

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

2 of 82

13 C / OH NAME Shipman Bihm, Katherine E. (Mrs.) **14** Filer ID (Ethics Commission Filers)
00080150

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

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

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	3,938.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	66,882.25
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	1,158.58
	4. TOTAL POLITICAL EXPENDITURES	\$	27,742.09
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	31,115.48
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 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.

Mrs. Katherine E. Shipman Bihm

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - JC/OH**FORM JC/OH
COVER SHEET PG 3**

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18 FILER NAME Shipman Bihm, Katherine E. (Mrs.)	19 Filer ID (Ethics Commission Filers) 00080150
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 51,938.25
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 14,944.00
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 19,888.03
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 3,626.81
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 4,227.25
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/35 Rpt: 4/82
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 11/04/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALEXANDER & OVERSTREET, PLLC <hr/> 6 Contributor address; City; State; Zip Code Conroe, TX 77301	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/06/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALEXANDER & OVERSTREET, PLLC <hr/> Contributor address; City; State; Zip Code Conroe, TX 77301	Amount of Contribution (\$) \$500.25
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAILEY, DARIN <hr/> Contributor address; City; State; Zip Code Conroe, TX 77304	Amount of Contribution (\$) \$125.00
Contributor's Principal Occupation CLERK		Contributor's Job Title
Contributor's employer/law firm MONTGOMERY COUNTY		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/35 Rpt: 5/82
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 11/04/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAKER, PHILIP	7 Amount of Contribution (\$) \$510.00
	6 Contributor address; City; State; Zip Code MAGNOLIA, TX 77354	
8 Contributor's Principal Occupation SELF-EMPLOYED		9 Contributor's Job Title
10 Contributor's employer/law firm SELF-EMPLOYED		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARKER, ROBBIE	Amount of Contribution (\$) \$260.00
	Contributor address; City; State; Zip Code Conroe, TX 77301	
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title
Contributor's employer/law firm SELF-EMPLOYED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/16/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARKER, ROBBIE	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Conroe, TX 77301	
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title
Contributor's employer/law firm SELF-EMPLOYED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/35 Rpt: 6/82
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 11/05/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARRIENTOS, ERNEST	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code SPRING, TX 77386	
8 Contributor's Principal Occupation ATTORNEY		9 Contributor's Job Title
10 Contributor's employer/law firm SELF-EMPLOYED		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/26/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BEDNORZ, DARRELL	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code CONROE, TX 77303	
Contributor's Principal Occupation CONSULTANT		Contributor's Job Title
Contributor's employer/law firm SELF-EMPLOYED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BIHM, DON	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code ORANGE, TX 77630	
Contributor's Principal Occupation RETIRED		Contributor's Job Title
Contributor's employer/law firm NONE		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 4/35 Rpt: 7/82
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 11/04/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BIRDWELL, SUSAN	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code BRYAN, TX 77802	
8 Contributor's Principal Occupation HOMEMAKER		9 Contributor's Job Title
10 Contributor's employer/law firm NONE		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BIRDWELL, WILLIAM	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code BRYAN, TX 77802	
Contributor's Principal Occupation RETIRED		Contributor's Job Title
Contributor's employer/law firm NONE		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/15/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOURQUE, GERALD	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code THE WOODLANDS, TX 77380	
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title
Contributor's employer/law firm SELF-EMPLOYED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 5/35 Rpt: 8/82
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 09/04/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOURQUE, MORGAN 6 Contributor address; City; State; Zip Code THE WOODLANDS, TX 77380	7 Amount of Contribution (\$) \$2,500.00
8 Contributor's Principal Occupation ATTORNEY		9 Contributor's Job Title
10 Contributor's employer/law firm SELF-EMPLOYED		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 08/28/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRASS, RICK Contributor address; City; State; Zip Code Conroe, TX 77301	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title
Contributor's employer/law firm BRASS & MCCOTTER		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRYAN, WILLIAM Contributor address; City; State; Zip Code THE WOODLANDS, TX 77382	Amount of Contribution (\$) \$75.00
Contributor's Principal Occupation SMALL BUSINESS OWNER		Contributor's Job Title
Contributor's employer/law firm BRYAN CREATIVE GROUP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 6/35 Rpt: 9/82
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 09/08/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BURNS, BRIAN 6 Contributor address; City; State; Zip Code Conroe, TX 77301	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation ATTORNEY		9 Contributor's Job Title
10 Contributor's employer/law firm SELF-EMPLOYED		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUTLER, ALICE Contributor address; City; State; Zip Code BRYAN, TX 77802	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation RETIRED		Contributor's Job Title
Contributor's employer/law firm NONE		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/26/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARTER, GERALD Contributor address; City; State; Zip Code MONTGOMERY, TX 77356	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation PROJECT MANAGER		Contributor's Job Title
Contributor's employer/law firm APACHE INDUSTRIAL SERVICES		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 7/35 Rpt: 10/82
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 11/04/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CASEY, ROBERT 6 Contributor address; City; State; Zip Code SPRING, TX 77386	7 Amount of Contribution (\$) \$75.00
8 Contributor's Principal Occupation RETIRED		9 Contributor's Job Title
10 Contributor's employer/law firm NONE		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CATLIN, LARRY Contributor address; City; State; Zip Code BRYAN, TX 77802	Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title
Contributor's employer/law firm SELF-EMPLOYED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CELESTE BLACKBURN, PLLC Contributor address; City; State; Zip Code CONROE, TX 77304	Amount of Contribution (\$) \$1,200.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 8/35 Rpt: 11/82
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 08/28/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CELESTE BLACKBURN, PLLC	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code CONROE, TX 77304	
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/23/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHANCE, ED	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code THE WOODLANDS, TX 77380	
Contributor's Principal Occupation RETIRED		Contributor's Job Title
Contributor's employer/law firm NONE		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/15/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRISTENSON, LORI	Amount of Contribution (\$) \$350.00
	Contributor address; City; State; Zip Code HOUSTON, TX 77043	
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title
Contributor's employer/law firm SELF EMPLOYED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 9/35 Rpt: 12/82
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 11/04/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CONLEE, KAY <hr/> 6 Contributor address; City; State; Zip Code BRYAN, TX 77803	7 Amount of Contribution (\$) \$1,425.00
8 Contributor's Principal Occupation SMALL BUSINESS OWNER		9 Contributor's Job Title
10 Contributor's employer/law firm OLD BRYAN MARKETPLACE		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/15/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CORMIER, KONOR <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77382	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title
Contributor's employer/law firm MEHAFFEY WEBBER		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/05/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DARK, WILLIAM <hr/> Contributor address; City; State; Zip Code CONROE, TX 77385	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation DEVELOPER		Contributor's Job Title
Contributor's employer/law firm SELF-EMPLOYED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 10/35 Rpt: 13/82
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 11/11/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DARK, WILLIAM <hr/> 6 Contributor address; City; State; Zip Code CONROE, TX 77385	7 Amount of Contribution (\$) \$550.00
8 Contributor's Principal Occupation DEVELOPER		9 Contributor's Job Title
10 Contributor's employer/law firm SELF-EMPLOYED		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/05/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVIS, ELIZABETH <hr/> Contributor address; City; State; Zip Code BRYAN, TX 77802	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation ARTIST		Contributor's Job Title
Contributor's employer/law firm SELF-EMPLOYED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/05/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DELAHOUSSAYE, JAY <hr/> Contributor address; City; State; Zip Code Port Bolivar, TX 77650	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation PROGRAM DIRECTOR		Contributor's Job Title
Contributor's employer/law firm MA'ADEN WA'AD AL SHAMAL PHOSPHATE COMPANY		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 11/35 Rpt: 14/82
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 08/28/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DISHONGH, JEREMY <hr/> 6 Contributor address; City; State; Zip Code Conroe, TX 77301	7 Amount of Contribution (\$) \$2,500.00
8 Contributor's Principal Occupation ATTORNEY		9 Contributor's Job Title
10 Contributor's employer/law firm SELF EMPLOYED		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/15/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DRUSHEL, JEFF <hr/> Contributor address; City; State; Zip Code CONROE, TX 77301	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation INVESTIGATOR		Contributor's Job Title
Contributor's employer/law firm SELF-EMPLOYED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUKE, CHUCK <hr/> Contributor address; City; State; Zip Code Magnolia, TX 77354-5040	Amount of Contribution (\$) \$140.00
Contributor's Principal Occupation SMALL BUSINESS OWNER		Contributor's Job Title
Contributor's employer/law firm SELF-EMPLOYED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 12/35 Rpt: 15/82
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 11/04/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EPPES, PAMELA <hr/> 6 Contributor address; City; State; Zip Code Magnolia, TX 77354-5040	7 Amount of Contribution (\$) \$350.00
8 Contributor's Principal Occupation REALTOR		9 Contributor's Job Title
10 Contributor's employer/law firm SELF-EMPLOYED		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/05/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EPPES-GEISENDORFF, REGINA <hr/> Contributor address; City; State; Zip Code Conroe, TX 77385	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation UNEMPLOYED		Contributor's Job Title
Contributor's employer/law firm NONE		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FORLANO, SARA <hr/> Contributor address; City; State; Zip Code SPRING, TX 77382	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title
Contributor's employer/law firm MONTGOMERY COUNTY		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 13/35 Rpt: 16/82
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 11/04/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FREE, CHERYL	7 Amount of Contribution (\$) \$1,070.00
	6 Contributor address; City; State; Zip Code BRYAN, TX 77802	
8 Contributor's Principal Occupation REALTOR		9 Contributor's Job Title
10 Contributor's employer/law firm SELF-EMPLOYED		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/16/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FULTS, JAMES	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code MAGNOLIA, TX 77354	
Contributor's Principal Occupation ACCOUNTING		Contributor's Job Title
Contributor's employer/law firm BRITISH PETROLEUM		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/23/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FUSCO, PETER	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code MONTGOMERY, TX 77356	
Contributor's Principal Occupation RETIRED		Contributor's Job Title
Contributor's employer/law firm NONE		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 14/35 Rpt: 17/82
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 11/05/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARCIA, GILBERT <hr/> 6 Contributor address; City; State; Zip Code CONROE, TX 77301	7 Amount of Contribution (\$) \$825.00
8 Contributor's Principal Occupation ATTORNEY		9 Contributor's Job Title
10 Contributor's employer/law firm SELF-EMPLOYED		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARCIA, GILBERT <hr/> Contributor address; City; State; Zip Code CONROE, TX 77301	Amount of Contribution (\$) \$1,500.00
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title
Contributor's employer/law firm SELF-EMPLOYED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GAUT, JENNIFER <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77055	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title
Contributor's employer/law firm SELF-EMPLOYED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 15/35 Rpt: 18/82
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 10/02/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GIBSON, CATHERINE <hr/> 6 Contributor address; City; State; Zip Code THE WOODLANDS, TX 77381	7 Amount of Contribution (\$) \$120.00
8 Contributor's Principal Occupation PARALEGAL		9 Contributor's Job Title
10 Contributor's employer/law firm THE LANIER LAW FIRM		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRICE, CHRIS <hr/> Contributor address; City; State; Zip Code THE WOODLANDS, TX 77382	Amount of Contribution (\$) \$90.00
Contributor's Principal Occupation BANKER		Contributor's Job Title
Contributor's employer/law firm AMEGY BANK		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRIFFIN & CAIN, ATTORNEYS AT LAW, P.L.L.C. <hr/> Contributor address; City; State; Zip Code Conroe, TX 77301	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 16/35 Rpt: 19/82
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 11/04/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HALL, BECKY <hr/> 6 Contributor address; City; State; Zip Code BRYAN, TX 77802	7 Amount of Contribution (\$) \$60.00
8 Contributor's Principal Occupation RETIRED		9 Contributor's Job Title
10 Contributor's employer/law firm NONE		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HALL, STEPHANIE <hr/> Contributor address; City; State; Zip Code SPRING, TX 77382	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title
Contributor's employer/law firm SELF-EMPLOYED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARGUS, BROOKE <hr/> Contributor address; City; State; Zip Code Magnolia, TX 77354	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation HOMEMAKER		Contributor's Job Title
Contributor's employer/law firm NONE		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 17/35 Rpt: 20/82
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 11/04/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARRISON, WILLIAM <hr/> 6 Contributor address; City; State; Zip Code CONROE, TX 77301	7 Amount of Contribution (\$) \$400.00
8 Contributor's Principal Occupation ATTORNEY		9 Contributor's Job Title
10		

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 18/35 Rpt: 21/82
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 11/09/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARRISON & DIETRICH, PLLC <hr/> 6 Contributor address; City; State; Zip Code Conroe, TX 77301	7 Amount of Contribution (\$) \$125.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAYDEN, ASHLEY <hr/> Contributor address; City; State; Zip Code MAGNOLIA, TX 77354	Amount of Contribution (\$) \$1,705.00
Contributor's Principal Occupation HOMEMAKER		Contributor's Job Title
Contributor's employer/law firm NONE		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/14/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERERRA, JESSE <hr/> Contributor address; City; State; Zip Code Conroe, TX 77301	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title
Contributor's employer/law firm SELF EMPLOYED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 19/35 Rpt: 22/82
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 11/01/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOBLIT, HEATHER 6 Contributor address; City; State; Zip Code WILLIS, TX 77318	7 Amount of Contribution (\$) \$60.00
8 Contributor's Principal Occupation ATTORNEY		9 Contributor's Job Title
10 Contributor's employer/law firm SELF EMPLOYED		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/16/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOBLIT, HEATHER Contributor address; City; State; Zip Code WILLIS, TX 77318	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title
Contributor's employer/law firm SELF-EMPLOYED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUDSON, SUSAN Contributor address; City; State; Zip Code MAGNOLIA, TX 77354	Amount of Contribution (\$) \$105.00
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title
Contributor's employer/law firm SELF-EMPLOYED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 20/35 Rpt: 23/82
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 11/02/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IVEY, THOMAS 6 Contributor address; City; State; Zip Code KINGWOOD, TX 77345	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation FIRM ADMINISTRATOR		9 Contributor's Job Title
10 Contributor's employer/law firm CRAIN, CATON & JAMES		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEEFER, KATHY Contributor address; City; State; Zip Code COLLEGE STATION, TX 77845	Amount of Contribution (\$) \$360.00
Contributor's Principal Occupation RETIRED		Contributor's Job Title
Contributor's employer/law firm NONE		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/16/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KING, TOM Contributor address; City; State; Zip Code BRYAN, TX 77801	Amount of Contribution (\$) \$150.00
Contributor's Principal Occupation RETIRED		Contributor's Job Title
Contributor's employer/law firm NONE		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 21/35 Rpt: 24/82
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 11/04/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAIRD, CLAUDIA <hr/> 6 Contributor address; City; State; Zip Code SPRING, TX 77386	7 Amount of Contribution (\$) \$365.00
8 Contributor's Principal Occupation JUDGE		9 Contributor's Job Title
10 Contributor's employer/law firm MONTGOMERY COUNTY		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAURA MARBURGER, P.C. <hr/> Contributor address; City; State; Zip Code Conroe, TX 77301	Amount of Contribution (\$) \$1,500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LITTLE, WENDY <hr/> Contributor address; City; State; Zip Code CONROE, TX 77303	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title
Contributor's employer/law firm SELF-EMPLOYED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 22/35 Rpt: 25/82
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 10/17/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MADELEY, DAN <hr/> 6 Contributor address; City; State; Zip Code Conroe, TX 77301	7 Amount of Contribution (\$) \$1,500.00
8 Contributor's Principal Occupation ATTORNEY		9 Contributor's Job Title
10 Contributor's employer/law firm SELF-EMPLOYED		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/15/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARKOWITZ, ROBERT <hr/> Contributor address; City; State; Zip Code MONTGOMERY, TX 77356	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title
Contributor's employer/law firm SELF-EMPLOYED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/01/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MATA, JOSE <hr/> Contributor address; City; State; Zip Code Conroe, TX 77301	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title
Contributor's employer/law firm SELF EMPLOYED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 23/35 Rpt: 26/82
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 08/28/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCCOTTER, LARRY <hr/> 6 Contributor address; City; State; Zip Code Conroe, TX 77301	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation ATTORNEY		9 Contributor's Job Title
10 Contributor's employer/law firm BRASS & MCCOTTER		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCDUGAL, JAMES <hr/> Contributor address; City; State; Zip Code Conroe, TX 77301	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation INVESTIGATOR		Contributor's Job Title
Contributor's employer/law firm SELF EMPLOYED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/21/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCKIRAHAN, DANA <hr/> Contributor address; City; State; Zip Code CONROE, TX 77304	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation CHIROPRACTOR		Contributor's Job Title
Contributor's employer/law firm SELF-EMPLOYED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 24/35 Rpt: 27/82
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 09/01/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL, GRIFFIN	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Conroe, TX 77301	
8 Contributor's Principal Occupation ATTORNEY		9 Contributor's Job Title
10 Contributor's employer/law firm GRIFFIN & CAIN, ATTORNEYS AT LAW, P.L.L.C.		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, RUSSELL	Amount of Contribution (\$) \$700.00
	Contributor address; City; State; Zip Code WILLIS, TX 77318	
Contributor's Principal Occupation CONTRACTOR		Contributor's Job Title
Contributor's employer/law firm Fairweather Group, LLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NELSON, JACK	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code HUNTSVILLE, TX 77340	
Contributor's Principal Occupation MUSICIAN		Contributor's Job Title
Contributor's employer/law firm SELF EMPLOYED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 25/35 Rpt: 28/82
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 11/04/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NICHOLS, BARBARA <hr/> 6 Contributor address; City; State; Zip Code CONROE, TX 77304	7 Amount of Contribution (\$) \$300.00
8 Contributor's Principal Occupation ADMINISTRATOR		9 Contributor's Job Title
10 Contributor's employer/law firm MONTGOMERY COUNTY		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/15/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OWEN, DONNA <hr/> Contributor address; City; State; Zip Code CONROE, TX 77303	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title
Contributor's employer/law firm SELF-EMPLOYED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/23/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PALMER, CAROL <hr/> Contributor address; City; State; Zip Code MONTGOMERY, TX 77356	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation FLIGHT ATTENDANT		Contributor's Job Title
Contributor's employer/law firm UNITED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 26/35 Rpt: 29/82
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 10/15/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PETTIT, JOHN	7 Amount of Contribution (\$) \$150.00
	6 Contributor address; City; State; Zip Code THE WOODLANDS, TX 77381	
8 Contributor's Principal Occupation ATTORNEY		9 Contributor's Job Title
10 Contributor's employer/law firm SELF-EMPLOYED		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PULLAN, TRACY	Amount of Contribution (\$) \$410.00
	Contributor address; City; State; Zip Code CONROE, TX 77301	
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title
Contributor's employer/law firm MAGINNIS, PULLAN & YOUNG		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price & Price Attorneys at Law	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code Conroe, TX 77301	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 27/35 Rpt: 30/82
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 11/04/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAYMOND, LANDRA <hr/> 6 Contributor address; City; State; Zip Code Magnolia, TX 77354-5040	7 Amount of Contribution (\$) \$60.00
8 Contributor's Principal Occupation ACCOUNTING		9 Contributor's Job Title
10 Contributor's employer/law firm RAYMOND MIDDLETON, CPA		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REITZER, LOUDIN & MONTGOMERY, P.C. <hr/> Contributor address; City; State; Zip Code THE WOODLANDS, TX 77381	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARDS, AMANDA <hr/> Contributor address; City; State; Zip Code MAGNOLIA, TX 77354	Amount of Contribution (\$) \$930.00
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title
Contributor's employer/law firm CUDD ENERGY SERVICES		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 28/35 Rpt: 31/82
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 12/03/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARDS, AMANDA <hr/> 6 Contributor address; City; State; Zip Code MAGNOLIA, TX 77354	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation ATTORNEY		9 Contributor's Job Title
10 Contributor's employer/law firm CUDD ENERGY SERVICES		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RIPLEY, DEBBIE <hr/> Contributor address; City; State; Zip Code Magnolia, TX 77354-5040	Amount of Contribution (\$) \$70.00
Contributor's Principal Occupation RETIRED		Contributor's Job Title
Contributor's employer/law firm NONE		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUST, RONALD <hr/> Contributor address; City; State; Zip Code BRYAN, TX 77802	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation RETIRED		Contributor's Job Title
Contributor's employer/law firm NONE		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 29/35 Rpt: 32/82
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 08/28/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAPP, LAURIE <hr/> 6 Contributor address; City; State; Zip Code WILLIS, TX 77318	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation CONSULTANT		9 Contributor's Job Title
10 Contributor's employer/law firm SELF EMPLOYED		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 08/28/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHIELDS, JUDITH <hr/> Contributor address; City; State; Zip Code CONROE, TX 77303	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title
Contributor's employer/law firm SELF EMPLOYED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHIPMAN, DOY <hr/> Contributor address; City; State; Zip Code BRYAN, TX 77802	Amount of Contribution (\$) \$300.00
Contributor's Principal Occupation PRACTICE ADMINISTRATOR		Contributor's Job Title
Contributor's employer/law firm SHIPMAN E.N.T., INC.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 30/35 Rpt: 33/82
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 11/04/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHIPMAN, DOY 6 Contributor address; City; State; Zip Code BRYAN, TX 77802	7 Amount of Contribution (\$) \$200.00
8 Contributor's Principal Occupation PRACTICE ADMINISTRATOR		9 Contributor's Job Title
10 Contributor's employer/law firm SHIPMAN ENT, INC.		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/28/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHIPMAN, NOLAN Contributor address; City; State; Zip Code BRYAN, TX 77802	Amount of Contribution (\$) \$2,000.00
Contributor's Principal Occupation PHYSICIAN		Contributor's Job Title
Contributor's employer/law firm SHIPMAN ENT, INC.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SIMONSEN, STEVE Contributor address; City; State; Zip Code CONROE, TX 77301	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title
Contributor's employer/law firm SELF-EMPLOYED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 31/35 Rpt: 34/82
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 10/23/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, JOHNNIE 6 Contributor address; City; State; Zip Code MONTGOMERY, TX 77356	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation PILOT		9 Contributor's Job Title
10 Contributor's employer/law firm UNITED AIRLINES		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SONTAG, STEVE Contributor address; City; State; Zip Code Conroe, TX 77301	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation BAIL BONDSMAN		Contributor's Job Title
Contributor's employer/law firm AAAA DISCOUNT BAIL BONDS		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/16/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRAINER, SHIRLEY Contributor address; City; State; Zip Code NEW CANEY, TX 77357	Amount of Contribution (\$) \$165.00
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title
Contributor's employer/law firm SELF-EMPLOYED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 32/35 Rpt: 35/82
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 11/04/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TUCKER, JUDSON <hr/> 6 Contributor address; City; State; Zip Code Conroe, TX 77301	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation ATTORNEY		9 Contributor's Job Title
10 Contributor's employer/law firm SELF EMPLOYED		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VALDEZ, MICHAEL <hr/> Contributor address; City; State; Zip Code Conroe, TX 77301	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title
Contributor's employer/law firm SELF-EMPLOYED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/09/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VAN DE VEN, MARI <hr/> Contributor address; City; State; Zip Code Conroe, TX 77385	Amount of Contribution (\$) \$275.00
Contributor's Principal Occupation BAIL BONDSMAN		Contributor's Job Title
Contributor's employer/law firm SELF-EMPLOYED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 33/35 Rpt: 36/82
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 09/18/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VAN DE VEN, MARI	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Conroe, TX 77385	
8 Contributor's Principal Occupation BAIL BONDSMAN		9 Contributor's Job Title
10 Contributor's employer/law firm SELF-EMPLOYED		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/18/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VAN ORMAN, MARY	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code THE WOODLANDS, TX 77381	
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title
Contributor's employer/law firm MARY VAN ORMAN AND ASSOCIATES		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/28/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VAUGHAN, JILL	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code MONTGOMERY, TX 77356	
Contributor's Principal Occupation BANKER		Contributor's Job Title
Contributor's employer/law firm AMEGY BANK		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 34/35 Rpt: 37/82
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 09/01/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WARD, DAVID 6 Contributor address; City; State; Zip Code Conroe, TX 77301	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation ATTORNEY		9 Contributor's Job Title
10 Contributor's employer/law firm SELF-EMPLOYED		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEBB, AMANDA Contributor address; City; State; Zip Code MONGOMERY, TX 77356	Amount of Contribution (\$) \$75.00
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title
Contributor's employer/law firm SELF-EMPLOYED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/25/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHATLEY, GEORGETTE Contributor address; City; State; Zip Code CONROE, TX 77301	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation BAIL BONDSMAN		Contributor's Job Title
Contributor's employer/law firm ASAP BAIL BONDS		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 35/35 Rpt: 38/82
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 09/18/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WRIGHT, JAY <hr/> 6 Contributor address; City; State; Zip Code CONROE, TX 77301	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation ATTORNEY		9 Contributor's Job Title
10 Contributor's employer/law firm SELF-EMPLOYED		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/05/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YOUNGKIN, MARILYN <hr/> Contributor address; City; State; Zip Code BRYAN, TX 77802	Amount of Contribution (\$) \$170.00
Contributor's Principal Occupation RETIRED		Contributor's Job Title
Contributor's employer/law firm NONE		Law firm of contributor's spouse (if any) YOUNGKIN & BURNS, PLLC
If contributor is a child, law firm of parent(s) (if any)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/9 Rpt: 39/82	
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 1,250.00	
5 Date 11/04/2015	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BIHM, BRANDON	8 Amount of contribution (\$) \$300.00	9 In-kind contribution description AUCTION ITEM
	7 Contributor address; City; State; Zip Code Magnolia, TX 77354-5040		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) STUDENT		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) NONE		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BURDETT, DAVE	Amount of contribution (\$) \$289.00	In-kind contribution description AUCTION ITEM
	Contributor address; City; State; Zip Code BRYANT, TX 77840		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) SMALL BUSINESS OWNER		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL) BURDETT & SON		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHELETTE, TRACI	Amount of contribution (\$) \$400.00	In-kind contribution description AUCTION ITEM
	Contributor address; City; State; Zip Code CYPRESS, TX 77433		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) SALES		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL) NOVO NORDISK		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/9 Rpt: 40/82	
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 1,250.00	
5 Date 11/04/2015	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHILDRESS, ALISHA	8 Amount of contribution (\$) \$600.00	9 In-kind contribution description AUCTION ITEMS
	7 Contributor address; City; State; Zip Code MAGNOLIA, TX 77354	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) AESTHETICIAN		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) SELF-EMPLOYED		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COX, JOHN	Amount of contribution (\$) \$300.00	In-kind contribution description AUCTION ITEMS
	Contributor address; City; State; Zip Code THE WOODLANDS, TX 77380	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) ATTORNEY		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL) SELF EMPLOYED		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DELAHOUSSAYE, JAY	Amount of contribution (\$) \$1,775.00	In-kind contribution description AUCTION ITEMS
	Contributor address; City; State; Zip Code Port Bolivar, TX 77650	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) PROGRAM DIRECTOR		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL) MA'ADAN WA'AD AL SHAMAL PHOSPHATE COMPANY		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 3/9 Rpt: 41/82	
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 1,250.00	
5 Date 11/04/2015	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EPPEs, PAMELA	8 Amount of contribution (\$) \$1,000.00	9 In-kind contribution description AUCTION ITEMS
	7 Contributor address; City; State; Zip Code MAGNOLIA, TX 77354		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) REALTOR		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) SELF-EMPLOYED		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EPPEs-GEISENDORFF, REGINA	Amount of contribution (\$) \$250.00	In-kind contribution description AUCTION ITEM
	Contributor address; City; State; Zip Code Conroe, TX 77385		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) UNEMPLOYED		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL) NONE		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EVANS, BOB	Amount of contribution (\$) \$2,000.00	In-kind contribution description AUCTION ITEMS
	Contributor address; City; State; Zip Code Conroe, TX 77304		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) OWNER		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL) EVANS ENGINEERING		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 4/9 Rpt: 42/82	
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 1,250.00	
5 Date 11/04/2015	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GANN, LAURA	8 Amount of contribution (\$) \$220.00	9 In-kind contribution description AUCTION ITEMS
	7 Contributor address; City; State; Zip Code HUMBLE, TX 77396		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) CAREGIVER		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) NONE		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARDNER, DAVID	Amount of contribution (\$) \$1,450.00	In-kind contribution description AUCTION ITEM
	Contributor address; City; State; Zip Code COLLEGE STATION, TX 77845		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) JEWELER		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL) SELF EMPLOYED		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARRISON, RACAYLE	Amount of contribution (\$) \$350.00	In-kind contribution description AUCTION ITEM
	Contributor address; City; State; Zip Code CYPRESS, TX 77433		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) PHOTOGRAPHER		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL) SELF-EMPLOYED		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2 FILER NAME

Shipman Bihm, Katherine E. (Mrs.)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 6/9 Rpt: 44/82	
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 1,250.00	
5 Date 11/04/2015	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCDANIEL, CINDY	8 Amount of contribution (\$) \$1,200.00	9 In-kind contribution description AUCTION ITEM
	7 Contributor address; City; State; Zip Code MAGNOLIA, TX 77354		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) SMALL BUSINESS OWNER		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) PLANET BEACH		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCINTYRE, DAN	Amount of contribution (\$) \$300.00	In-kind contribution description AUCTION ITEM
	Contributor address; City; State; Zip Code MONTGOMERY, TX 77356		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) BUSINESS OWNER		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL) WALDEN ON LAKE CONROE		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILSTEAD, FAYE	Amount of contribution (\$) \$100.00	In-kind contribution description SILENT AUCTION ITEM
	Contributor address; City; State; Zip Code Magnolia, TX 77354-5040		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) SMALL BUSINESS OWNER		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL) MILSTEAD HOME DECOR		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 7/9 Rpt: 45/82	
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 1,250.00	
5 Date 11/04/2015	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NEWSOM, HAL	8 Amount of contribution (\$) \$615.00	9 In-kind contribution description AUCTION ITEMS
	7 Contributor address; City; State; Zip Code NEW CANEY, TX 77357	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) SMALL BUSINESS OWNER		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) SELF-EMPLOYED		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PASECHNIK, JEREDITH	Amount of contribution (\$) \$100.00	In-kind contribution description WREATHS
	Contributor address; City; State; Zip Code Conroe, TX 77301	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) ATTORNEY		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL) GRIFFIN & CAIN, ATTORNEYS AT LAW, P.L.L.C.		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POUNDERS, WANDA	Amount of contribution (\$) \$500.00	In-kind contribution description AUCTION ITEMS
	Contributor address; City; State; Zip Code HOUSTON, TX 77062	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) BANKER		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL) AMEGY BANK		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 8/9 Rpt: 46/82	
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 1,250.00	
5 Date 11/04/2015	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RIPLEY, DEBBIE	8 Amount of contribution (\$) \$120.00	9 In-kind contribution description WREATHS
	7 Contributor address; City; State; Zip Code Magnolia, TX 77354-5040		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) RETIRED		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) NONE		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROWE, DAVID	Amount of contribution (\$) \$500.00	In-kind contribution description PROFESSIONAL SERVICES
	Contributor address; City; State; Zip Code MONTGOMERY, TX 77356		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) SMALL BUSINESS OWNER		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL) BUSINESS OWNER		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREJO, GREG	Amount of contribution (\$) \$150.00	In-kind contribution description AUCTION ITEM
	Contributor address; City; State; Zip Code SPRING, TX 77386		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) FIREFIGHTER		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL) CITY OF HOUSE		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 9/9 Rpt: 47/82	
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 1,250.00	
5 Date 11/04/2015	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VAN DE VEN, MARI <hr/> 7 Contributor address; City; State; Zip Code CONROE, TX 77385	8 Amount of contribution (\$) \$125.00	9 In-kind contribution description AUCTION ITEM <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) BAIL BONDSMAN		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) SELF EMPLOYED		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VAUGHAN, JILL <hr/> Contributor address; City; State; Zip Code MONTGOMERY, TX 77356	Amount of contribution (\$) \$250.00	In-kind contribution description AUCTION ITEMS <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) BANKER		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL) AMEGY BANK		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 1/18 Rpt: 48/82	2	FILER NAME Shipman Bihm, Katherine E. (Mrs.)	3	Filer ID (Ethics Commission Filers) 00080150
4	Date 09/15/2015	5	Payee name AMAZON		
6	Amount (\$) \$371.84	7	Payee address; City; State; Zip Code 1200 12TH AVE. SOUTH, STE. 1200 SEATTLE, WA 98144		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUNDRAISER SUPPLIES		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 09/21/2015		Payee name AMAZON		
	Amount (\$) \$38.18		Payee address; City; State; Zip Code 1200 12TH AVE. SOUTH, STE. 1200 SEATTLE, WA 98144		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUNDRAISER SUPPLIES		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 09/23/2015		Payee name AMAZON		
	Amount (\$) \$87.97		Payee address; City; State; Zip Code 1200 12TH AVE. SOUTH, STE. 1200 SEATTLE, WA 98144		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUNDRAISER SUPPLIES		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 2/18 Rpt: 49/82	2	FILER NAME Shipman Bihm, Katherine E. (Mrs.)	3	Filer ID (Ethics Commission Filers) 00080150
4	Date 09/28/2015	5	Payee name Academy		
6	Amount (\$) \$203.46	7	Payee address; City; State; Zip Code 14221 FM 2090 Tomball, TX 77373		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AUCTION ITEMS		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 09/17/2015		Payee name BARGAIN BALLOONS		
	Amount (\$) \$74.32		Payee address; City; State; Zip Code 3909 WITMER ROAD, STE. 862 NIAGRA FALLS, NY 14305		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUNDRAISER SUPPLIES		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 09/17/2015		Payee name BED, BATH & BEYOND		
	Amount (\$) \$14.06		Payee address; City; State; Zip Code 2920 I-45 NORTH CONROE, TX 77303		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SUPPLIES FOR KICKOFF PARTY		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 3/18 Rpt: 50/82	2	FILER NAME Shipman Bihm, Katherine E. (Mrs.)	3	Filer ID (Ethics Commission Filers) 00080150
4	Date 09/14/2015	5	Payee name BEST NAME BADGES		
6	Amount (\$) \$7.52	7	Payee address; City; State; Zip Code 1700 NW 65TH AVE. #4 PLANTATION, FL 33313		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense NAMETAGS		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/21/2015		Payee name CUSTOM SIGN AND BANNER		
	Amount (\$) \$4,965.93		Payee address; City; State; Zip Code 1804 AFTON ST. HOUSTON, TX 77055		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGNS		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 09/08/2015		Payee name Card and Party Factory		
	Amount (\$) \$107.36		Payee address; City; State; Zip Code 705 W. DAVIS ST. CONROE, TX 77301		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense KICKOFF PARTY SUPPLIES		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 4/18 Rpt: 51/82	2	FILER NAME Shipman Bihm, Katherine E. (Mrs.)	3	Filer ID (Ethics Commission Filers) 00080150
4	Date 09/16/2015	5	Payee name Card and Party Factory		
6	Amount (\$) \$19.09	7	Payee address; City; State; Zip Code 705 W. DAVIS ST. CONROE, TX 77301		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense KICKOFF PARTY SUPPLIES		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 09/17/2015		Payee name EL BOSQUE		
	Amount (\$) \$801.00		Payee address; City; State; Zip Code 2101 W. DAVIS ST. CONROE, TX 77304		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOOD AND BEVERAGE FOR KICKOFF PARTY		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 09/16/2015		Payee name HEB		
	Amount (\$) \$116.72		Payee address; City; State; Zip Code 3601 FM 1488 THE WOODLANDS, TX 77384		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SUPPLIES FOR KICKOFF PARTY		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 5/18 Rpt: 52/82	2	FILER NAME Shipman Bihm, Katherine E. (Mrs.)	3	Filer ID (Ethics Commission Filers) 00080150
4	Date 11/02/2015	5	Payee name HEB		
6	Amount (\$) \$58.44	7	Payee address; City; State; Zip Code 3601 FM 1488 THE WOODLANDS, TX 77384		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUNDRAISER SUPPLIES		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/16/2015		Payee name HOME DEPOT		
	Amount (\$) \$199.75		Payee address; City; State; Zip Code 6119 FM 1488 Magnolia, TX 77354-5040		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGN SUPPLIES		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/25/2015		Payee name HOME DEPOT		
	Amount (\$) \$94.91		Payee address; City; State; Zip Code 6119 FM 1488 Magnolia, TX 77354-5040		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGN SUPPLIES		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 6/18 Rpt: 53/82	2	FILER NAME Shipman Bihm, Katherine E. (Mrs.)	3	Filer ID (Ethics Commission Filers) 00080150
4	Date 11/30/2015	5	Payee name HOME DEPOT		
6	Amount (\$) \$285.36	7	Payee address; City; State; Zip Code 6119 FM 1488 Magnolia, TX 77354-5040		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGN SUPPLIES		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 12/21/2015		Payee name HOME DEPOT		
	Amount (\$) \$88.09		Payee address; City; State; Zip Code 6119 FM 1488 Magnolia, TX 77354-5040		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGN SUPPLIES		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 12/22/2015		Payee name HOME DEPOT		
	Amount (\$) \$176.34		Payee address; City; State; Zip Code 6119 FM 1488 Magnolia, TX 77354-5040		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGN SUPPLIES		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 7/18 Rpt: 54/82	2	FILER NAME Shipman Bihm, Katherine E. (Mrs.)	3	Filer ID (Ethics Commission Filers) 00080150
4	Date 12/21/2015	5	Payee name HOUSTON LIVESTOCK SHOW AND RODEO		
6	Amount (\$) \$100.00	7	Payee address; City; State; Zip Code 3 NRG PARK HOUSTON, TX 77054		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ENTRY FEE		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/04/2015		Payee name JACK NELSON BAND		
	Amount (\$) \$375.00		Payee address; City; State; Zip Code 19824 Espinosa Ln New Caney, TX 77357		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUNDRAISER ENTERTAINMENT		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 09/23/2015		Payee name KC EVENT CENTER		
	Amount (\$) \$200.00		Payee address; City; State; Zip Code 2655 FM 1488 Conroe, TX 77384		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HALL RENTAL		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/18 Rpt: 55/82	2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00080150
4 Date 11/12/2015	5 Payee name KC EVENT CENTER	
6 Amount (\$) \$350.00	7 Payee address; City; State; Zip Code 2655 FM 1488 Conroe, TX 77384	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HALL RENTAL
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/19/2015	Payee name KROGER	
Amount (\$) \$59.46	Payee address; City; State; Zip Code 6616 FM 1488 Magnolia, TX 77354-5040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUNDRAISER SUPPLIES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/19/2015	Payee name MAGNETSONTHECHEAP.COM	
Amount (\$) \$1,056.77	Payee address; City; State; Zip Code 11525 B STONEHOLLOW DR., SUITE 220 AUSTIN, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MARKETING MATERIALS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 9/18 Rpt: 56/82	2	FILER NAME Shipman Bihm, Katherine E. (Mrs.)	3	Filer ID (Ethics Commission Filers) 00080150
4	Date 09/29/2015	5	Payee name MONTGOMERY COUNTY REPUBLICAN PARTY		
6	Amount (\$) \$350.00	7	Payee address; City; State; Zip Code 3110 METCALF CONROE, TX 77301		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ADVERTISEMENT		
9		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/30/2015		Payee name MONTGOMERY COUNTY REPUBLICAN PARTY		
	Amount (\$) \$450.00		Payee address; City; State; Zip Code 3110 METCALF Conroe, TX 77301		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ADVERTISEMENT		
		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/16/2015		Payee name MONTGOMERY COUNTY REPUBLICAN PARTY		
	Amount (\$) \$1,500.00		Payee address; City; State; Zip Code 3110 METCALF Conroe, TX 77301		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FILING FEE		
		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/18 Rpt: 57/82	2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00080150
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4 Date 12/13/2015	5 Payee name MONTGOMERY COUNTY TEA PARTY
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6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 2603 E. BLUELAKE DR. MAGNOLIA, TX 77354
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TABLE RENTAL AT EVENT
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/13/2015	Payee name NATIONAL PEN, LLC
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Amount (\$) \$358.99	Payee address; City; State; Zip Code 12121 SCRIPPS SUMMIT DRIVE, #200 SAN DIEGO, CA 92131
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MARKETING MATERIALS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/14/2015	Payee name NATIONAL PEN, LLC
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Amount (\$) \$326.35	Payee address; City; State; Zip Code 12121 SCRIPPS SUMMIT DRIVE, #200 SAN DIEGO, CA 92131
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MARKETING MATERIALS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/18 Rpt: 58/82 4 Date 09/15/2015	2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00080150
6 Amount (\$) \$1,034.89		

**PURPOSE
OF
EXPENDITURE**

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/18 Rpt: 59/82	2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00080150
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4 Date 09/17/2015	5 Payee name OFFICE DEPOT
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6 Amount (\$) \$28.97	7 Payee address; City; State; Zip Code 1319 W. DAVIS ST. CONROE, TX 77304
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUNDRAISER SUPPLIES
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/30/2015	Payee name OFFICE MAX
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Amount (\$) \$25.17	Payee address; City; State; Zip Code 32954 FM 2978, STE. 500 MAGNOLIA, TX 77354
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MARKETING MATERIALS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/05/2015	Payee name OFFICE MAX
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Amount (\$) \$119.51	Payee address; City; State; Zip Code 32954 FM 2978, STE. 500 MAGNOLIA, TX 77354
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MARKETING MATERIALS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/18 Rpt: 60/82	2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00080150
4 Date 10/15/2015	5 Payee name OFFICE MAX	
6 Amount (\$) \$50.34	7 Payee address; City; State; Zip Code 32954 FM 2978, STE. 500 MAGNOLIA, TX 77354	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MARKETING MATERIALS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/09/2015	Payee name PRIME HELIUM	
Amount (\$) \$156.96	Payee address; City; State; Zip Code 4008 LOUETTA RD., SUITE 204 SPRING, TX 77388	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUNDRAISER SUPPLIES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/02/2015	Payee name QUILTING B AND EMBROIDERY	
Amount (\$) \$90.00	Payee address; City; State; Zip Code 123 MEADOWSPRING THE WOODLANDS, TX 77381	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EMBROIDERY SERVICES	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EMBROIDERY SERVICES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/18 Rpt: 61/82	2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00080150
4 Date 11/05/2015	5 Payee name ROSS, VINCE (Mr.)	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 210 SPRINGS EDGE DR. MONTGOMERY, TX 77356	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUNDRAISER AUCTIONEER
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2015	Payee name RUDY'S BARBECUE	
Amount (\$) \$2,068.66	Payee address; City; State; Zip Code 20806 I-45 SPRING, TX 77373	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUNDRAISER FOOD AND BEVERAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2015	Payee name STAPLES.COM	
Amount (\$) \$441.55	Payee address; City; State; Zip Code 500 STAPLES DRIVE FRAMINGHAM, MA 01702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MARKETING MATERIALS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/18 Rpt: 62/82	2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00080150
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4 Date 09/09/2015	5 Payee name STICKER GIANT
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6 Amount (\$) \$205.72	7 Payee address; City; State; Zip Code 11755 NORTH 75TH ST., SUITE B LONGMONT, CO 80503
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MARKETING MATERIALS
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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11	Date
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PURPOSE OF EXPENDITURE	
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/18 Rpt: 63/82	2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00080150
4 Date 12/15/2015	5 Payee name THE WOODLANDS CHAMBER OF COMMERCE	
6 Amount (\$) \$75.00	7 Payee address; City; State; Zip Code 9320 LAKESIDE BLVD., STE. 200 THE WOODLANDS, TX 77381	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TABLE RENTAL AT EVENT
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/28/2015	Payee name TICKETPRINTING.COM	
Amount (\$) \$106.26	Payee address; City; State; Zip Code 22 SOUTH CENTRAL AVE. HARLOWTON, MT 59036	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUNDRAISER TICKETS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/09/2015	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$294.00	Payee address; City; State; Zip Code 809 W. DALLAS ST. CONROE, TX 77301	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/18 Rpt: 64/82	2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00080150
4 Date 09/28/2015	5 Payee name VISTAPRINT	
6 Amount (\$) \$196.23	7 Payee address; City; State; Zip Code 95 HAYDON AVE. LEXINGTON, MA 02421	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MARKETING MATERIALS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name	Office sought	Office held
Date 10/01/2015	Payee name VISTAPRINT	
Amount (\$) \$220.98	Payee address; City; State; Zip Code 95 HAYDON AVE. LEXINGTON, MA 02421	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MARKETING MATERIALS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name	Office sought	Office held
Date 10/21/2015	Payee name VISTAPRINT	
Amount (\$) \$309.77	Payee address; City; State; Zip Code 95 HAYDON AVE. LEXINGTON, MA 02421	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MARKETING MATERIALS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/18 Rpt: 65/82	2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00080150	
4 Date 10/26/2015	5 Payee name VISTAPRINT		
6 Amount (\$) \$75.39	7 Payee address; City; State; Zip Code 95 HAYDON AVE. LEXINGTON, MA 02421		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MARKETING MATERIALS	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 1/9 Rpt: 66/82	2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00080150
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 307.58
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5 Date 10/28/2015	6 Payee name AT HOME
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7 Amount (\$) \$76.24	8 Payee address; City; State; Zip Code 16778 I-45 SOUTH CONROE, TX 77384
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AUCTION ITEMS
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/18/2015	Payee name BARGAIN BALLOONS
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Amount (\$) \$182.07	Payee address; City; State; Zip Code 3909 WITMER ROAD, STE. 862 NIAGRA FALLS, NY 14305
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUNDRAISER SUPPLIES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 2/9 Rpt: 67/82	2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00080150
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 307.58
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5 Date 09/25/2015	6 Payee name FACEBOOK
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7 Amount (\$) \$50.01	8 Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK, CA 94025
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ADVERTISING
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/30/2015	Payee name FACEBOOK
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Amount (\$) \$50.27	Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK, CA 94025
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ADVERTISING
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 3/9 Rpt: 68/82	2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00080150
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 307.58
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5 Date 12/31/2015	6 Payee name FACEBOOK
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7 Amount (\$) \$327.20	8 Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK, CA 94025
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ADVERTISING
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/16/2015	Payee name FACEBOOK
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Amount (\$) \$250.13	Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK, CA 94025
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ADVERTISING
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 4/9 Rpt: 69/82	2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00080150
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 307.58
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5 Date 10/31/2015	6 Payee name FACEBOOK
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7 Amount (\$) \$295.30	8 Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK, CA 94025
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ADVERTISING
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/30/2015	Payee name FACEBOOK
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Amount (\$) \$237.63	Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK, CA 94025
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ADVERTISING
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 5/9 Rpt: 70/82	2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00080150
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 307.58
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5 Date 08/30/2015	6 Payee name FOTOLIA.COM
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7 Amount (\$) \$70.00	8 Payee address; City; State; Zip Code 41 E. 11TH ST., 11TH FLOOR NEW YORK, TX 10003
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MARKETING MATERIALS
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/23/2015	Payee name GODADDY.COM
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Amount (\$) \$92.13	Payee address; City; State; Zip Code 14455 NORTH HAYDEN ROAD, SUITE 226 SCOTTSDALE, AZ 85260
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WEBSITE
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 6/9 Rpt: 71/82	2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00080150
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 307.58
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5 Date 09/22/2015	6 Payee name MARSHALLS
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7 Amount (\$) \$121.33	8 Payee address; City; State; Zip Code 1120 LAKE WOODLANDS THE WOODLANDS, TX 77380
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AUCTION ITEMS
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/27/2015	Payee name SAM'S
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Amount (\$) \$166.41	Payee address; City; State; Zip Code 19091 N. FWY SERVICE ROAD SHENANDOAH, TX 77385
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AUCTION ITEMS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 7/9 Rpt: 72/82	2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00080150
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 307.58
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5 Date 08/30/2015	6 Payee name STAPLES.COM
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7 Amount (\$) \$113.64	8 Payee address; City; State; Zip Code 500 STAPLES DRIVE FRAMINGHAM, MA 01702
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MARKETING MATERIALS
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/08/2015	Payee name SUPERCHEAPSIGNS.COM
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Amount (\$) \$764.65	Payee address; City; State; Zip Code 9200 WATERFORD CENTER BLVD. SUITE 100 AUSTIN, TX 78758
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGNS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 8/9 Rpt: 73/82	2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00080150
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 307.58
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5 Date 10/02/2015	6 Payee name TJ MAXX
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7 Amount (\$) \$99.61	8 Payee address; City; State; Zip Code 32938 FM 2978 MAGNOLIA, TX 77354
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AUCTION ITEMS
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/30/2015	Payee name VISTAPRINT
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Amount (\$) \$263.71	Payee address; City; State; Zip Code 95 HAYDON AVE. LEXINGTON, MA 02421
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MARKETING MATERIALS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 9/9 Rpt: 74/82	2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00080150
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 307.58
5 Date 09/01/2015	6 Payee name WIX.COM	
7 Amount (\$) \$158.90	8 Payee address; City; State; Zip Code 500 TERRY A FRANCOIS BLVD., F16 SAN FRANCISCO, CA 94158	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WEBSITE
	11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate/Officeholder name	Office sought
		Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/8 Rpt: 75/82	2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00080150
4 Date 10/28/2015	5 Payee name AT HOME	
6 Amount (\$) \$76.24 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 16778 I-45 SOUTH CONROE, TX 77384	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AUCTION ITEMS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/05/2015	Payee name BEST NAME BADGES	
Amount (\$) \$49.55 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1700 NW 65TH AVE. #4 PLANTATION, FL 33313	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense NAME TAGS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/06/2015	Payee name FACEBOOK	
Amount (\$) \$25.17 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK, CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ADVERTISING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 2/8 Rpt: 76/82	2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00080150
4 Date 09/25/2015	5 Payee name FACEBOOK	
6 Amount (\$) \$50.01 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ADVERTISING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2015	Payee name FACEBOOK	
Amount (\$) \$50.27 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK, CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ADVERTISING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/16/2015	Payee name FACEBOOK	
Amount (\$) \$250.13 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK, CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ADVERTISING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 3/8 Rpt: 77/82	2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00080150
4 Date 10/18/2015	5 Payee name FACEBOOK	
6 Amount (\$) \$182.07		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ADVERTISING

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 4/8 Rpt: 78/82	2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00080150
4 Date 12/31/2015	5 Payee name FACEBOOK	
6 Amount (\$) \$327.20 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ADVERTISING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/30/2015	Payee name FOTOLIA.COM	
Amount (\$) \$70.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 41 E. 11TH ST., 11TH FLOOR NEW YORK, TX 10003	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MARKETING MATERIALS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/23/2015	Payee name GODADDY.COM	
Amount (\$) \$92.13 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 14455 NORTH HAYDEN ROAD, SUITE 226 SCOTTSDALE, AZ 85260	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WEBSITE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 5/8 Rpt: 79/82		2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150	
4 Date 09/22/2015		5 Payee name MARSHALLS			
6 Amount (\$) \$121.33 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1120 LAKE WOODLANDS THE WOODLANDS, TX 77380			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AUCTION ITEMS	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 09/26/2015		Payee name Montgomery County Search and Rescue			
Amount (\$) \$100.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 4900 WEIR ROAD CLEVELAND, TX 77328			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AUCTION ITEM	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 09/27/2015		Payee name SAM'S			
Amount (\$) \$166.41 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 19091 N. FWY SERVICE ROAD SHENANDOAH, TX 77385			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AUCTION ITEMS	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 6/8 Rpt: 80/82	2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00080150
4 Date 08/31/2015	5 Payee name SIGNSONTHECHEAP.COM	
6 Amount (\$) \$33.42 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 11525-B STONEHOLLOW DR. AUSTIN, TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MARKETING MATERIALS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/31/2015	Payee name STAPLES.COM	
Amount (\$) \$113.64 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 500 STAPLES DRIVE FRAMINGHAM, MA 01702	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MARKETING MATERIALS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/08/2015	Payee name SUPERCHEAPSIGNS.COM	
Amount (\$) \$764.65 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 9200 WATERFORD CENTER BLVD. SUITE 100 AUSTIN, TX 78758	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGNS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 7/8 Rpt: 81/82	2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00080150
4 Date 10/02/2015	5 Payee name TJ MAXX	
6 Amount (\$) \$99.61 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 32938 FM 2978 MAGNOLIA, TX 77354	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AUCTION ITEMS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/24/2015	Payee name VISTAPRINT	
Amount (\$) \$49.67 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 95 HAYDON AVE. LEXINGTON, MA 02421	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MARKETING MATERIALS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/30/2015	Payee name VISTAPRINT	
Amount (\$) \$263.71 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 95 HAYDON AVE. LEXINGTON, MA 02421	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MARKETING MATERIALS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 8/8 Rpt: 82/82	2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00080150
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4 Date 09/01/2015	5 Payee name VISTAPRINT
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6 Amount (\$) \$220.21 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 95 HAYDON AVE. LEXINGTON, MA 02421
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MARKETING MATERIALS
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/01/2015	Payee name WIX.COM
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Amount (\$) \$158.90 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 500 TERRY A FRANCOIS BLVD., F16 SAN FRANCISCO, CA 94158
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WEBSITE
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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