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

| 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) |
|---|---|---|---|
| 5/15/1 | E. Meiners<br>[redacted] 77096 | 5.00 | |

Principal occupation (Optional): Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS B/CH, C/CH-SS, SC/C/CH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission Sent)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) / 6 Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/15/1 | H. McCain [redacted] 77334 | 10.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| 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) |
|---|---|---|---|
| 5/15/1 | T. Soles [redacted] 77062 | 25.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 5/15/1 | F. Keightley [redacted] 77019 | 50.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 5/15/1 | E.R. Schroeder [redacted] 77061 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 5/15/1 | J. McKnight [redacted] 77077 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

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105

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS 6/OH, 6/OH-SS, SC-6/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) / 6 Contributor address: City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/15/1 | A McEachern [redacted] 77339 | 20.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| 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) |
|---|---|---|---|
| 5/15/1 | M Grimes [redacted] 77024 | 25.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 5/15/1 | K Starnes [redacted] 77074 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 5/15/1 | A. Chow [redacted] 77099 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 5/15/1 | J. Stephens [redacted] 77015 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS G/CH, G/CH-SS, SC-G/CH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission Rev.)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#) / 6 Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/15/1 | D. Goff [redacted] 77007 | 10.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| 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) |
|---|---|---|---|
| 5/15/1 | H. Brundage [redacted] 77080 | 15.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 5/15/1 | T. Pickens [redacted] 77018 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 5/15/1 | W. Khalil [redacted] 77345 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 5/15/1 | C.D. Antley [redacted] | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS SPAC, C/OH-SS, SCANDI, SC-SPAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#: ) / Contributor address / City / State / Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/15/1 | L Humphreys [redacted] 77007 | 20.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| 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) |
|---|---|---|---|
| 5/15/1 | R McMahon [redacted] 77024 | 50.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 5/15/1 | E Golden [redacted] | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 5/15/1 | D Harris [redacted] 77396 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| 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) |
|---|---|---|---|
| 5/15/1 | D Dickson [redacted] 77045 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS G/CH, G/CH-SS, SC-G/CH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1.

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission Rate)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/15/1 | A J Martin<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77027 | 10.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/15/1 | G Hood<br>Contributor address: City: State: Zip Code<br>[redacted] 77043 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/15/1 | C Baker<br>Contributor address: City: State: Zip Code<br>[redacted] 77077 | 25.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/15/1 | K Courkamp<br>Contributor address: City: State: Zip Code<br>[redacted] 77017 | 50.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/15/1 | P Devlin<br>Contributor address: City: State: Zip Code<br>[redacted] 77079 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS G/CH, G/CH-SS, SC-C/CH, SC-SPAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission Item):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/15/1 | D Currier<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77008 | 10.00 | |

9 Principal occupation (Optional):

10 Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/15/1 | J. Gorey<br>Contributor address: City: State: Zip Code<br>[redacted] | 10.00 | |

Principal occupation (Optional):

Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/15/1 | R. Burda<br>Contributor address: City: State: Zip Code<br>[redacted] | 10.00 | |

Principal occupation (Optional):

Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/15/1 | C. Devaney<br>Contributor address: City: State: Zip Code<br>[redacted] 77080 | 50.00 | |

Principal occupation (Optional):

Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/22/1 | P. Terry<br>Contributor address: City: State: Zip Code<br>[redacted] 77096 | 10.00 | |

Principal occupation (Optional):

Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, D/OH-SS, SCH/PAC, SPAC, & SPAC-SS)

The instruction guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFEV

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor / out-of-state PAC (OSP) | 6 Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|---|
| 5/22/1 | R. Williams | [redacted] 77016 | 5.00 | |

9 Principal occupation (Optional) | 10 Employer (Optional)

| Date | Full name of contributor / out-of-state PAC (OSP) | Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|---|
| 5/22/1 | E. Lanigan | [redacted] 77099 | 10.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor / out-of-state PAC (OSP) | Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|---|
| 5/22/1 | T. Degeeter | [redacted] 77025 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor / out-of-state PAC (OSP) | Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|---|
| 5/22/1 | B. Goodwin | [redacted] 77339 | 20.00 | |

Principal occupation (Optional) | Employer (Optional)

| Date | Full name of contributor / out-of-state PAC (OSP) | Contributor address: City: State: Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|---|
| 5/22 | P. Horrocks | [redacted] 77345 | 5.00 | |

Principal occupation (Optional) | Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS C/OH, C/OH-SS, SC/C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission Rate):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) / 6 Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/22/1 | C. Steakley [redacted] 77055 | 25.00 | |

9 Principal occupation (Optional): 10 Employer (Optional):

| 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) |
|---|---|---|---|
| 5/31/1 | W Mulvey [redacted] 77075 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

| 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) |
|---|---|---|---|
| 5/31/1 | F Williams [redacted] 77033 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

| 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) |
|---|---|---|---|
| 5/31/1 | E. Gordon Logan [redacted] 77055 | 20.00 | |

Principal occupation (Optional): Employer (Optional):

| 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) |
|---|---|---|---|
| 5/31/1 | G Sanchez [redacted] 77017 | 50.00 | |

Principal occupation (Optional): Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS B/DH, C/CH-SS, SC/C/DH, SC/SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFIU

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) / 6 Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/31/1 | S. Austin [redacted] 77339 | 10.00 | |

9 Principal occupation (Optional): 10 Employer (Optional):

| 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) |
|---|---|---|---|
| 5/31/1 | R. Rodriguez [redacted] 77011 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

| 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) |
|---|---|---|---|
| 5/31/1 | Ines Rodriguez [redacted] 77011 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

| 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) |
|---|---|---|---|
| 5/31/1 | P. Harsch [redacted] 77096 | 25.00 | |

Principal occupation (Optional): Employer (Optional):

| 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) |
|---|---|---|---|
| 5/31/1 | W. G. Hogue [redacted] 77018 | 25.00 | |

Principal occupation (Optional): Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS COH, SPAC, & SPAC-ES)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (if assigned by Commission):

| 4 Date | 5 Full name of contributor / out-of-state PAC (if applicable) / Contributor address: City, State, Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/31/1 | R. Isaac [redacted] 77011 | 25.00 | |
| 9 Principal occupation (Optional) | 10 Employer (Optional) | | |
| 5/31/1 | B. McKetttle [redacted] 77074 | 10.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |
| 5/31/1 | C. Parker [redacted] 77018 | 20.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |
| 5/31/1 | J. Stewart [redacted] 77045 | 20.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |
| 5/31/1 | L. Jones [redacted] 77339 | 20.00 | |
| Principal occupation (Optional) | Employer (Optional) | | |

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AT

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS G/CH, G/CH-SS, SC-C/CH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission filers):

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 5/31/1 | J Sills<br>6 Contributor address: City: State: Zip Code<br>[redacted] 77339 | 20.00 | |

9 Principal occupation (Optional):

10 Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 2/15/1 | D Wilson<br>Contributor address: City: State: Zip Code<br>[redacted] 77024 | 10,000 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 6/6/1 | M Martinez<br>Contributor address: City: State: Zip Code<br>[redacted] 77226-1197 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 6/6/1 | J Hopkins<br>Contributor address: City: State: Zip Code<br>[redacted] 77024 | 25.00 | |

Principal occupation (Optional): Employer (Optional):

| Date | Full name of contributor ☐ out-of-state PAC (ID#) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 6/6/1 | B Hatlen<br>Contributor address: City: State: Zip Code<br>[redacted] 77028 | 10.00 | |

Principal occupation (Optional): Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**
(FOR FORMS COH, COH-OS, SCC-COH, SCC-PAC, SPAC, & SPAC-SS)

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#) | 6 Contributor address: City: State: Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|---|
| 6/6/1 | J Price | [redacted] 77089 | 10 00 | |
| 6/6/1 | C Perry Hargrave | [redacted] 77022 | 10 00 | |
| 6/6/1 | M Armstrong | [redacted] 77041 | 25 00 | |
| 6/6/1 | C. R. Jenkins | [redacted] 77027 | 15 00 | |
| | | | | |

| 9 Principal occupation (Optional) | 10 Employer (Optional) |
|---|---|
| | |
| Principal occupation (Optional) | Employer (Optional) |
| | |
| Principal occupation (Optional) | Employer (Optional) |
| | |
| Principal occupation (Optional) | Employer (Optional) |
| | |
| Principal occupation (Optional) | Employer (Optional) |
| | |

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# LOANS

SCHEDULE E

The instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME: Houstonians For Family Values (HFFV)

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: $35,000.00

| 5 Date of loan | 7 Name of lender ☐ out-of-state PAC (ID#: ) | 9 Loan Amount ($) |
|---|---|---|
| 2/1/01 | David B Wilson | 35,000.00 |
| 6 Is lender a financial institution? Y (N) | 8 Lender address: City: State: Zip Code: 505 Melbourne Houston, Texas 77022 | 10 Interest rate: zero |
| | | 11 Maturity date: 12/31/01 |

12 Description of Collateral: ☒ none

| 13 GUARANTOR INFORMATION | 14 Name of guarantor | 16 Amount Guaranteed ($) |
|---|---|---|
| ☒ not applicable | 15 Guarantor address: City: State: Zip Code | |

17 Principal Occupation: Electrician 18 Employer: Self Employed

| 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 |

Description of Collateral: ☐ none

| GUARANTOR INFORMATION | Name of guarantor | Amount Guaranteed ($) |
|---|---|---|
| ☐ not applicable | Guarantor address: City: State: Zip Code | |

| Principal Occupation | Employer |
|---|---|
| | |

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

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# POLITICAL EXPENDITURES

**SCHEDULE F**

This instruction Guide explains how to complete this form.

1 Total pages Schedule F: 6

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address: City State Zip Code | 7 Amount ($) |
|---|---|---|
| 3/1/1 | Office Depot<br>5530 W 34th 77092 | 46.08 |

8 Purpose of payment (See instructions regarding type of information required.): Office Supplies

9 = Complete if direct expenditure to benefit C/OH = Candidate / Officeholder name / Office sought / Office held

| Date | Payee name / Payee address: City State Zip Code | Amount ($) |
|---|---|---|
| 3/2/1 | Office Depot<br>5530 W 34th 77092 | 56.43 |

Purpose of payment (See instructions regarding type of information required.): Office Supplies

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

| Date | Payee name / Payee address: City State Zip Code | Amount ($) |
|---|---|---|
| 3/2/1 | Office Depot<br>5530 W 34th 77092 | 15.15 |

Purpose of payment (See instructions regarding type of information required.): Office Supplies

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

| Date | Payee name / Payee address: City State Zip Code | Amount ($) |
|---|---|---|
| 3/4/1 | Office Depot<br>5530 W 34th 77092 | 6.48 |

Purpose of payment (See instructions regarding type of information required.): Office Supplies

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

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# POLITICAL EXPENDITURES

**SCHEDULE F**

The instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME: HFFV 3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address: City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 3/10/1 | Office Depot<br>5530 W 34th 77092 | 21.09 |

8 Purpose of payment (See instructions regarding type of information required.): Office Supplies

9 ↔ Complete if direct expenditure to benefit C/OH ↔ Candidate / Officeholder name / Office sought / Office held

| Date | Payee name / Payee address: City; State; Zip Code | Amount ($) |
|---|---|---|
| 3/30/1 | Office Depot<br>5530 W 34th 77092 | 82.93 |

Purpose of payment (See instructions regarding type of information required.): Office Supplies

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

| Date | Payee name / Payee address: City; State; Zip Code | Amount ($) |
|---|---|---|
| 3/19/1 | Fry's<br>10241 N. Fwy 77037 | #851.51 |

Purpose of payment (See instructions regarding type of information required.): Computers

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

| Date | Payee name / Payee address: City; State; Zip Code | Amount ($) |
|---|---|---|
| 3/1/1 | Kinko's<br>10670 Northwest Fwy, 77092 | #40.00 |

Purpose of payment (See instructions regarding type of information required.): Printing

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

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# POLITICAL EXPENDITURES

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission Use)

| 4 Date | 5 Payee name / 6 Payee address: City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 3/5 | Docuclub<br>10925 NW Fwy 77092 | #496 33 |

8 Purpose of payment (See instructions regarding type of information required.): Printing

9 ~ Complete if direct expenditure to benefit C/OH ~ Candidate / Officeholder name / Office sought / Office held

| Date | Payee name / Payee address: City; State; Zip Code | Amount ($) |
|---|---|---|
| 3/3 | Post Office | 102 00 |

Purpose of payment (See instructions regarding type of information required.): Postage

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

| Date | Payee name / Payee address: City; State; Zip Code | Amount ($) |
|---|---|---|
| 3/5 | Post Office | 204 20 |

Purpose of payment (See instructions regarding type of information required.): Postage

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

| Date | Payee name / Payee address: City; State; Zip Code | Amount ($) |
|---|---|---|
| 3/5 | Post Office | 170 00 |

Purpose of payment (See instructions regarding type of information required.): Postage

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

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

# POLITICAL EXPENDITURES

**SCHEDULE F**

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: HFFU

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address: City: State: Zip Code | 7 Amount ($) |
|---|---|---|
| 3/7/1 | Post Office | 34.00 |

8 Purpose of payment (See instructions regarding type of information required.): Postage

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

| Date | Payee name / Payee address: City: State: Zip Code | Amount ($) |
|---|---|---|
| 2/23 | TLC Marketing - Larry Lee | $1464.05 |

Purpose of payment (See instructions regarding type of information required.): Automated Phone Calling

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

| Date | Payee name / Payee address: City: State: Zip Code | Amount ($) |
|---|---|---|
| 3/8 | Williams Consulting<br>5302 Saxon 77092 | 7000.00 |

Purpose of payment (See instructions regarding type of information required.): Computer Programming

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

| Date | Payee name / Payee address: City: State: Zip Code | Amount ($) |
|---|---|---|
| 2/6 | Print Mailers Inc (PMI)<br>707 West Rd 77038 | 7000.00 |

Purpose of payment (See instructions regarding type of information required.): Mailing

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

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# POLITICAL EXPENDITURES

**SCHEDULE F**

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission use):

| 4 Date | 5 Payee name / 6 Payee address: City, State, Zip Code | 7 Amount ($) |
|---|---|---|
| 2/9/1 | Print Mailers<br>707 West Rd 77038 | $6937.00 |

8 Purpose of payment (See instructions regarding type of information required.): Mailing

9 — Complete if direct expenditure to benefit C/OH — Candidate / Officeholder name / Office sought / Office held:

| Date | Payee name / Payee address: City, State, Zip Code | Amount ($) |
|---|---|---|
| 2/9 | Print Mailers<br>707 West Rd 77038 | 9000.00 |

Purpose of payment (See instructions regarding type of information required.): Mailing

— Complete if direct expenditure to benefit C/OH — Candidate / Officeholder name / Office sought / Office held:

| Date | Payee name / Payee address: City, State, Zip Code | Amount ($) |
|---|---|---|
| 2/9 | Print Mailer<br>707 West Rd 77038 | 2000.00 |

Purpose of payment (See instructions regarding type of information required.): Mailing

— Complete if direct expenditure to benefit C/OH — Candidate / Officeholder name / Office sought / Office held:

| Date | Payee name / Payee address: City, State, Zip Code | Amount ($) |
|---|---|---|
| 2/9 | Print Mailer<br>707 West Rd 77038 | 1700.00 |

Purpose of payment (See instructions regarding type of information required.): Mailing

— Complete if direct expenditure to benefit C/OH — Candidate / Officeholder name / Office sought / Office held:

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Revised 04/04/2000

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# POLITICAL EXPENDITURES

**SCHEDULE F**

The instruction guide explains how to complete this form

1 Total pages Schedule F:

2 FILER NAME: HFFV

3 ACCOUNT # (Ethics Commission use)

| 4 Date | 5 Payee name / 6 Payee address: City State Zip Code | 7 Amount ($) |
|---|---|---|
| 5/7/1 | Print Mailers 707 West Rd 77038 | 1000.00 |

8 Purpose of payment (See instructions regarding type of information required.): Mailing

9 — Complete if direct expenditure to benefit C/OH — Candidate / Officeholder name / Office sought / Office held

| Date | Payee name / Payee address: City State Zip Code | Amount ($) |
|---|---|---|
| 5/10/1 | Print Mailers 707 West Rd 77038 | 7500.00 |

Purpose of payment (See instructions regarding type of information required.): Mailing

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

| Date | Payee name / Payee address: City State Zip Code | Amount ($) |
|---|---|---|
| 5/14/1 | Print Mailers 707 West Rd 77038 | 3500.00 |

Purpose of payment (See instructions regarding type of information required.):

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

| Date | Payee name / Payee address: City State Zip Code | Amount ($) |
|---|---|---|
| | | |

Purpose of payment (See instructions regarding type of information required.):

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

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