(TDD 1-800-735-2989)

# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST  Mr. Kenneth  NICKNAME LAST	MI 	OFFICE USE ONLY  Date Received COUNTY ELECTIONS
	Houden	y-	S COLL - DE
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; / CITY;	STATE; ZIP CODE	JAN 1 5 2015  Date Handsdepared or Postmarked
change of address	P.O. Box 529, Splendord	7, Tx 7737a	Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (832) 435-2753	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  MIS JUTY  NICKNAME LAST  HOULDER	5. SUFFIX	MM 1/15/15
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#;	city; state;	zip code (x 77328
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (281) 197-269	EXTENSION	
9 REPORT TYPE	January 15 30th day before election  July 15 8th day before election	Runoff  Exceeded \$500  limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year 15
11 ELECTION	ELECTION DATE  Month Day Year Primary	Runoff	General Special
12 OFFICE	Canstable Pet. 4	13 OFFICE SOUGHT (if known)	
	GO TO PAC		
	33,017	<del>_</del>	

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME	enneth 1	P. Hayden	ACCOUNT # (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE B' HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDAT ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY	E'S OR OFFICEHOLDER'S KNOWLEDGE OR			
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
additional pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00			
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZE	* O· OO			
,	4. TOTAL POLITICAL EXPENDITURES \$ 14,822.04					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$					
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 70,725.82			
18 AFFIDAVIT		I swear, or affirm, under penalty of per is true and correct and includes all info me under Title 15, Election Code.				
Notary My (	AMY LARDIZABAL Public, State of Tex Commission Expires anuary 23, 2017		de or Officeholder			
affix notary stan		me, by the said Kenneth Hayde	W , this the			
15th day	/ 1 4	m, 20 , to certify which, witness my	hand and seal of office.			
Cem of to	desabel	Amy L Lardizabal 1	Julary Public of Toxas			
Signature of officer adm	inistering oath	Printed name of officer administering oath	Title of officer administering oath			

P.O. Box 12070

	EXPENDITURE	CATEGORIES FO	R BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contra	act Labor Loa	n Repayment/Reimburse	ment
Accounting/Banking	Legal Services	Solicitation/Fundraising		nsportation Equipment &	<del>-</del>
Consulting Expense	Food/Beverage Expense	Travel In District	Con	tributions/Donations Mac Candidate/Officeholder/P	le By
Event Expense Fees	Polling Expense Printing Expense	Travel Out Of District Office Overhead/Renta		dandidate/Onicendide//F	
rees	= '	e explains how to con	•	EN (enter a category no	t listed above)
		e explains now to con	Thiefe fina form:	A 1000 PT # /FILLs	O
1 Total pages Schedule F:	2 FILER NAME KUNNETH	A · Haya	en	3 ACCOUNT # (Ethics	Commission Filers)
4 Date 7 - 39 - 14	5 Payee name	A Aluma	î Dj		
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code			
40.00	PO BOX 1794, 1	Splendora	, TX 77	372	<u> </u>
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the to	p of this schedule) (b)	Description (littra	vel outside of Texas, complete F TUNGASU	Schedule T)
EXPENDITURE	PontabutionIdon	ation	Check if Austin	, TX, officeholder living expe	ense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH		Office sought	Off	ice held
Date & C il	Payee name	- 1/51	<u> </u>		
8-8-14	Source addresses Siture	(A) High State; Zip Code	DC1001_		
Amount (\$)	Payee address; / City; Si	ate, Zip Coge	1	·	
125.00	23747 FM d040	W., 5ply1	<del>*************************************</del>	177578	Calcadula Th
PURPOSE OF	Category (See categories listed at the to	p of this schedule)	Description (If tra	vel outside of Texas, complete HON/DIO	M ad
EXPENDITURE	ContributionIde	nation L		, TX, officeholder living expe	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	· · · · · · · · · · · · · · · · · · ·	Office sought	Off	ice held 
Date 0-0-14	Payee name	-			
Amount (\$)	Payee address; City; St	 ate; Zip Code			<del>.</del>
3	2 2 2 2 2 44 . 1 6	· Λ		. 1: "	
<u> </u>	ABSYS MADIES	r, Porter	<u>,   X                                  </u>	<u> </u>	
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description (If tra	vel outside of Texas, complete	Schedule T)
OF EXPENDITURE	and it is light an	aran Pi	Wet 5 hoot	TWWWDU () , TX, officeholder living exp	DINTIUI
Complete ONLY if direct	Candidate / Officeholder name		Office sought		ice held
expenditure to benefit C/C					
Date (7-13-14	Payee name 6 No Mora	High Se	hool		
Amount (\$)	Payee address; City; St	ate; Zip Code	1 7 W		
40.00	23747 FM 209	0 W., Spl.	endora,	Tx 7737	<u> </u>
PURPOSE OF	Category (See categories listed at the to	op of this schedule)	Description (lifter	avel outside of Texas, complete A + 11 nd 5 0 1 6	Schedule T)
EXPENDITURE	(notribution I don	nation	Check if Austin	, TX, officeholder living exp	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sought	Off	ice held
	ATTACH ADDITIONAL C	OPIES OF THIS SCI	HEDULE AS NEE	EDED	
www.ethics.state.tx.us					Revised 07/28/2014

P.O. Box 12070

	EXPENDITURE	CATEGORIES	OR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Cor		Loan Repayment/Reiml	oursement
Accounting/Banking	Legal Services	Solicitation/Fundrais	• .	Transportation Equipme	· I
Consulting Expense Event Expense	Food/Beverage Expense Polling Expense	Travel In District Travel Out Of Distri		Contributions/Donations Candidate/Officehole	s Made By der/Political Committee
Fees	Printing Expense	Office Overhead/Re		OTHER (enter a catego	1
	The Instruction Guide	explains how to c	omplete this for	m.	
1 Total pages Schedule F:	2 FILER NAME	0 1/000	lan	3 ACCOUNT # (E	thics Commission Filers)
Υ	<u> </u>	<u> </u>			
4 Date 8-15-14	5 Payee name / hris Pass				
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code			
400.00	2306 Flamingo,	New Ca	ineu. Tx	77357	
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule)		If travel outside of Texas, con	mplete Schedule T)
EXPENDITURE	and it line I don		EMOHA	sporboi	
	COMMIDUATION (UDIN	QH ON L		ıstin, TX, officeholder livin	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held
Date	Payee name	_			
8-11n-14	Longstor	LEMC,			
Amount (\$)	Payee address; City; St	ate; Zip Code			
160.00	PO DOX 2545, CI	enroe, Ti	(7730	5	
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description (	If travel outside of Texas, co	mplete Schedule T)
EXPENDITURE	Contribution I don	ntion	Check if Au	1011 17 1/100° Istin, TX, officeholder living	gexpense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	<del></del>	Office sought		Office held
Date .	Payee name				
8-19-14	Solendora	FFA			
Amount (\$)	Payee address City; Sta	ate; Zip Code			
400.00	P.O. BOX leal, G	plendorg	1, Tx 7	7372	
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (	if travel outside of Texas, co	mplete Schedule T)
OF EXPENDITURE	and hillian lala	nation	DUI A	DUTT TW/// ustin, TX, officeholder livin	CUESTI CONDITION
	Candidate / Officeholder name	UTION	Office sought		Office held
Complete ONLY if direct expenditure to benefit C/O			Office sought		Office field
Date	Payee name		•		
8-22-14	Solendora	FFA AIL	mni		
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
840.00	PO BOX 1794, 5	Solendor	D. TX 7	7372	
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (	If travel outside of Texas, co	mplete Schedule T)
Of '	anal-hulinal lan	nlino	_ aue	HOD ITEME	) •
EXPENDITURE	CUIT SOUT ON ADIN	ATTUIL	<del>,'</del>	ıstin, TX, officeholder livin	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sought		Office held
	ATTACH ADDITIONAL C	OPIES OF THIS S	CHEDULE AS N	IEEDED	

P.O. Box 12070

	EXPENDITURE	CATEGORIES FOR BOX	8(a)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repaymen	t/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation E	quipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel in District		nations Made By
Event Expense	Polling Expense	Travel Out Of District		ficeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expens	ie OTHER (enter a	category not listed above)
	The Instruction Guide	e explains how to complete th	is form.	
1 Total pages_Schedule F:	2 FILER NAME	1 1	3 ACCOU	NT # (Ethics Commission Filers)
· · · • •	Kunneth	V Haudan		· •
<i>D</i>	119/1/0/1	1 11 11 11 11 11 11 11 11 11 11 11 11 1		<u></u>
A 21	5 Payee name	Shall I II		]
8-21-14	1 )14005414	ווממגונווווו		
6 Amount (\$)	7 Payee address; City St	ate; Zip Code		
	A			_
200,00	Do May JAK	1 lutand 6	hoof To	フライかん
<u>autrut</u>	PIU- NUX 100	i, arana	TJOOF, IX	
8 PURPOSE	(a) Category (See categories listed at the to	p of this schedule) (b) Descri	otion (If travel outside of T	exas, complete Schedule T)
OF EXPENDITURE			らわわらわら	
EXPENDITURE	Lanta husban Idar	nution   Tohe	еск if Austin, TX, officehol	der living expense
	Candidate / Officeholder name	Office s		Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		Strice s	ougiii	Office Heid
experientale to perient C/C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Date	Payee name	^		
0-70-11	A. C. Ulalal	. D. + I ammar	dor	
8 08 14	DOSTY WYCH	PIT COMMON	<u> </u>	
Amount (\$)	Payee address; City; S	tate; Zip Code	•	
		0. 6.		
200.00	25100 London	Vd GNIDDOG	, ブレ ファン	7 2
200.00	LINE COULDING	<u>ru-, —projudio</u>	<u>, , , , , , , , , , , , , , , , , , , </u>	<i>' P</i> )
PURPOSE	Category (See categories listed at the to	p of this schedule) / Descri	otion (If travel outside of T	exas, complete Schedule T)
OF			ins Ham	5D012501
EXPENDITURE	I posta historiano		ck if Austin, TX, officehol	der living expense
Complete ONLY if direct	Candidate / Officeholder name	Office s	ought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/C			ougin	S.III 65 1.10.14
	· · ·			
Date .	Payee name	Λ		
11-10-14	Donah 1 co.	of Kantict	hurch	
<u> </u>	PULL PULL STORE	CK DUDYISE L	MUX(II	
Amount (\$)	Payee address; City; St	ate; Zip Cod <b>é</b>		
inn.m	I DKOID EMILIOR	· Alder I none	1 Yv 774	<b>メ</b> フ
$\underline{\hspace{1cm}}$		j VW Willy	j 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
PURPOSE	Category (See categories listed at the to	p of this schedule) Descrip	otion (If travel outside of T	exas, complete Schedule T)
OF		. 5	enios dinn	ן ש
EXPENDITURE	I not historican	Tion Tone	eck if Austin, TX, officehol	der living expense
Complete ONLY if direct	Candidate / Office folder name	Offices	sought	Office held
Complete ONLY if direct expenditure to benefit C/O		3,1130 5		
Date _	Payee name			
(1) (1)	646			
0 00 17	<i></i>			
Amount (\$)	Payee address; City; St	ate; Zip Code		
LIA AA	12747 EM 200	DIA) Galanda	NO TO	<b>プフネブ</b> ネ
עטיעד	0217111009	VVV -HENUL	114) 1/1	11310
PURPOSE	Category (See categories listed at the to	p of this schedule) Descri	ption (If travel outside of )	exas, complete Schedule T)
OF		· HATT	ממענוס"ו ונק	DOOK TUNGTOUSU
EXPENDITURE	Protection / don	nyinn in che	eck if Austin, TX, officehol	
A . ( . AND	Candidate / Officeholder name			Office held
Complete ONLY if direct		onice s	ougin	Office Held
expenditure to benefit C/C	J:1			<u> </u>
	ATTACH ADDITIONAL C	OPIES OF THIS SCHEDULE	AS NEEDED	
				l l

P.O. Box 12070

•	EXPENDITURE	CATEGORIES I	FOR BOX 8(a)	)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Cor		Loan Repayment/F	Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundrais			ipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	-	Contributions/Dona	ntions Made By
Event Expense	Polling Expense	Travel Out Of Distr	ict	Candidate/Offic	eholder/Political Committee
Fees	Printing Expense	Office Overhead/Re	ental Expense	OTHER (enter a ca	ategory not listed above)
	The Instruction Guide	e explains how to d	omplete this fo	rm.	
1 Total pages Schedule F:	2 FILER NAME ;	1 . 5 1		3 ACCOUNT	# (Ethics Commission Filers)
, ζ	Kunnoth	V Haid	nn		
4 Date	5 Pavee name	r'llugu			
A it til	5 Payee hanne	1 1 1			
<u> </u>		J1. HIM	)		
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code			
	_				
100.00	I ILLII EM INGO	. Solond	OFA IR	ブフィブノ	
<u> </u>	(a) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	<del>/                                    </del>		<u>/ / L / / / / / / / / / / / / / / / / /</u>	1. 5. 1
8 PURPOSE OF	(a) Category (See categories listed at the to	p of this schedule)	(b) Description	(If travel outside of lexa	es, complete Schedule T)
EXPENDITURE			pop	LUIN TUNU	10050
	LOURT DIRHOUT GODG	7410D	Check if	Austin, TX, officeholde	r living expense
9 Complete ONLY if direct	Candidate / Office folder name	* * * * <u>*</u> * * * * * * * * * * * * * *	Office sough	nt	Office held
expenditure to benefit C/C	ЭН		J		
<u>,                                      </u>					
Date	Payee name		- (		
9-18-14	6 alend	orn Hinh	GAHAA	)	
Amount (\$)	Pavee address; City; Si	tate: Zip Code		#	
Amount ( $\phi$ )	rayee address, - Oky, Si	ate, Zip Code			
IAA AA	2 2 7157 5 44 200	1 6	1000	پ ب	<b>→</b> 3 <b>→</b> 3
100.00	00141 FM 209	1) W. S	ו (מוס (דשום	$Q_{\perp}/X_{\parallel}/$	1310
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of Texa	as, complete Schedule T)
OF			DEDIVE	Larad. C	Innertion
EXPENDITURE	Innly histon I do	nation	Check if	Austifi, TX, officeholder	rliving expense
	Candidate / Officeholder name	IUTI UI	Office sough		Office held
Complete ONLY if direct expenditure to benefit C/C		•	Office sough	IL.	Office freid
experience to perionic ore					
Date .	Payee name ^				
0-20-111	VEIN DAG	1 1101/n			
<u> </u>	VP VV 1 (1/2)	1 481Ψ		<u> </u>	
Amount (\$)	Payee address; City; St	ate: Zip Code			
		$\Lambda$	$\Lambda$ :	, i	٠
100.00	1254 / 10 nms /1/20	dham Kd.	PATHI	Ty 77.	1105
(0000	Code and a Company of the Laboratory	Limit It	Description	Officered autoide of Toyo	as, complete Schedule T)
PURPOSE	Category (See categories listed at the to	p or triis scriedule)	Description Cal.	Cin Lo Kad	S Complete Schedule 1)
OF	and Trust alder	Loa		HY TIUKF	<b>)</b> •
EXPENDITURE	CDIANDUHON ICION	lHON I	Cneckity	Austin, TX, officeholde	r iiving expense
Complete ONLY if direct	Candidate / Officeholder name		Office sough	nt	Office held
expenditure to benefit C/O	Н				
Date	Payee name	A			
18-5-14	HPAVYAS I	Mrmu			
Amount (\$)	Payee address; City; St	ate: Zip dode			
<b>`</b>	<b></b>	,,			
300 DD	10116 1 M 11105 11	3 1 1000	Canal .	رد و و راس	7
<u> </u>	17200 FM 1489 U	1. NYUN	JUINI,	11 / / 15	/
DUDDOSE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of Tex	as, complete Schedule T)
PURPOSE OF			di	anation	
EXPENDITURE	I note hutenaldn	nation	Check if	Austin, TX, officeholde	r living expense
O 1 . O.B. 112	Candidate / Officeholder name	IUIIUII	Office sough		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/C			Onice sough		Omee new
experientale to netterit over					
	ATTACH ADDITIONAL C	OPIES OF THIS S	CHEDULEAS	NEEDED	

P.O. Box 12070

	EXPENDITURE	CATEGORIES FO	OR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contr	act Labor Lo:	an Repayment/Reimburseme	ınt
Accounting/Banking	Legal Services	Solicitation/Fundraisin	-	ansportation Equipment & Re	· 1
Consulting Expense	Food/Beverage Expense	Travel In District		ntributions/Donations Made I Candidate/Officeholder/Polit	
Event Expense Fees	Polling Expense Printing Expense	Travel Out Of District Office Overhead/Rent		HER (enter a category not li	
. 550	The Instruction Guide			THEIN (enter a category not in	ated above)
1 Total pages_Schedule F:	2 FILER NAME ./	A		3 ACCOUNT # (Ethics Co	mmiogion Cilore)
1 Total pages defledule 1.	Kannath	1 Halldon	•	J ACCOUNT # (Editor Co	minission (hers)
<i>D</i>	7   W	<u>n i ijuyu o i</u>		<u> </u>	
4 Date	S rayee name	ا ما مد	Range Ci	L	
16-0-74	- Juen Vai	MZUELU.	LYVINY	<u> </u>	
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code			
laa m	11614 Tourisda	la la Tra	about Tr	<b>ププ 2</b> プド	
	$\frac{\partial \mathcal{L}}{\partial \mathcal{L}}$		IDUU IA	11315	( - dut - 73
8 PURPOSE OF	(a) Category (See categories listed at the to	o of this schedule) (I	Description (If the	avel outside of Texas, complete Sc	nedule 1)
EXPENDITURE	April - houling I done	1 000	UUIU	HUII	
	LUNTIPUTION JUNU	47011		n, TX, officeholder living expens	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officerfolder name	ı	Office sought	Office	a held
experialiture to beliefit C/C	· · · · · · · · · · · · · · · · · · ·				
Date	Payee name				
12-8-14	E MCFA				
Amount (\$)		ate; Zip Code			
_, ,	0 - 0	Λ			
7675.00	120 130x 704.	POSTOS. 7	ショフフィル	75.	
PURPOSE	Category (See categories listed at the to	o of this schedule)	Description (if to	ayel outside of Texas, complete Sc	hedule T)
OF	- F		UOU	th livestack	aurti On l
EXPENDITURE	Propted Printers I don	ntion	Cheek if Austi	n, TX, officeholder living expens	e
Complete ONLY if direct	Candidate / Officeholder name	<del>~ / / / / / / / / / / / / / / / / / / /</del>	Office sought	Office	held
expenditure to benefit C/C	9H				
Data	Payee name \( \)				
Date	Layeename / /	an Mack	as in D	O Con CADE	
17 - 17 - 111	Dachema	11 <i>11 U 16</i> 16 16 1 5 1	W 7 7 1 1 1 1 1 1 1 1 1	" " " " " " " " " " " " " " " " " " "	
12-8-14	Pertorma	TO THATE!	CHIM IU		
13 - 8 - 14 Amount (\$)	Pertorma. Payee address; City; St	ate; Žip Code	CINY IC		
13-8-14 Amount (\$)	Putormo	ate; Zip Code			
13-8-14 Amount (\$) 538. 78	Pertorma. Payee address; City; St. Po Box 63869,	Houston	. Tx 77	1205	
538. 78	Performance Payee address; City; St.  Po Box 12869, Category (See categories listed at the top	Houston		205 ·	hedule T)
13-8-14 Amount (\$) 538. 78 PURPOSE OF	PO BOX 12869, Category (See categories listed at the to	Houston	Description (If the		hedule T)
538. 78 PURPOSE	PO BOX 62869,	Houston	_ 5101		-
908 PURPOSE OF EXPENDITURE  Complete ONLY if direct	Category (See categories listed at the to	Houston	_ 5101	<b>9</b> 6·	se ·
538. 78  PURPOSE OF EXPENDITURE	Category (See categories listed at the to	Houston	SIO)	n, TX, officeholder living expens	se ·
908 PURPOSE OF EXPENDITURE  Complete ONLY if direct	Category (See categories listed at the to	Houston	SIO)	n, TX, officeholder living expens	se ·
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C	Category (See categories listed at the to Odviving Office holder name H	Houston of this schedule)	Check if Austi	n, TX, officeholder living expens	se ·
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C	PO BOX U3869, Category (See categories listed at the to Odvirus Office holder name H  Payee name  Lifts fi	Houston of this schedule) 054  Mason	Check if Austi	n, TX, officeholder living expens	se ·
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C	PO BOX 12869, Category (See categories listed at the tol QUITS PO 1204 Candidate / Officeholder name H  Payee name  Liffs for	Houston of this schedule)	Check if Austi	n, TX, officeholder living expens	se ·
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C	PO BOX U3869, Category (See categories listed at the to Odvirus Office holder name H  Payee name  Lifts fi	Houston of this schedule)  Of Mason ate; Zip Code	Check if Austi	n, TX, officeholder living expens	se ·
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C	PO BOX U3869, Category (See categories listed at the tology of the Candidate / Officeholder name H  Payee name Lifts from Payee address; City; St. 2300 5. Sqt. E	Houston of this schedule) Of Mason ate; Zip Code Ed Holcor	Check if Austi Office sought	Office officeholder living expens	se held
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C	PO BOX U3869, Category (See categories listed at the to Odvirus Office holder name H  Payee name  Lifts fi	Houston of this schedule) Of Mason ate; Zip Code Ed Holcor	Check if Austi Office sought	n, TX, officeholder living expens	se held
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date  Date  Amount (\$)  PURPOSE OF	PO BOX U3869, Category (See categories listed at the tology of the Candidate / Officeholder name H  Payee name Lifts from Payee address; City; St. 2300 5. Sqt. E	Houston of this schedule) Of Mason ate; Zip Code Ed Holcor	Check if Austi Office sought  Description (If t	n, TX, officeholder living expens Office  Control TX  ravel outside of Texas, complete So	se held
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date  Amount (\$)  PURPOSE	Category (See categories listed at the to Category (See categories listed at the to Category (See categories is ded at the to Category (See categories is ded at the to Contribution I don	Houston of this schedule) Of Mason ate; Zip Code Ed Holcor	Check if Austi	Office	se held
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/O  Date  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Category (See categories listed at the to Candidate / Office holder name H  Payee name  Payee address; City; St  Category (See categories kisted at the to Candidate / Office holder name Candidate / Office holder name	Houston of this schedule) Of Mason ate; Zip Code Ed Holcor	Check if Austi Office sought  Description (If t	n, TX, officeholder living expens Office  Control TX  ravel outside of Texas, complete So	se held
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date  Amount (\$)  PURPOSE OF EXPENDITURE	Category (See categories listed at the to Candidate / Office holder name H  Payee name  Payee address; City; St  Category (See categories kisted at the to Candidate / Office holder name Candidate / Office holder name	Houston of this schedule) Of Mason ate; Zip Code Ed Holcor	Check if Austi	Office	se held

P.O. Box 12070

	EXPENDITUR	E CATEGORIES F	OR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Con	tract Labor L	oan Repayment/Reim	bursement
Accounting/Banking	Legal Services	Solicitation/Fundrais		ransportation Equipme	
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Donation	·
Event Expense	Polling Expense	Travel Out Of Distric			der/Political Committee
Fees	Printing Expense	Office Overhead/Re		OTHER (enter a catego	
. • • • • • • • • • • • • • • • • • • •	- '		•		ny not nated above)
	Ine instruction Guid	ie explains how to co	omplete this form	n.	
1 Total pages Schedule F:	2 FILER NAME	A 1. 1	_	3 ACCOUNT # (E	thics Commission Filers)
· · · • • • • • • • • • • • • • • • • •	Kannalh	1 Harris	n		,
0	1147/1/471	n· [wyw	//		
4 Date	5 Payee name		Ω		
11-9-14	N Same	anal Ad	MAMES	for I Jub	
10017	I VIII !	برار بروانل	<i>ו</i> מונו	LUL LUL	
6 Amount (\$)	7 Payee address; City;	state; Zip/Code /			
	A A		,		
ነለለ ለለ	Do Kon Dilla	ממל (ונטלא	0.1 -	フマンピー	
<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>	FU DUL ATTO	West Chil	<u> </u>	עביין	
8 PURPOSE	(a) Category (See categories listed at the t	op of this schedule)	(b) Description ()	f travel outside of Texas, co	mplete Schedule T)
OF			10.	Ka niajin	n
EXPENDITURE	I malatrillas lda	~~!`~~	$  u_{i}$	n wan	//
		ווואינמט 🗆	Check if Au	stin, TX, officeholder livin	g expense
9 Complete ONLY if direct	Candidate / Officeholder nam	e	Office sought		Office held
expenditure to benefit C/0	эн		J		
Date .	Payee name 🐧				
וו ארני	L Tayee Halle A Carl 1:		~ ~ ~		
10-8-14	1)1944 Li	ממוש ו ממנו	(אמניעלו		
Amount (\$)	Payee address; City; S	State; Zip Code	<del>~ ; ; ; · · · · · · · · · · · · · · · · </del>		
, and and (4)	rayes address, Sky,	Julio, 2,p 0000	•		
3 2 4	00.0	A4 i			
<i>ፈ</i> ፈላ. <i>0</i> 0	I DI) MAN QAK	Montanmi	of il Tv	ブフスズル	
	LU LUA OUS				
PURPOSE	Category (See categories listed at the t	op of this schedule)	Description (	f travel outside of Texas, co	mpiete Schedule T)
OF			אנזניו	YINN	
EXPENDITURE	lange hitem Idi	matra	Check if Au	stin, TX, officeholder livin	g expense
	<u> </u>				
Complete ONLY if direct	Candidate / Officeholder nam	e	Office sought		Office held
expenditure to benefit C/C	)H				
Date	Payee name				
11-0-111	I ME EE				
10 1 17	MULF				
Amount (\$)	Payee address; City; S	state; Zip Code			•
				•	İ
100 00	Do how Outi	60-0-	Y 7-	1107	
11)():1,1)	1 PU 130X 40 II.	_ <i></i>	_/X _//	'J} /	
	Category (See categories listed at the t	on of this schedule)	Description (	f travel outside of Texas, co	molete Schedule T)
PURPOSE	Category (coe sategories nated at the	op or and derication			
OF	1001 -1 1- 11	1		MHON stin, fx, officeholder livin	
EXPENDITURE	しくしのかう トルチょつのノツク	$n \cap \mathcal{H}(n) = 0$	Check if Au	stin, TX, officeholder livin	g expense
Complete ONLY if direct	Candidate / Officeholder nam	+	Office sought		Office held
• —					O00
evpanditure to hanefit C/C			o moo oodgaa		
expenditure to benefit C/C					
<u></u>	)H				
expenditure to benefit C/C		1			
· · · · · · · · · · · · · · · · · · ·	)H	Hor			en e
Date 12-14	Payee name Pustmus	ter			
<u></u>	Payee name Pustmus	FUT state; Zip Code	-		
Date 12-14	Payee name Pustmus	tate; Zip Code	\ .		
Date 12-14	Payee name Pustmus	tos state; Zip Code	Doc. Loc.	Tu 7721.	~
Date 12-14	Payee name Pustmus	Hos State; Zip Code 5 Wny, H	Porter,	Tx 77310	5
Date 13-13-14 Amount (\$) 245.00	Payee name Pustmus	5 Way, F	Porter,	1 X 7 73() If travel outside of Texas, or	5 mplete Schedule T)
Date   13-13-14   Amount (\$)   245.00   PURPOSE	Payee name Pustmus; Payee address; City; S	5 Way, F	Or Fer Description (		5 mplete Schedule T)
Date    13-13-14  Amount (\$)  245.00  PURPOSE OF	Payee name Pustmus; Payee address; City; S	5 Way, F	Orter Description (1)	umps.	
Date   13-13-14   Amount (\$)   245.00   PURPOSE	Payee name Pustmus; Payee address; City; S	5 Way, F	Orter Description (1)		
Date    13-13-14  Amount (\$)  PURPOSE OF EXPENDITURE	Payee name Pustmus; Payee address; City; S	5 WW, Fop of this schedule	Orter Description (1)	umps.	
Date	Payee name Pushings Payee address; City; S  23550 Pushings Category (See categories listed at the total conditions)  Candidate / Office holder name	5 WW, Fop of this schedule	Description (I	umps.	g expense
Date    13-13-14  Amount (\$)  PURPOSE OF EXPENDITURE	Payee name Pushings Payee address; City; S  23550 Pushings Category (See categories listed at the total conditions)  Candidate / Office holder name	5 WW, Fop of this schedule	Description (I	umps.	g expense
Date	Payee name Pushings Payee address; City; S  23550 Pushings Category (See categories listed at the total conditions)  Candidate / Office holder name	5 Way Fop of this schedule F	Description (I	UMAS stin, TX, officeholder livin	g expense

P.O. Box 12070

	EXPENDITURE	CATEGORIES FO	OR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contr	ract Labor L	.oan Repayment/Reimb	oursement
Accounting/Banking	Legal Services	Solicitation/Fundraisir	ng Expense 7	ransportation Equipme	nt & Related Expense
Consulting Expense	Food/Beverage Expense	Travel in District		Contributions/Donations	
Event Expense	Polling Expense	Travel Out Of District		Candidate/Officehold	ler/Political Committee
Fees	Printing Expense	Office Overhead/Ren	tal Expense C	OTHER (enter a catego	ry not listed above)
	The Instruction Guide	explains how to co	mplete this forn	n.	
1 Total pages Schedule F:	2 FILER NAME	1 11		3 ACCOUNT # (E	thics Commission Filers)
X	Kanneth	K. HMIN	Df)		•
4 Date	5 Payee name	- Coga	- <del></del>		
11-11-11	6trahan	as Maria	1 2-0	م مُ	
11/11/14	ענגנוווכנשונ	<u>פדונועו א</u> נ	_(/(///)]	WW.	
6 Amount (\$)	7 Payee address; / City; St	ate; Zip Code	,	J	
1/0 00	00 A 122.	0		نــــــــــــــــــــــــــــــــــــ	
ADO:00	P() 1)0x 12Alo.	"DOSOP. T	x 773	<i>()</i> 5	
8 PURPOSE	(a) Category (See categories listed at the to	p of this schedule) (I	b) Description (II	f travel outside of Texas, con	nplete Schedule T)
OF			600	nencepin	
EXPENDITURE	1 mai - huling Idaa	n.l.na		DOISH	
	LCUITTILXITTON I QUIN			stin, TX, officeholder living	
9 Complete ONLY if direct	Candidate / Officehelder name		Office sought		Office held
expenditure to benefit C/C	)H				
Dete	Payee name				
Date	rayee hand	Mari II.		•	
19-10-14	U J J J J J J J J J J J J J J J J J J J	MULKIE	UNDUUM	) 	
Amount (\$)	Payee address; City; St	ate; Zip Code	7		
		<b>A</b>	_		
100.00	Do Kny 1221	1 norma	ブレ フフ	LOK	
$-\mu \omega' \omega_{}$	I U DUA SAST,		<u>/                                    </u>	<i>3//:)</i>	
PURPOSE OF	Category (See categories listed at the to	o of this schedule)	Description (ii	f travel outside of Texas, con	nplete Schedule T)
EXPENDITURE	4		Yan	Y UULHOL	)
	L'ONTO NIHONIANN	10H1 (1)11	Check if Aus	stin, TX, officeholder living	j expense
Complete ONLY if direct	Candidate / Officeholder name	~,· ·	Office sought		Office held
expenditure to benefit C/C	PH				
			<del></del>	<del></del>	
Date	Payee name	a. ( 6 . )	1.00 1	^	
12-8-14	L Friends i	or solven	ioia Al	U	
Amount (\$)	Payee address; City; St	ate; Zip Code	-,	J	
	A			4	
Kan no	DI) KAO I TOUL	Salandora	7, 77	1171	
<u> </u>	10 1301 174	<u>ر پ ب<i>ریریزی</i>ها</u> در د	<u> </u>	<u> </u>	
PURPOSE	Category (See categories listed at the to	o of this schedule)	Description (if	ftravel outside of Texas, con	nplate Schedule T)
OF		, •	ろのの	SOF RAUGH	<i>nn</i> ∣
EXPENDITURE	contribution I don	nation	Check if Au	stin, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/C	H		_		
		· · · · · · · · · · · · · · · · · · ·			
Date	Payee name				
12-K-14	1 // // // // // // // // // // // // //	nall FFA			
Amount (\$)	Boyco address: City St	ate; Zip Code			
zanoune (ψ)	Payee address; City; St	ate; Zip Code		•	
1 10	300 - 1001	Ala . C -			
(ארפטו	L1105) L1100 494	, IV411) (I	IMIL. TX	77357	
	Category (See categories listed at the to	,		f travel outside of Texas, cor	mplete Schedule T)
PURPOSE OF			DACK	hill film	draisor
EXPENDITURE	Contribution Idan	nlinn l	Deck if Ave	stin, TX, officeholder living	NUJU
		ulivii —			· · · · · · · · · · · · · · · · · · ·
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/C	JH				
	ATTACH ADDITIONAL C	OPIES OF THIS SC	HEDULE AS N	EEDED	

P.O. Box 12070

	EXPENDITURE	E CATEGORIES FO	PR BOX 8(a)		- 1
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contr	act Labor Lo	oan Repayment/Reimbursement	
Accounting/Banking	Legal Services	Solicitation/Fundraisin	g Expense Tr	ansportation Equipment & Related Expe	ense
Consulting Expense	Food/Beverage Expense	Travel In District		ontributions/Donations Made By	
Event Expense	Polling Expense	Travel Out Of District		Candidate/Officeholder/Political Comm	nittee
Fees	Printing Expense	Office Overhead/Rent	tal Expense O	THER (enter a category not listed abov	/e)
	The Instruction Guid	e explains how to cor	nplete this form	•	.
1 Total pages Schedule F:	2 FILER NAME II	A . i .		3 ACCOUNT # (Ethics Commission	Filers)
A TOTAL PAR OF THE	KA nooth	V Hauda	1	3 7.000011 # (Elillos Colliniosion	, 11013/
0	[[4]])(71)	A · !IUUUEI	<u>/</u>		[
4 Date	5 Payee name	' Λ	C . I		1
12-8-14	Knhort Li	ו/ ממשנונ	onotit		ŀ
6 Amount (\$)	7 Payee address; City; S	tate/ Zip Code			
ina aa	18212 Hacky Elr	n Grana	Tu 77	270	1
	0003 11WW E11	11 1114;	<u> </u>	<u> </u>	
8 PURPOSE	(a) Category (See categories listed at the to	p of this schedule) (b	) Description (If I	travel outside of Texas, complete Schedule T)	İ
OF EXPENDITURE			ומחלם	ひかつわ	}
EXPENDITURE	PONT DINAMIDA	milina	Check if Aust	in, TX, officeholder living expense	}
0.00	Candidate / Officeholder name	MINUI	Office sought	Office held	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		<del>;</del>	Onice sought	Office fleat	}
experientare to beliefit o/c	27.1				
Date .	Payee name				
ألن الناجة أأ	IA CT A	A. C.I.			
10-10-14	<u> </u>	IUI T			
Amount (\$)	Payee address; City; S	tate; Zip Code			
_		Λ.			1
238.15	2 2Km Hirry KO	Dortoc y	~ 77210	<b>ド</b>	ŀ
	partially 34,	<u> </u>	<u> </u>		——— <u> </u>
PURPOSE	Category (See categories listed at the to	p of this schedule) 1	Description (If	travel outside of Texas, complete Schedule T)	
OF EXPENDITURE			OHICE UN	1641B (WUD-	[
EXI ENSITORE	lady Drinting ex	n0050	Check if Aust	in, TX, officeholder living expense	i
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held	
expenditure to benefit C/C	)H		<b>--</b>		
				<u></u>	
Date ,	Payee name	9 6			
1) 17-14	Sama 1	frik			
18-11		iuu			
Amount (\$)	Payee address; City; St	ate; Zip Code			
A		Λ.	. 11		
8 an. 11	Globok FM IGIOD 1	MIDNES KM.	. 11) Hii	m/ le Tx 77/1/	1
	1442111401	J4 4- 1-14	Description (if	(1/4-11) / / / / / / / / / / / / / / / / / /	
PURPOSE	Category (See categories listed at the to	p of this schedule)		travel outside of Texas, complete Schedule T)	kal'd
OF	Ashaul an see	(2)	upplies tor	Office Christmas (e)e)	NUNUK
EXPENDITURE	I LVENT LXDENSE		Check if Aust	tin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	)	Office sought	Office held	
expenditure to benefit C/O	H				1
Date	Payee name		. 1		ł
12-17-14	Shela Hi	host Phi	tm canh	<i>r</i>	
Amount (\$)		1048     11111	CAT ISTUR	4	———
Amount (\$)	Payee address; City; St	ate; Zip Code	<i>,</i>	J	
า	0	1, ~ 1	1	مسرد الأ	į
100.00	I YNNI I-NATORIA K	d. Devolo	M Tx	77118	1
- W W	Category (See categories listed at the to	on of this schedule)	Description #	travet outside of Texas, complete Schedule T)	
PURPOSE	Caregory (See caregories listed at the to	ip or (ina autoutile)	A hala	hach Chatal	J
OF	Actor and Actor	•	שטועוץ	LEUTH TONIQI	
EXPENDITURE	Y VINT YXINING		Check if Aust	tin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held	•
expenditure to benefit C/0	DH				[
	ATTACH ADDITIONAL C	OPIES OF THIS SC	HEDULE AS NE	EDED	ļ