#### FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00080150 82 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mrs. Katherine E. NAME Date Received **ELECTRONICALLY FILED** 01/15/2016 NICKNAME LAST **SUFFIX** Shipman Bihm CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 204 W. Davis St. MAILING Receipt # Amount **ADDRESS** Conroe, TX 77301 Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Robert NAME NICKNAME LAST **SUFFIX** Markowitz STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE: **TREASURER** 18735 W. Cool Breeze Ln. **ADDRESS** (Residence or Business) Montgomery, TX 77356 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (936) 582-1945 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 lx l appointment (officeholder only) July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH-FR) PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2015 12/31/2015 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/01/2016 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE None District Judge District 9th

## JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

2 of 82

13 C / OH NAME	Shipman Bihm, Kathe	erine E. (Mrs.)	14 Filer ID 00080150	(Ethics Commission Filers)
This box is for notice of political contributions accepted or political expenditures made by political of candidate / officeholder. These expenditures may have been made without the candidate's or office consent. Candidates and officeholders are required to report this information only if they receive not consent.				ceholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME	<u> </u>	
		COMMITTEE CAMPAIGN TREASURER ADDR	RESS	
16 CONTIBUTION TOTALS		IAL CONTRIBUTIONS OF \$50 OR LESS (OTHE ARANTEES OF LOANS), UNLESS ITEMIZED	R THAN PLEDGES,	\$ 3,938.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	ANS)	\$ 66,882.25
EXPENDITURE TOTALS		AL EXPENDITURES OF \$100 OR LESS, UNLE		<b>\$</b> 1,158.58
	4. TOTAL POLITICAL EXPENDITURES			\$ 27,742.09
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE	E LAST DAY OF THE	\$ 31,115.48
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A	AS OF THE LAST DAY	\$ 0.00
17 AFFADAVIT				
		I swear, or affirm, under pen true and correct and includer under Title 15, Election Code	s all information required	
		Mrs. Ka	therine E. Shipman B	sihm
		Signature	of Candidate or Officeh	older
AFFIX NO	TARY STAMP / SEAL AB	OVE		
		aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of office.		
Signature of office	cer administering oath	Printed name of officer administering oath	Title of offic	er administering oath

### **SUBTOTALS - JC/OH**

### FORM JC/OH **COVER SHEET PG 3**

				3 of 82
<b>18</b> FILER NAME Shipman Bil	(Ethics Commissi	on Filers)		
20 SCHEDULE S	SUBTOTALS		SUBTOTAL	AMOUNT
1. X S	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	51,938.25
2. X S	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	14,944.00
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5. X S	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	19,888.03
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8. X S	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	3,626.81
9. X S	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	4,227.25
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

MONET	ARY POLITICAL CONTRIBUTION	DNS	SCHEDULE A(J)1
The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 1/35 Rpt: 4/82
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Shipman Bih	m, Katherine E. (Mrs.)		00080150
4 Date 11/04/2015	5 Full name of contributor out-of-state PAC (ID#:_ALEXANDER & OVERSTREET, PLLC		7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code		
	Conroe, TX 77301		
8 Contributor's P	Principal Occupation	9 Contributor's Job Title	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	pouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Data	Full record of contributes		Amount of Contribution (ft)
Date 11/06/2015	Full name of contributor out-of-state PAC (ID#:_ ALEXANDER & OVERSTREET, PLLC	)	Amount of Contribution (\$) \$500.25
11/00/2013	Contributor address; City; State; Zip Code		. \$300.23
	Conroe, TX 77301		
Contributor's F	Principal Occupation	Contributor's Job Title	L
Contributor's e	mployer/law firm	Law firm of contributor's sp	pouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)	l	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
11/04/2015	BAILEY, DARIN	·	\$125.00
	Contributor address; City; State; Zip Code		
	Conroe, TX 77304		
Contributor's P CLERK	Principal Occupation	Contributor's Job Title	
	mployer/law firm ERY COUNTY	Law firm of contributor's sp	pouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)	I	

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A	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				3 Filer II	C (Ethics Commission	n Filers)
	Shipman Bil	nm, Katherine E. (Mrs.)			00080	0150	
4 Date 5 Full name of contributor out-of-state PAC (ID#:		)	7 Amou	nt of Contribution (\$)			
	11/04/2015	BAKER, PHILIP					\$510.00
		6 Contributor address; City;	State; Zip Code				
Ļ	0	MAGNOLIA, TX 77354		O Caratrilla Marria 1ala Tista			
8		Principal Occupation		9 Contributor's Job Title			
<u> </u>	SELF-EMPL						
10		employer/law firm		11 Law firm of contributor's s	spouse (if an	у)	
L	SELF-EMPL						
12	t it contributor i	s a child, law firm of parent(s) (i	ir any)				
=	Date	Full name of contributor	out-of-state PAC (ID#:	1	I Amou	nt of Contribution (\$)	
	11/04/2015	BARKER, ROBBIE	out or state 1740 (IBM.		7	π οι σοιιπισαποιι (ψ)	\$260.00
		Contributor address; City;	State: Zin Code				,
		Contributor address, Oity,	otato, zip oodo				
		Conroe, TX 77301					
	Contributor's	Principal Occupation		Contributor's Job Title			
	ATTORNEY			Contributor 5 God Title			
		employer/law firm		Law firm of contributor's s	spouse (if an	v)	
	SELF-EMPL				, p = = = = (	,,	
		s a child, law firm of parent(s) (i	if anv)				
	commodici	o a o ma, iair mm or paromie, i	,				
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amou	nt of Contribution (\$)	
	10/16/2015	BARKER, ROBBIE	_				\$500.00
		Contributor address; City;	State; Zip Code				
		Conroe, TX 77301					
_	Contributor's	Principal Occupation		Contributor's Job Title			
	ATTORNEY						
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if an	y)	
	SELF-EMPL	OYED					
_	If contributor i	s a child, law firm of parent(s) (i	if any)				

	MONET	ARY POLITICAL CONTRIBUTION	ONS	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			3 Filer ID (Ethics Commission Filers)
	Shipman Bil	nm, Katherine E. (Mrs.)		00080150
4	4 Date 5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$)	
	11/05/2015	BARRIENTOS, ERNEST		\$100.00
		6 Contributor address; City; State; Zip Code		
		SPRING, TX 77386		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	•
	ATTORNEY			
10	Contributor's	employer/law firm	11 Law firm of contributor's s	pouse (if any)
	SELF-EMPL	OYED.		
12	! If contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor out-of-state PAC (ID#	<i>t</i> :)	Amount of Contribution (\$)
	10/26/2015	BEDNORZ, DARRELL		\$500.00
		Contributor address; City; State; Zip Code		"
		CONROE, TX 77303	1	
		Principal Occupation	Contributor's Job Title	
	CONSULTA			
		employer/law firm	Law firm of contributor's s	pouse (if any)
	SELF-EMPL			
	If contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor out-of-state PAC (ID#	<i>t</i> :)	Amount of Contribution (\$)
	11/04/2015	BIHM, DON		\$200.00
		Contributor address; City; State; Zip Code		
		ORANGE, TX 77630		
	Contributor's RETIRED	Principal Occupation	Contributor's Job Title	
	Contributor's	employer/law firm	Law firm of contributor's s	pouse (if any)
	NONE			
	If contributor i	s a child, law firm of parent(s) (if any)		

MON	IETARY POLITICAL CO	ONTRIBUTIO	NS		SCHEDULE	A(J)1
The In	The Instruction Guide explains how to complete this form.			1	otal pages Schedule A(J): ch: 4/35 Rpt: 7/82	L:
2 FILER N	IAME			3 Fi	ler ID (Ethics Commissi	on Filers)
Shipma	ın Bihm, Katherine E. (Mrs.)			0	0080150	
4 Date 11/04/2	4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 11/04/2015 BIRDWELL, SUSAN		7 A	mount of Contribution (\$)	\$100.00	
	6 Contributor address; City; State BRYAN, TX 77802	e; Zip Code				
	ntor's Principal Occupation  MAKER	Ş	O Contributor's Job Title			
10 Contribu	itor's employer/law firm	1	L1 Law firm of contributor's sp	oouse	(if any)	
12 If contrib	outor is a child, law firm of parent(s) (if any)	)				
Date	Full name of contributor	out-of-state PAC (ID#:	)	A	mount of Contribution (\$)	
11/04/2	015 BIRDWELL, WILLIAM	•				\$100.00
	Contributor address; City; State	e; Zip Code				
	BRYAN, TX 77802					
Contribu RETIR	tor's Principal Occupation ED		Contributor's Job Title			
Contribu	itor's employer/law firm		Law firm of contributor's sp	ouse	(if any)	
NONE						
If contrib	outor is a child, law firm of parent(s) (if any)	)				
Date	Full name of contributor	out-of-state PAC (ID#:	)	A	mount of Contribution (\$)	
10/15/2	015 BOURQUE, GERALD					\$1,000.00
	Contributor address; City; State	e; Zip Code				
	THE WOODLANDS, TX 773	880				
Contribu ATTOF	ntor's Principal Occupation		Contributor's Job Title			
Contribu	tor's employer/law firm		Law firm of contributor's sp	ouse	(if any)	
SELF-E	EMPLOYED					
If contrib	outor is a child, law firm of parent(s) (if any)	)				

	MONET	ARY POLITICAL CONT	<b>TRIBUTIONS</b>	SCHEDULE A(J)1
	The Instru	ction Guide explains how to co	1 Total pages Schedule A(J)1: Sch: 5/35 Rpt: 8/82	
2	FILER NAME	nm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4	Date	<del></del>	of state DAC (ID)	
4	09/04/2015	BOURQUE, MORGAN	of-state PAC (ID#:)	7 Amount of Contribution (\$) \$2,500.00
	09/04/2015	L	0-1-	Ψ2,500.00
		6 Contributor address; City; State; Zip THE WOODLANDS, TX 77380	Code	
8	Contributor's	Principal Occupation	9 Contributor's Job Title	
	ATTORNEY			
10	Contributor's	employer/law firm	11 Law firm of contributor's	spouse (if any)
	SELF-EMPL	, ,		,
12	If contributor i	s a child, law firm of parent(s) (if any)	<u> </u>	
	Date	Full name of contributor out-	of-state PAC (ID#:)	Amount of Contribution (\$)
	08/28/2015	BRASS, RICK		\$250.00
		Contributor address; City; State; Zip	Code	
		Conroe, TX 77301		
		Principal Occupation	Contributor's Job Title	
	ATTORNEY			
		employer/law firm	Law firm of contributor's	spouse (if any)
	BRASS & M	CCOTTER		
	If contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor out-	of-state PAC (ID#:)	Amount of Contribution (\$)
	11/04/2015	BRYAN, WILLIAM		\$75.00
		Contributor address; City; State; Zip  THE WOODLANDS, TX 77382	Code	
	Contributor's	I Principal Occupation	Contributor's Job Title	<u> </u>
		SINESS OWNER		
	Contributor's	employer/law firm	Law firm of contributor's	spouse (if any)
	BRYAN CRI	EATIVE GROUP		
	If contributor i	s a child, law firm of parent(s) (if any)	<u>,</u>	

	MONET	ARY POLITICAL	CONTRIBUTION	ONS	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				3 Filer ID (Ethics Commission Filers)	_
	Shipman Bil	nm, Katherine E. (Mrs.)			00080150	
4	4 Date 5 Full name of contributor out-of-state PAC (ID#:)  BURNS, BRIAN		7 Amount of Contribution (\$)	_		
				\$1,000.	00	
		6 Contributor address; City;	State; Zip Code			
Ļ	0	Conroe, TX 77301		O Contributorio 1-1- Title		
8		Principal Occupation		9 Contributor's Job Title		
_	ATTORNEY			44		
10		employer/law firm		11 Law firm of contributor's s	spouse (it any)	
_	SELF-EMPL		,			
12	IT CONTRIBUTOR	s a child, law firm of parent(s) (i	r any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:	· )	Amount of Contribution (\$)	_
	11/04/2015	BUTLER, ALICE	out or otation that (is in		\$500.	00
		Contributor address; City;	State: Zip Code		····	
			State, 2.p 5545			
		BRYAN, TX 77802				
	Contributor's	Principal Occupation		Contributor's Job Title		
	RETIRED					
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)	
	NONE					
	If contributor	s a child, law firm of parent(s) (i	f any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	09/26/2015	CARTER, GERALD			<b>\$500.</b>	00
		Contributor address; City;	State; Zip Code			
		MONTGOMERY, TX 77	'356 			
		Principal Occupation		Contributor's Job Title		
	PROJECT N					
		employer/law firm		Law firm of contributor's s	spouse (if any)	
	APACHE IN	DUSTRIAL SERVICES				
	If contributor i	s a child, law firm of parent(s) (i	f any)			
l						

	MONET	ARY POLITICAL	CONTRIBUTION	ONS	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				3 Filer ID (Ethics Commission Filers)
	Shipman Bil	nm, Katherine E. (Mrs.)			00080150
4 Date 5 Full name of contributor out-of-state PAC (ID#:		)	7 Amount of Contribution (\$)		
	11/04/2015 CASEY, ROBERT			\$75.00	
		6 Contributor address; City; SPRING, TX 77386	State; Zip Code		
Ļ	Cantuibutada	1		O Constributorio Joh Titlo	
8		Principal Occupation		9 Contributor's Job Title	
	RETIRED				
10		employer/law firm		11 Law firm of contributor's s	pouse (if any)
	NONE				
12	! If contributor i	s a child, law firm of parent(s) (i	f any)		
H	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	09/29/2015	CATLIN, LARRY		/	\$50.00
		Contributor address; City;	State: 7in Code		
		Continuator address, City,	State, Zip Code		
		DDVAN TV 77000			
		BRYAN, TX 77802		T - "	
		Principal Occupation		Contributor's Job Title	
	ATTORNEY				
		employer/law firm		Law firm of contributor's s	pouse (if any)
	SELF-EMPL	OYED			
	If contributor i	s a child, law firm of parent(s) (i	f any)		
H	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	11/04/2015	CELESTE BLACKBURN	_		\$1,200.00
		Contributor address; City;			···
		Contributor dudices, Only,	otato, zip oodo		
		CONROE, TX 77304			
_	Contributor's	Principal Occupation		Contributor's Job Title	
	Contributors	ғинсіраі Оссираціон		Continuitor 5 300 Title	
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (i	f any)	L	

	MONET	ARY POLITICAL	CONTRIBUTION	ONS	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	nm, Katherine E. (Mrs.)			3 Filer ID (Ethics Commission Filers) 00080150
_					
4	Date 08/28/2015	5 Full name of contributor CELESTE BLACKBUR	out-of-state PAC (ID#:	)	7 Amount of Contribution (\$) \$1,000.00
	00/20/2013	6 Contributor address; City:			
		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 s	spouse (if any)
12	! If contributor i	is a child, law firm of parent(s) (	(if any)		
	Date	Full name of contributor	Quit of state BAC (ID#:	,	Amount of Contribution (\$)
	09/23/2015	CHANCE, ED	out-of-state PAC (ID#:	·)	\$500.00
	00/20/2010		· Stato: Zin Codo		
		Contributor address; City:	, State, Zip Code		
		THE WOOD! AND T	., 77000		
		THE WOODLANDS, T	X 77380		
		Principal Occupation		Contributor's Job Title	
	RETIRED				
		employer/law firm		Law firm of contributor's s	spouse (if any)
	NONE				
	If contributor i	is a child, law firm of parent(s) (	(if any)		
F	Date	Full name of contributor	out-of-state PAC (ID#:		Amount of Contribution (\$)
	09/15/2015	CHRISTENSON, LORI			\$350.00
		Contributor address; City:	; State; Zip Code		··
		HOUSTON, TX 77043			
	Contributor's	Principal Occupation		Contributor's Job Title	
	ATTORNEY	•			
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)
	SELF EMPL	OYED			
	If contributor	is a child, law firm of parent(s) (	(if any)		
_					

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	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				3	Filer ID (Ethics Commission Filers)
	Shipman Bih	nm, Katherine E. (Mrs.)				00080150
4	4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 11/04/2015 CONLEE, KAY		7	Amount of Contribution (\$) \$1,425.00		
		6 Contributor address; City; BRYAN, TX 77803	State; Zip Code			
8		Principal Occupation		9 Contributor's Job Title	<u> </u>	
10		employer/law firm		11 Law firm of contributor's s	pous	e (if any)
12		s a child, law firm of parent(s) (i	f any)			
	- II COITHIBUTOI I	s a crima, raw inini or parcria(s) (i	in arry)			
	Date	Full name of contributor	Out of state DAC (ID#)		Т	Amount of Contribution (\$)
	09/15/2015	CORMIER, KONOR	out-of-state PAC (ID#:			\$100.00
	00/10/2010	Contributor address; City;	State: Zin Code			<b>\$100.00</b>
		Contributor address, City,	State, Zip Code			
		HOUSTON, TX 77382				
	Contributor's	Principal Occupation		Contributor's Job Title		
	ATTORNEY			Continuator 5 300 Title		
_		employer/law firm		Law firm of contributor's s	กดแร	e (if any)
	MEHAFFEY			Law mm or continuator 5 5	pouo	o (ii airy)
		s a child, law firm of parent(s) (i	if any)			
	ii continuator ii	o a orma, raw mm or parom(o) (	. ary			
-	Date	Full name of contributor	out-of-state PAC (ID#:	,	Т	Amount of Contribution (\$)
	11/05/2015	DARK, WILLIAM	Under of State FAC (ID#.	J		\$500.00
	11,00,2010	Contributor address; City;	State: 7in Code			400.00
		Continuator address, City,	State, Zip Code			
		CONROE, TX 77385				
	Contributor's F	Principal Occupation R		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's s	pous	e (if any)
	SELF-EMPL	OYED				
	If contributor is	s a child, law firm of parent(s) (i	f any)			
$\vdash$						

	MONET	ARY POLITICAL CONTRIBUT	IONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 10/35 Rpt: 13/82	
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Snipman Bii	nm, Katherine E. (Mrs.)		00080150
4	Date	5 Full name of contributor out-of-state PAC (ID	D#:)	7 Amount of Contribution (\$)
	11/11/2015	DARK, WILLIAM		\$550.00
		6 Contributor address; City; State; Zip Code  CONROE, TX 77385		
_	Contributorio		9 Contributor's Job Title	
8	DEVELOPE	Principal Occupation	9 Contributor's Job Title	
_			44 1 6 6 17 1	
10		employer/law firm	11 Law firm of contributor's s	spouse (if any)
_	SELF-EMPL			
12	If contributor i	is a child, law firm of parent(s) (if any)		
F	Date	Full name of contributor out-of-state PAC (ID	)#· )	Amount of Contribution (\$)
	11/05/2015	DAVIS, ELIZABETH	,	\$250.00
		Contributor address; City; State; Zip Code		
		Contributor address, City, State, 21p Code		
		DDVAN TV 77902		
	0	BRYAN, TX 77802	1 0 1 1 1 1 7 1	
		Principal Occupation	Contributor's Job Title	
	ARTIST			
		employer/law firm	Law firm of contributor's s	spouse (if any)
	SELF-EMPL			
	If contributor i	is a child, law firm of parent(s) (if any)		
H	Date	Full name of contributor  ut-of-state PAC (ID	D#: )	Amount of Contribution (\$)
	11/05/2015	DELAHOUSSAYE, JAY		\$250.00
		Contributor address; City; State; Zip Code		·· <b> </b>
		Port Bolivar, TX 77650		
	Contributor's	I Principal Occupation	Contributor's Job Title	
	PROGRAM			
-	Contributor's	employer/law firm	Law firm of contributor's s	spouse (if any)
		VA'AD AL SHAMAL PHOSPHATE COMPANY		(i. ci.))
-	If contributor	is a child, law firm of parent(s) (if any)		
	ii continuator	o a orma, raw mm or paromico, (ii arry)		
$\vdash$				
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	MONET	ARY POLITICAL CONTR	IBUTIONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to comp	lete this form.	1 Total pages Schedule A(J)1: Sch: 11/35 Rpt: 14/82
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Shipman Bil	nm, Katherine E. (Mrs.)		00080150
4 Date 08/28/2015  5 Full name of contributor out-of-state PAC (ID#: DISHONGH, JEREMY  6 Contributor address; City; State; Zip Code			`	7 Amount of Contribution (\$) \$2,500.00
		Conroe, TX 77301		
8	Contributor's	I Principal Occupation	9 Contributor's Job Ti	tle
	ATTORNEY			
10	Contributor's	employer/law firm	11 Law firm of contribu	tor's spouse (if any)
	SELF EMPL	OYED		
12	If contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor out-of-sta	ate PAC (ID#:	
	09/15/2015	DRUSHEL, JEFF		\$250.00
		Contributor address; City; State; Zip Cod  CONROE, TX 77301	е	
	Contributor's	Principal Occupation	Contributor's Job Ti	tle
	INVESTIGA			
	Contributor's	employer/law firm	Law firm of contribu	tor's spouse (if any)
	SELF-EMPL	OYED		. , ,,
	If contributor i	s a child, law firm of parent(s) (if any)	<u> </u>	
	Date	Full name of contributor out-of-sta	ate PAC (ID#:	
	11/04/2015	DUKE, CHUCK		\$140.00
		Contributor address; City; State; Zip Cod Magnolia, TX 77354-5040	е	
	Contributor's	Principal Occupation	Contributor's Job Ti	ltle
		SINESS OWNER		
	Contributor's	employer/law firm	Law firm of contribu	tor's spouse (if any)
	SELF-EMPL	OYED		
	If contributor i	s a child, law firm of parent(s) (if any)	•	

	MONET	ARY POLITICAL CONT	RIBUTIONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to com	1 Total pages Schedule A(J)1: Sch: 12/35 Rpt: 15/82	
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Shipman Bil	nm, Katherine E. (Mrs.)		00080150
4	Date 11/04/2015	EPPES, PAMELA	-state PAC (ID#:)	7 Amount of Contribution (\$) \$350.00
		6 Contributor address; City; State; Zip C  Magnolia, TX 77354-5040	code	
8	Contributor's	Principal Occupation	9 Contributor's Job Title	
ľ	REALTOR	i inicipal occupation	S COMMISSION S SOS MILE	
10		employer/law firm	11 Law firm of contributor's	enouse (if any)
"	SELF-EMPL	, ,	II Law iiiii oi contributoi 3	spouse (ii dily)
12		s a child, law firm of parent(s) (if any)		
	. II continuation	o a orma, law mm or paroria(o) (ii arry)		
	Date	Full name of contributor out-of-	ctota BAC (ID#-	Amount of Contribution (\$)
	11/05/2015	EPPES-GEISENDORFF, REGINA	-state PAC (ID#:)	\$100.00
	11/03/2013			
		Contributor address; City; State; Zip C	code	
		O		
		Conroe, TX 77385		
		Principal Occupation	Contributor's Job Title	
	UNEMPLOY			
		employer/law firm	Law firm of contributor's	spouse (if any)
	NONE			
	If contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor Out-of-	-state PAC (ID#:)	Amount of Contribution (\$)
	11/04/2015	FORLANO, SARA		\$100.00
		Contributor address; City; State; Zip C		···
		SPRING, TX 77382		
	Contributor's	Principal Occupation	Contributor's Job Title	•
	ATTORNEY			
	Contributor's	employer/law firm	Law firm of contributor's	spouse (if any)
	MONTGOM	ERY COUNTY		
	If contributor	s a child, law firm of parent(s) (if any)	-	

	MONET	ARY POLITICAL	CONTRIBUTION	ONS	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				3 Filer ID (Ethics Commission Filers)
	Shipman Bil	nm, Katherine E. (Mrs.)			00080150
4	Date	5 Full name of contributor	out-of-state PAC (ID#:		7 Amount of Contribution (\$)
	11/04/2015	FREE, CHERYL			\$1,070.00
		6 Contributor address; City;	State; Zip Code		
Ļ	0	BRYAN, TX 77802		la Committee de la la Tida	
8		Principal Occupation		9 Contributor's Job Title	
_	REALTOR				
10		employer/law firm		11 Law firm of contributor's s	spouse (if any)
_	SELF-EMPL				
12	! If contributor	s a child, law firm of parent(s) (i	fany)		
	Date	Full name of contributor	out-of-state PAC (ID#:	1	Amount of Contribution (\$)
	09/16/2015	FULTS, JAMES	U out-of-state i AC (ID#.		\$100.00
	00/10/1010	Contributor address; City;	State: 7in Code		
		Contributor address, City,	State, Zip Code		
		MAGNOLIA, TX 77354			
	Contributor's			Contributor's Job Title	<u> </u>
	ACCOUNTI	Principal Occupation		Continuator's Job Title	
				Law firm of contributor's s	anguag (it am)
	BRITISH PE	employer/law firm		Law IIIII of Contributor's S	pouse (ii ariy)
			f any)		
	ii continbutor	s a child, law firm of parent(s) (i	iany)		
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	10/23/2015	FUSCO, PETER	_		\$100.00
		Contributor address; City;	State; Zip Code		···
		MONTGOMERY, TX 77	356		
	Contributor's	Principal Occupation		Contributor's Job Title	
	RETIRED				
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)
	NONE	, ,			
	If contributor i	s a child, law firm of parent(s) (i	f any)		
			,,		
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	MONET	ARY POLITICAL	CONTRIBUTION	ONS	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				3 Filer ID (Ethics Commission Filers)
	Shipman Bil	nm, Katherine E. (Mrs.)			00080150
4	Date 11/05/2015	5 Full name of contributor GARCIA, GILBERT	out-of-state PAC (ID#:	)	7 Amount of Contribution (\$) \$825.00
		6 Contributor address; City;	ity; State; Zip Code		·····
		CONROE, TX 77301			
8	Contributor's	Principal Occupation		9 Contributor's Job Title	·
	ATTORNEY	,			
10	Contributor's SELF-EMPL	employer/law firm		11 Law firm of contributor's s	spouse (if any)
40			et )		
12	it contributor i	s a child, law firm of parent(s) (i	ir any)		
-	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	12/30/2015	GARCIA, GILBERT	<del>_</del>		\$1,500.00
		Contributor address; City;	State; Zip Code		
		CONROE, TX 77301			
	Contributor's	Principal Occupation		Contributor's Job Title	
	ATTORNEY	•			
		employer/law firm		Law firm of contributor's s	spouse (if any)
	SELF-EMPL	OYED			
	If contributor i	s a child, law firm of parent(s) (i	if any)		
H	Date	Full name of contributor	out-of-state PAC (ID#:		Amount of Contribution (\$)
	09/18/2015	GAUT, JENNIFER			\$100.00
		Contributor address; City;	State; Zip Code		··· <mark> </mark>
		HOUSTON, TX 77055			
	Contributor's	Principal Occupation		Contributor's Job Title	
	ATTORNEY	,			
		employer/law firm		Law firm of contributor's s	spouse (if any)
	SELF-EMPL	OYED			
	If contributor i	s a child, law firm of parent(s) (i	if any)		
_					

	MONET	ARY POLITICAL CONTRIBUTI	ONS	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			3 Filer ID (Ethics Commission Filers)
	Shipman Bil	nm, Katherine E. (Mrs.)		00080150
4	Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7 Amount of Contribution (\$)
	10/02/2015	GIBSON, CATHERINE		\$120.00
		6 Contributor address; City; State; Zip Code		
		THE WOODLANDS, TX 77381		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	
	PARALEGA	L		
10	Contributor's	employer/law firm	11 Law firm of contributor's s	pouse (if any)
	THE LANIE	R LAW FIRM		
12	! If contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
	09/30/2015	GRICE, CHRIS		\$90.00
		Contributor address; City; State; Zip Code		"
		THE WOODLANDS, TX 77382		
	Contributor's	Principal Occupation	Contributor's Job Title	
	BANKER			
	Contributor's	employer/law firm	Law firm of contributor's s	pouse (if any)
	AMEGY BA	NK		
	If contributor i	s a child, law firm of parent(s) (if any)	- I	
	Date	Full name of contributor out-of-state PAC (ID#	#: )	Amount of Contribution (\$)
	09/01/2015	GRIFFIN & CAIN, ATTORNEYS AT LAW, P.L		\$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 s	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if any)	1	

	MONET	ARY POLITICAL	CONTRIBUTION	ONS	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				3 Filer ID (Ethics Commission Filers)
	Shipman Bil	nm, Katherine E. (Mrs.)			00080150
4 Date 11/04/2015  5 Full name of contributor out-of-state PAC (ID#: HALL, BECKY  6 Contributor address; City; State; Zip Code		)	7 Amount of Contribution (\$) \$60.00		
		BRYAN, TX 77802	,,		
8	Contributor's	Principal Occupation		9 Contributor's Job Title	
	RETIRED				
10	Ocontributor's  NONE	employer/law firm		11 Law firm of contributor's s	pouse (if any)
12		s a child, law firm of parent(s) (i	if anv)		
			,,		
H	Date	Full name of contributor	out-of-state PAC (ID#:	1	Amount of Contribution (\$)
	09/18/2015	HALL, STEPHANIE	Uni-or-state FAC (ID#.		\$250.00
	00/10/2010	Contributor address; City;	State: 7in Code		
		Contributor address, City,	State, Zip Code		
		SPRING, TX 77382			
	Combuilousoulo	1		Contributorio lob Titlo	
	ATTORNEY	Principal Occupation		Contributor's Job Title	
				Lauren et a antilla de ula a	The state of the s
	SELF-EMPL	employer/law firm		Law firm of contributor's s	pouse (II any)
_			:		
	ii contributor i	s a child, law firm of parent(s) (i	n any)		
=	Date	Full name of contributor	out-of-state PAC (ID#:	1	Amount of Contribution (\$)
	09/18/2015	HARGUS, BROOKE			\$100.00
			State: Zip Code		··· <mark>·</mark>
		,			
		Magnolia, TX 77354			
	Contributor's	Principal Occupation		Contributor's Job Title	1
	HOMEMAKI	ΕR			
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)
	NONE				
	If contributor i	s a child, law firm of parent(s) (i	if any)	•	

MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE A(J)1
	ction Guide explains how to complete this fo	1 Total pages Schedule A(J)1: Sch: 17/35 Rpt: 20/82	
2 FILER NAME Shipman Bil	nm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150
4 Date 11/04/2015	Date 5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$) \$400.00
	CONROE, TX 77301		
8 Contributor's ATTORNEY		9 Contributor's Job Title	
10			

	MONET	TARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE	A(J)1
	The Instruction Guide explains how to complete this form.					ages Schedule A(J)1 .8/35 Rpt: 21/82	L:
2	FILER NAME Shipman Bih	: hm, Katherine E. (Mrs.)			3 Filer ID 00080	(Ethics Commissi 150	on Filers)
4	Date 11/09/2015			7 Amoun	t of Contribution (\$)	\$125.00	
_	- with a soul	Conroe, TX 77301		To a character lab Tale			
8	Contributor's i	Principal Occupation		9 Contributor's Job Title			
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pouse (if any	')	
12	If contributor i	is a child, law firm of parent(s) (i	if any)				
	Date Full name of contributor out-of-state PAC (ID#:)  11/04/2015 HAYDEN, ASHLEY  Contributor address; City; State; Zip Code		Amoun	t of Contribution (\$)	\$1,705.00		
	Contributor's	MAGNOLIA, TX 77354 Principal Occupation		Contributor's Job Title			
	HOMEMAKE					<del> </del>	
	NONE	employer/law firm		Law firm of contributor's s	pouse (it any	·) 	
	If contributor is	is a child, law firm of parent(s) (i	if any)				
	Date 09/14/2015	Full name of contributor HERERRA, JESSE Contributor address; City;	out-of-state PAC (ID#:		Amoun	t of Contribution (\$)	\$250.00
_	Contributor's	Conroe, TX 77301		Contributor's Job Title	<u> </u>		
	ATTORNEY	Principal Occupation ,		Continuator 5 300 Title			
Contributor's employer/law firm  Law firm of contributor's s  SELF EMPLOYED			pouse (if any	',')			
	If contributor i	is a child, law firm of parent(s) (i	if any)				

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

	MONET	ARY POLITICAL C	ONTRIBUTIO	DNS		SCHEDULE	A(J)1
	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A(J) Sch: 20/35 Rpt: 23/82	1:
2	FILER NAME				3	Filer ID (Ethics Commiss	ion Filers)
	Shipman Bil	nm, Katherine E. (Mrs.)				00080150	
4	4 Date 5 Full name of contributor out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$100.00	
		6 Contributor address; City; Sta	ate; Zip Code				
		KINGWOOD, TX 77345					
8	Contributor's	Principal Occupation		9 Contributor's Job Title			
	FIRM ADMI	NISTRATOR					
10		employer/law firm		11 Law firm of contributor's s	pous	se (if any)	
		ON & JAMES					
12	! If contributor i	s a child, law firm of parent(s) (if a	ny)				
F	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Τ	Amount of Contribution (\$)	
	11/04/2015	KEEFER, KATHY	<u> </u>				\$360.00
		Contributor address; City; Sta	ate; Zip Code		"		
		COLLEGE STATION, TX	77845				
	Contributor's	Principal Occupation		Contributor's Job Title			
	RETIRED						
	Contributor's	employer/law firm		Law firm of contributor's s	pous	se (if any)	
	NONE						
	If contributor i	s a child, law firm of parent(s) (if a	ny)				
-	Date	Full name of contributor	out-of-state PAC (ID#:_	)	T	Amount of Contribution (\$)	
	11/16/2015	KING, TOM	_				\$150.00
		Contributor address; City; Sta	ate; Zip Code		"		
		·					
		BRYAN, TX 77801					
	Contributor's	Principal Occupation		Contributor's Job Title			
	RETIRED						
	Contributor's	employer/law firm		Law firm of contributor's s	pous	se (if any)	
	NONE						
	If contributor i	s a child, law firm of parent(s) (if a	ny)				
L							

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS	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				3 Filer ID (Ethics Commission Filers)
	Shipman Bil	nm, Katherine E. (Mrs.)			00080150
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
	11/04/2015	LAIRD, CLAUDIA			\$365.00
		6 Contributor address; City; S	State; Zip Code		
		SPRING, TX 77386			
8		Principal Occupation		9 Contributor's Job Title	
	JUDGE				
10		employer/law firm		11 Law firm of contributor's s	spouse (if any)
		ERY COUNTY			
12	! If contributor i	s a child, law firm of parent(s) (if	any)		
=	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	11/04/2015	LAURA MARBURGER, F	_		\$1,500.00
		Contributor address; City; S			·· <b> </b>
		Conroe, TX 77301			
	Contributor's	1		Contributor's Job Title	
	Continuators	Principal Occupation		Continuator's 300 Title	
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)
	If contributor i	s a child, law firm of parent(s) (if	any)	1	
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	09/18/2015	LITTLE, WENDY			\$250.00
		Contributor address; City; S	State; Zip Code		
		CONROE, TX 77303			
	Contributor's ATTORNEY	Principal Occupation		Contributor's Job Title	
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)
	SELF-EMPL	OYED			
	If contributor i	s a child, law firm of parent(s) (if	any)		
l					

	MONET	ARY POLITICAL CONTRIBUTION	ONS	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			3 Filer ID (Ethics Commission Filers)
	Shipman Bil	nm, Katherine E. (Mrs.)		00080150
4	4 Date 5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$)	
	10/17/2015	MADELEY, DAN		\$1,500.00
		6 Contributor address; City; State; Zip Code		
		Conroe, TX 77301		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	
	ATTORNEY			
10	Contributor's	employer/law firm	11 Law firm of contributor's s	pouse (if any)
	SELF-EMPL	.OYED		
12	! If contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor  ut-of-state PAC (ID#	:)	Amount of Contribution (\$)
	09/15/2015	MARKOWITZ, ROBERT		\$500.00
		Contributor address; City; State; Zip Code		<b>" </b>
		MONTGOMERY, TX 77356		
	Contributor's	Principal Occupation	Contributor's Job Title	1
	ATTORNEY			
	Contributor's	employer/law firm	Law firm of contributor's s	pouse (if any)
	SELF-EMPL	OYED		
	If contributor	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor	: )	Amount of Contribution (\$)
	09/01/2015	MATA, JOSE		\$500.00
		Contributor address; City; State; Zip Code		"
		Conroe, TX 77301		
	Contributor's	I Principal Occupation	Contributor's Job Title	I
	ATTORNEY			
	Contributor's	employer/law firm	Law firm of contributor's s	pouse (if any)
	SELF EMPL			
	If contributor i	s a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1	pages Schedule A(J)1: 23/35 Rpt: 26/82	:
2	FILER NAME					) (Ethics Commission	n Filers)
	Shipman Bil	nm, Katherine E. (Mrs.)			00080	0150	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7 Amoui	nt of Contribution (\$)	ΦΕΩΩ ΩΩ
	08/28/2015	MCCOTTER, LARRY  6 Contributor address; City;	State; Zip Code				\$500.00
		Conroe, TX 77301					
8	Contributor's	Principal Occupation		9 Contributor's Job Title			
°	ATTORNEY			9 Continuator's Job Title			
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pouse (if an	y)	
	BRASS & M	CCOTTER					
12	If contributor i	s a child, law firm of parent(s) (i	f any)	1			
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amoui	nt of Contribution (\$)	
	09/04/2015	MCDOUGAL, JAMES	_				\$500.00
		Contributor address; City;	State; Zip Code				
		Conroe, TX 77301					
	Contributor's	Principal Occupation		Contributor's Job Title			
	INVESTIGA	TOR					
		employer/law firm		Law firm of contributor's s	pouse (if an	y)	
	SELF EMPL	.OYED					
	If contributor i	s a child, law firm of parent(s) (i	f any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amoui	nt of Contribution (\$)	
	11/21/2015	MCKIRAHAN, DANA					\$100.00
		Contributor address; City;	State; Zip Code		"		
		CONROE, TX 77304					
	Contributor's	I Principal Occupation		Contributor's Job Title	<u> </u>		
	CHIROPRA						
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if an	y)	
	SELF-EMPL	OYED					
	If contributor i	s a child, law firm of parent(s) (i	f any)				
$\vdash$							

	MONET	ARY POLITICAL C	ONTRIBUTIO	DNS		SCHEDULE A(J	)1
	The Instru	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	NAME			3	Filer ID (Ethics Commission File	ers)
	Shipman Bih	ım, Katherine E. (Mrs.)				00080150	
4	Date 09/01/2015	5 Full name of contributor MICHAEL, GRIFFIN	out-of-state PAC (ID#:_		7	Amount of Contribution (\$) \$2	250.00
		6 Contributor address; City; Sta Conroe, TX 77301	ate; Zip Code				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
ľ	ATTORNEY			9 Continuator 3 300 Title			
10		employer/law firm CAIN, ATTORNEYS AT LAW,	P.L.C.	11 Law firm of contributor's sp	oous	se (if any)	
12		s a child, law firm of parent(s) (if ar					
			-57				
=	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Т	Amount of Contribution (\$)	
	11/04/2015	MILLER, RUSSELL	out of state 1 AC (ID#	)			00.00
		Contributor address; City; Sta	ate: 7in Code		┨	•	
		Contributor address, Sity, Sta	110, 21p 0000				
		WILLIS, TX 77318					
	Contributor's I	Principal Occupation		Contributor's Job Title			
	CONTRACT			Continuation 5 Job Title			
_		employer/law firm		Law firm of contributor's sp	יוח	se (if any)	
	Fairweather	• •		Law iiiii or contributor o o	Jou	oo (ii airy)	
		s a child, law firm of parent(s) (if ar	nv)				
	ii dontinator ii	o a orma, law mm or parom(o) (ii ai	-37				
H	Date	Full name of contributor	out-of-state PAC (ID#:_	1	Т	Amount of Contribution (\$)	
	11/04/2015	NELSON, JACK	out or state 1740 (1511	)		, ,	.00.00
		Contributor address; City; Sta	ate: Zip Code		1		
			, <u>-</u>				
		HUNTSVILLE, TX 77340					
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)	
	SELF EMPL	OYED					
	If contributor is	s a child, law firm of parent(s) (if ar	ny)				
L							

	MONET	ARY POLITICAL CONTR	IBUTIONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to comp	lete this form.	1 Total pages Schedule A(J)1: Sch: 25/35 Rpt: 28/82
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Shipman Bil	nm, Katherine E. (Mrs.)		00080150
4	Date	5 Full name of contributor  ut-of-sta	ate PAC (ID#:)	7 Amount of Contribution (\$)
	11/04/2015	NICHOLS, BARBARA		\$300.00
		6 Contributor address; City; State; Zip Cod	e	
		CONROE, TX 77304		
8		Principal Occupation	9 Contributor's Job Title	
	ADMINISTR			
10		employer/law firm	11 Law firm of contributor's s	spouse (if any)
		ERY COUNTY		
12	! If contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor  out-of-sta	ate PAC (ID#:)	Amount of Contribution (\$)
	09/15/2015	OWEN, DONNA		\$100.00
	Contributor address; City; State; Zip Code		e	··
		CONROE, TX 77303		
	Contributor's	I Principal Occupation	Contributor's Job Title	
	ATTORNEY			
	Contributor's	employer/law firm	Law firm of contributor's s	spouse (if any)
	SELF-EMPL	.OYED		
	If contributor i	s a child, law firm of parent(s) (if any)	<b>-</b>	
	Date	Full name of contributor  out-of-sta	ate PAC (ID#:)	Amount of Contribution (\$)
	10/23/2015	PALMER, CAROL		\$100.00
		Contributor address; City; State; Zip Cod	e	
		, , , , , , , , , , , , , , , , , , , ,		
		MONTGOMERY, TX 77356		
	Contributor's	I Principal Occupation	Contributor's Job Title	1
	FLIGHT AT			
-	Contributor's	employer/law firm	Law firm of contributor's s	spouse (if any)
	UNITED			
	If contributor i	s a child, law firm of parent(s) (if any)	I	
		, , , , , , , , , , , , , , , , , , , ,		

I	MONET	ARY POLITICAL CONTRIBUT	ΓIONS	SCHEDULE A(J)1
٦	Γhe Instru	ction Guide explains how to complete th	is form.	1 Total pages Schedule A(J)1: Sch: 26/35 Rpt: 29/82
<b>2</b> F	FILER NAME			3 Filer ID (Ethics Commission Filers)
9	Shipman Bil	nm, Katherine E. (Mrs.)		00080150
4 Date   5 Full name of contributor   out-of-state PAC (ID#: PETTIT, JOHN   6 Contributor address; City; State; Zip Code		D#:)	7 Amount of Contribution (\$) \$150.00	
		THE WOODLANDS, TX 77381		
8 (	Contributor's	Principal Occupation	9 Contributor's Job Title	•
A	ATTORNEY	•		
	Contributor's SELF-EMPL	employer/law firm LOYED	11 Law firm of contributor's s	pouse (if any)
<b>12</b> l	f contributor i	s a child, law firm of parent(s) (if any)	ı	
_	Date	Full name of contributor  out-of-state PAC (	ID#· )	Amount of Contribution (\$)
	1/04/2015	PULLAN, TRACY		\$410.00
		Contributor address; City; State; Zip Code		
		CONROE, TX 77301		
		Principal Occupation	Contributor's Job Title	
-	ATTORNEY	,		
		employer/law firm	Law firm of contributor's s	pouse (if any)
		PULLAN & YOUNG		
li	f contributor i	is a child, law firm of parent(s) (if any)		
	Date	Full name of contributor out-of-state PAC (	ID#:)	Amount of Contribution (\$)
1	2/30/2015	Price & Price Attorneys at Law		\$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 s	pouse (if any)
li	f contributor i	is a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL CONTRIBUT	IONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A(J)1: Sch: 27/35 Rpt: 30/82
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Shipman Bil	nm, Katherine E. (Mrs.)		00080150
4	4 Date 11/04/2015  5 Full name of contributor out-of-state PAC (ID#:  RAYMOND, LANDRA  6 Contributor address; City; State; Zip Code		)#:)	7 Amount of Contribution (\$) \$60.00
		Magnolia, TX 77354-5040		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	
•	ACCOUNTI		Contabator 2 des Title	
10		employer/law firm	11 Law firm of contributor's s	nouse (if any)
		MIDDLETON, CPA	22 Edw mm or contributor of c	poude (ii aiiy)
12		is a child, law firm of parent(s) (if any)		
	Date	Full name of contributor  out-of-state PAC (ID	D#:)	Amount of Contribution (\$)
	09/18/2015	REITZER, LOUDIN & MONTGOMERY, P.C.		\$500.00
		Contributor address; City; State; Zip Code		
		THE WOODLANDS, TX 77381		
	Contributor's	Principal Occupation	Contributor's Job Title	
	Contributor's	employer/law firm	Law firm of contributor's s	pouse (if any)
	If contributor i	is a child, law firm of parent(s) (if any)		
	Date	Full name of contributor	D#:)	Amount of Contribution (\$)
	11/04/2015	RICHARDS, AMANDA		\$930.00
		Contributor address; City; State; Zip Code  MAGNOLIA, TX 77354		
	Contributor's	Principal Occupation	Contributor's Job Title	
	ATTORNEY	·	Continuation's Job Title	
		employer/law firm	Law firm of contributor's s	pouse (if any)
	CUDD ENE	RGY SERVICES		
	If contributor i	is a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A	\(J)1
	The Instru	The Instruction Guide explains how to complete this form.			pages Schedule A(J)1: 28/35 Rpt: 31/82	
2	FILER NAME	ME			D (Ethics Commissio	n Filers)
	Shipman Bih	ım, Katherine E. (Mrs.)		0008	0150	
4	Date 12/03/2015	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amou	unt of Contribution (\$)	\$100.00
		6 Contributor address; City; State; Zip Code  MAGNOLIA, TX 77354				
8	Contributor's F	Principal Occupation	9 Contributor's Job Title	•		
10		employer/law firm	11 Law firm of contributor's sp	pouse (if a	ny)	
12		s a child, law firm of parent(s) (if any)				
F	Date	Full name of contributor  ut-of-state PAC (ID#:	)	Amou	int of Contribution (\$)	
	11/04/2015	RIPLEY, DEBBIE				\$70.00
		Contributor address; City; State; Zip Code		••		
		Magnolia, TX 77354-5040				
	Contributor's F	Principal Occupation	Contributor's Job Title			
	Contributor's 6	employer/law firm	Law firm of contributor's sp	pouse (if a	ny)	
	If contributor is	s a child, law firm of parent(s) (if any)				
-	Date	Full name of contributor  out-of-state PAC (ID#:	)	I Amou	ınt of Contribution (\$)	
	11/04/2015	RUST, RONALD			.,	\$500.00
		Contributor address; City; State; Zip Code				
		BRYAN, TX 77802				
	Contributor's F RETIRED	Principal Occupation	Contributor's Job Title			
	Contributor's 6	employer/law firm	Law firm of contributor's sp	pouse (if a	ny)	
	If contributor is	s a child, law firm of parent(s) (if any)	1			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE	A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1 Total pages Schedule A(J)1: Sch: 29/35 Rpt: 32/82		
2	FILER NAME					(Ethics Commissi	on Filers)
	Shipman Bil	nm, Katherine E. (Mrs.)			000801	L50	
4	Date 08/28/2015	5 Full name of contributor SAPP, LAURIE	out-of-state PAC (ID#:		<b>7</b> Amount	of Contribution (\$)	\$500.00
		6 Contributor address; City; State; Zip Code					
		WILLIS, TX 77318					
8	Contributor's	Principal Occupation		9 Contributor's Job Title			
	CONSULTA	NT					
10	Contributor's SELF EMPL	employer/law firm		11 Law firm of contributor's s	pouse (if any)	)	
12		s a child, law firm of parent(s) (i	if any)				
12		s a crimu, law litti or parerids) (i	ii airy)				
F	Date	Full name of contributor	out-of-state PAC (ID#:	:)	Amount	of Contribution (\$)	
	08/28/2015	SHIELDS, JUDITH					\$1,000.00
	Contributor address; City; State; Zip Code			"			
		CONROE, TX 77303					
	Contributor's	Principal Occupation		Contributor's Job Title			
	ATTORNEY						
		employer/law firm		Law firm of contributor's s	pouse (if any)	)	
	SELF EMPL	OYED					
	If contributor i	s a child, law firm of parent(s) (i	if any)				
H	Date	Full name of contributor	out-of-state PAC (ID#:	:)	Amount	of Contribution (\$)	
	11/04/2015	SHIPMAN, DOY					\$300.00
		Contributor address; City;	State; Zip Code		"]		
		BRYAN, TX 77802					
_	Contributor's	Principal Occupation		Contributor's Job Title			
	PRACTICE	ADMINISTRATOR					
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)	)	
	SHIPMAN E	.N.T., INC.					
	If contributor i	s a child, law firm of parent(s) (i	if any)				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		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				3 Filer ID	(Ethics Commissi	on Filers)
	Shipman Bil	nm, Katherine E. (Mrs.)			00080	150	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:		<b>7</b> Amoun	t of Contribution (\$)	
	11/04/2015	SHIPMAN, DOY					\$200.00
		6 Contributor address; City;	State; Zip Code				
		BRYAN, TX 77802					
8	Contributor's	Principal Occupation		9 Contributor's Job Title			
	PRACTICE.	ADMINISTRATOR					
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pouse (if any	/)	
	SHIPMAN E	NT, INC.					
12	If contributor i	s a child, law firm of parent(s) (	if any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amoun	t of Contribution (\$)	
09/28/2015 SHIPMAN, NOLAN					\$2,000.00		
		Contributor address; City;	State; Zip Code		"		
		BRYAN, TX 77802					
	Contributor's	Principal Occupation		Contributor's Job Title	_ <b>I</b>		
	PHYSICIAN						
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any	/)	
	SHIPMAN E	NT, INC.					
	If contributor i	s a child, law firm of parent(s) (	if any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amoun	t of Contribution (\$)	
	11/04/2015	SIMONSEN, STEVE	_				\$100.00
		Contributor address; City;	State; Zip Code				
		CONROE, TX 77301					
	Contributor's ATTORNEY	Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any	/)	
	SELF-EMPL	LOYED					
	If contributor i	s a child, law firm of parent(s) (	if any)				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS	SCHEDULI	∈ A(J)1	
	The Instru	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				3 Filer ID (Ethics Commi	ssion Filers)	
	Shipman Bil	nm, Katherine E. (Mrs.)			00080150		
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7 Amount of Contribution (	\$)	
	10/23/2015 SMITH, JOHNNIE				\$100.00		
		6 Contributor address; City; State; Zip Code					
		MONTGOMERY, TX 7	7356				
8	Contributor's	Principal Occupation		9 Contributor's Job Title			
	PILOT						
10	Contributor's	employer/law firm		11 Law firm of contributor's s	spouse (if any)		
	UNITED AIF	RLINES					
12	! If contributor i	s a child, law firm of parent(s) (	if any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (	\$)	
09/18/2015 SONTAG, STEVE			\$1,000.00				
		Contributor address; City;	State; Zip Code				
		Conroe, TX 77301					
		Principal Occupation		Contributor's Job Title			
	BAIL BOND	SMAN					
		employer/law firm		Law firm of contributor's s	spouse (if any)		
	AAAA DISC	OUNT BAIL BONDS					
	If contributor i	s a child, law firm of parent(s) (	if any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (	\$)	
	11/16/2015	TRAINER, SHIRLEY	_			\$165.00	
		Contributor address; City;	State; Zip Code				
		NEW CANEY, TX 7735	57				
	Contributor's	Principal Occupation		Contributor's Job Title	•		
	ATTORNEY						
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)		
	SELF-EMPL	OYED.					
	If contributor i	s a child, law firm of parent(s) (	if any)	•			
_							

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE /	A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1 Total pages Schedule A(J)1: Sch: 32/35 Rpt: 35/82		
2	FILER NAME				3 File	r ID (Ethics Commission	on Filers)
	Shipman Bil	nm, Katherine E. (Mrs.)			000	080150	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:		<b>7</b> Am	ount of Contribution (\$)	
	11/04/2015	TUCKER, JUDSON					\$250.00
		6 Contributor address; City;	State; Zip Code				
		Conroe, TX 77301					
8	Contributor's	Principal Occupation		9 Contributor's Job Title			
	ATTORNEY	•					
10		employer/law firm		11 Law firm of contributor's s	spouse (if	any)	
	SELF EMPL						
12	If contributor i	s a child, law firm of parent(s) (	if any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	:)	Am	ount of Contribution (\$)	
	11/04/2015	VALDEZ, MICHAEL	_				\$500.00
		Contributor address; City;	State; Zip Code				
			. ,				
		Conroe, TX 77301					
	Contributor's	Principal Occupation		Contributor's Job Title			
	ATTORNEY	,					
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if	any)	
	SELF-EMPL	OYED					
	If contributor i	s a child, law firm of parent(s) (	if any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	:)	Am	ount of Contribution (\$)	
	11/09/2015	VAN DE VEN, MARI	<del>_</del>				\$275.00
		Contributor address; City;	State; Zip Code				
		Conroe, TX 77385					
	Contributor's	Principal Occupation		Contributor's Job Title			
	BAIL BOND	SMAN					
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if	any)	
	SELF-EMPL	OYED					
	If contributor i	s a child, law firm of parent(s) (	if any)	•			

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1		
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 33/35 Rpt: 36/82		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
	Shipman Bil	nm, Katherine E. (Mrs.)		00080150		
4	Date	5 Full name of contributor  ut-of-state PAC (ID#:	)	7 Amount of Contribution (\$)		
	09/18/2015	VAN DE VEN, MARI		\$500.00		
		6 Contributor address; City; State; Zip Code				
		Conroe, TX 77385				
8		Principal Occupation	9 Contributor's Job Title			
	BAIL BOND					
10		employer/law firm	11 Law firm of contributor's s	pouse (if any)		
	SELF-EMPL					
12	If contributor i	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor  out-of-state PAC (ID#:	)	Amount of Contribution (\$)		
	09/18/2015	VAN ORMAN, MARY		\$500.00		
		Contributor address; City; State; Zip Code				
		THE WOODLANDS, TX 77381				
_	Contributor's	I Principal Occupation	Contributor's Job Title	_ <b>L</b>		
	ATTORNEY					
	Contributor's	employer/law firm	Law firm of contributor's s	pouse (if any)		
		ORMAN AND ASSOCIATES				
	If contributor i	s a child, law firm of parent(s) (if any)				
H	Date	Full name of contributor  ut-of-state PAC (ID#:	1	Amount of Contribution (\$)		
	08/28/2015	VAUGHAN, JILL		\$250.00		
		Contributor address: City; State; Zip Code		···		
		Continuator address, Stay, State, Elp Code				
		MONTGOMERY, TX 77356				
	Contributor's	Principal Occupation	Contributor's Job Title			
	BANKER	Thiopai Geografion	Contributor 3 005 Title			
-		employer/law firm	Law firm of contributor's s	nouse (if any)		
	AMEGY BA		Law initi of contributor 5 5	pouse (ii arry)		
_		s a child, law firm of parent(s) (if any)				
	ii continuator i	s a clind, law littl of paretit(s) (ii arry)				
_						

	MONET	ARY POLITICAL (	CONTRIBUTIO	ONS		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				3 Filer ID	(Ethics Commissio	n Filers)
	Shipman Bil	nm, Katherine E. (Mrs.)			000801	.50	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7 Amount	of Contribution (\$)	
	09/01/2015	WARD, DAVID					\$250.00
		6 Contributor address; City; S	tate; Zip Code				
		Conroe, TX 77301					
8		Principal Occupation		9 Contributor's Job Title			
	ATTORNEY						
10		employer/law firm		11 Law firm of contributor's s	pouse (if any)		
	SELF-EMPL						
12	! If contributor i	s a child, law firm of parent(s) (if a	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount	of Contribution (\$)	
	11/04/2015	WEBB, AMANDA	_ ` ·			. ,	\$75.00
		Contributor address; City; S	tate; Zip Code				
		MONGOMERY, TX 7735	6				
	Contributor's	Principal Occupation		Contributor's Job Title	1		
	ATTORNEY						
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)	 	
	SELF-EMPL	.OYED					
	If contributor i	s a child, law firm of parent(s) (if a	any)	<u> </u>			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount	of Contribution (\$)	
	08/25/2015	WHATLEY, GEORGETTE	—	,		(.,	\$500.00
		Contributor address; City; S					
		,	, p				
		CONROE, TX 77301					
-	Contributor's	IPrincipal Occupation		Contributor's Job Title			
	BAIL BOND	·					
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if anv)	<u> </u>	
	ASAP BAIL				(··)		
		s a child, law firm of parent(s) (if a	anv)				
		- a , p (-) (					
_							

	MONET	ARY POLITICAL (	CONTRIBUTIO	ONS			SCHEDULE	A(J)1
	The Instruction Guide explains how to complete this form.				1		ges Schedule A(J) /35 Rpt: 38/82	)1:
2	FILER NAME Shipman Bir	nm, Katherine E. (Mrs.)			3		(Ethics Commiss	sion Filers)
4	Date 09/18/2015	Full name of contributor     WRIGHT, JAY     Contributor address; City; S	out-of-state PAC (ID#:		7	Amount (	of Contribution (\$)	\$250.00
		CONROE, TX 77301						
8	Contributor's I	Principal Occupation		9 Contributor's Job Title				
10	Contributor's of SELF-EMPL	employer/law firm .OYED		11 Law firm of contributor's sp	oou	se (if any)		
12	If contributor i	s a child, law firm of parent(s) (if a	any)	<u>I</u>				
	Date 11/05/2015	Full name of contributor YOUNGKIN, MARILYN Contributor address; City; S	• • • • • • • • • • • • • • • • • • • •			Amount	of Contribution (\$)	\$170.00
		BRYAN, TX 77802						
	Contributor's I RETIRED	Principal Occupation		Contributor's Job Title				
	Contributor's of NONE	employer/law firm		Law firm of contributor's sp YOUNGKIN & BURNS,				
	If contributor i	s a child, law firm of parent(s) (if a	any)					

The location Code combine house a complete this forms			1 Total pages Schedule A2:			
The mstru	ection Guide explains how to complete this	Sch: 1/9 Rpt: 39/82				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
•	hm, Katherine E. (Mrs.)		00080150			
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$ 1,250.00			
<b>5</b> Date	6 Full name of contributor out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution			
11/04/2015	BIHM, BRANDON		contribution (\$) description \$300.00 I AUCTION ITEM			
	7 Contributor address; City; State; Zip Code		J I			
	Manager TV 77054 5040					
40 Daineire I e e e	Magnolia, TX 77354-5040	144 F	Check if travel outside of Texas. Complete Schedule T.			
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)			
STUDENT						
	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)			
NONE						
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor  out-of-state PAC (ID#:		Amount of In-kind contribution			
11/04/2015	BURDETT, DAVE		contribution (\$) description \$289.00   AUCTION ITEM			
	Contributor address; City; State; Zip Code		I			
			i i			
	DDVANT TV 77040					
5	BRYANT, TX 77840	T = 1 (500 NO)	Check if travel outside of Texas. Complete Schedule T.			
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)			
	SINESS OWNER	Continuator 5 job title	(FOR JUDICIAL) (See instructions)			
	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)			
BURDETT &		Law IIIII of Contribute	or a spouse (ii arry) (i ort aobiciae)			
	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
ii contributor	is a diffid, law inition parent(s) (if any) (if on doblowitz)					
Data	Full name of contributor		Amount of In-kind contribution			
Date 11/04/2015	Full name of contributor  out-of-state PAC (ID#:  CHELETTE, TRACI	)	Amount of In-kind contribution contribution (\$) description			
11/04/2013	Contributor address; City; State; Zip Code		\$400.00 AUCTION ITEM			
	Continuator address, City, State, 21p Code		į			
	CYPRESS, TX 77433		Check if travel outside of Texas. Complete Schedule T.			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)			
SALES	SALES					
Contributor's	Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
NOVO NOR	RDISK					
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2: Sch: 2/9 Rpt: 40/82			
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
	Shipman Bil	nm, Katherine E. (Mrs.)		00080150		
4	TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	<b>\$</b> 1,250.00		
5	Date	6 Full name of contributor out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution		
	11/04/2015	CHILDRESS, ALISHA		contribution (\$) description \$600.00 AUCTION ITEMS		
		<b>7</b> Contributor address; City; State; Zip Code		I I		
		MAGNOLIA, TX 77354		Check if travel outside of Texas. Complete Schedule T.		
10	Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-		
	·		, , ,	•		
12	Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)		
	AESTHETIC	CIAN				
14		employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)		
	SELF-EMPL					
16	If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	D.t.	Editor Continue D		Assessment I be blind a subtlevition		
	Date 11/04/2015	Full name of contributor out-of-state PAC (ID#:	)	Amount of In-kind contribution contribution (\$) description		
	11/04/2013	COX, JOHN		\$300.00 AUCTION ITEMS		
Contributor address; City; State; Zip Code						
THE WOODLANDS, TX 77380			Check if travel outside of Texas. Complete Schedule T.			
	Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)		
		principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
_	ATTORNEY		Laur firms of a contribute	orle angues (if any.) (EOD HIDICIAL)		
	SELF EMPL	employer/law firm (FOR JUDICIAL)	Law IIIII of Contributo	r's spouse (if any) (FOR JUDICIAL)		
		is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ii continuator	is a sime, law iiiii si parsin(s) (ii arry) (i six ossiris)				
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of In-kind contribution		
	11/04/2015	DELAHOUSSAYE, JAY	,	contribution (\$) description		
		Contributor address; City; State; Zip Code		\$1,775.00 AUCTION ITEMS		
		Port Bolivar, TX 77650		Check if travel outside of Texas. Complete Schedule T.		
	Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)		
	Contributor's principal occupation (FOR JUDICIAL)  Contributor's job title (FOR JUDICIAL) (See instructions)					
	PROGRAM DIRECTOR					
Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contrib			Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)		
		VA'AD AL SHAMAL PHOSPHATE COMPANY				
	If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

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5 Date 11/04/2015   6 Full name of contributor   out-of-state PAC (IDP:							
2 FILER NAME Shipman Bihm, Katherine E. (Mrs.)  4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS  5 Date 11/04/2015 6 Full name of contributor	The Instruction Guide explains how to complete this form.						
Shipman Bihm, Katherine E. (Mrs.)  4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS  5 Date 11/04/2015  5 Date 11/04/2015  6 Full name of contributor   out-of-state PAC (ID#	2	2 FILED NAME			•		
TOTAL OF UNITEMIZED IN-KINID POLITICAL CONTRIBUTIONS  5 Date	_						
### Contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)    Date   Full name of contributor   Judicial)   Contributor   Judicial   Contributor   Judicial	4	TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$ 1,250.00		
7 Contributor address; City; State, Zip Code  MAGNOLIA, TX 77354  10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)  12 Contributor's principal occupation (FOR JUDICIAL)  REALTOR 13 Contributor's principal occupation (FOR JUDICIAL)  REALTOR 14 Contributor's employer/law firm (FOR JUDICIAL)  Date 11/04/2015  Full name of contributor   out-of-state PAC (IDF:	5	Date	6 Full name of contributor out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution		
7 Contributor address; City; State; Zip Code		11/04/2015	EPPES, PAMELA				
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See instructions) 14 Contributor's employer/law firm (FOR JUDICIAL) 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) 17/04/2015 18 Pull name of contributor   out-of-state PAC (ID#:			7 Contributor address; City; State; Zip Code		\$1,000.00TAUCTION TEMS		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See instructions) 14 Contributor's employer/law firm (FOR JUDICIAL) 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) 17/04/2015 18 Pull name of contributor   out-of-state PAC (ID#:							
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See instructions) 14 Contributor's employer/law firm (FOR JUDICIAL) 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) 17/04/2015 18 Pull name of contributor   out-of-state PAC (ID#:					ļ .		
12 Contributor's principal occupation (FOR JUDICIAL) REALTOR 14 Contributor's employer/flaw firm (FOR JUDICIAL) SELF-EMPLOYED 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)  Date 11/04/2015 EPPES-GEISENDORFF, REGINA Contributor address; City; State; Zip Code  Contributor's principal occupation (FOR JUDICIAL)  Contributor's principal occupation (FOR JUDICIAL)  Contributor's principal occupation (FOR JUDICIAL)  Date 11/04/2015  Full name of contributor  Contributor address; City; State; Zip Code  Contributor's principal occupation (FOR JUDICIAL)  UNEMPLOYED  Contributor's employer/flaw firm (FOR JUDICIAL)  If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  Contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  Contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  Date 11/04/2015  Full name of contributor  out-of-state PAC (ID#					Check if travel outside of Texas. Complete Schedule T		
REALTOR  14 Contributor's employer/law firm (FOR JUDICIAL) SELF-EMPLOYED  15 It w 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	10	Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)		
15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) SELF-EMPLOYED  16 if contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  Date   Full name of contributor   out-of-state PAC (IDF:   Contributor   Security   Contributor   Security   Contributor   Security   State; Zip Code   Contributor's principal occupation / Job title (FOR NON-JUDICIAL)   Contributor's employer/law firm (FOR JUDICIAL)   Law firm of contributor's spouse (if any) (FOR JUDICIAL)   Contributor's employer/law firm (FOR JUDICIAL)   Law firm of contributor's spouse (if any) (FOR JUDICIAL)   Contributor's employer/law firm (FOR JUDICIAL)   Law firm of contributor's spouse (if any) (FOR JUDICIAL)    Date   Full name of contributor   out-of-state PAC (IDF:   Contributor's exployer/law firm of parent(s) (if any) (FOR JUDICIAL)    Date   Full name of contributor   out-of-state PAC (IDF:   Contributor's exployer/law firm of parent(s) (if any) (FOR JUDICIAL)    Date   Full name of contributor   out-of-state PAC (IDF:   Contributor's exployer/law firm of parent(s) (if any) (FOR JUDICIAL)    Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)   Employer (FOR NON-JUDICIAL) (See instructions)    Contributor's principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)   Employer (FOR NON-JUDICIAL) (See instructions)    Contributor's principal occupation (FOR JUDICIAL)   Contributor's pincipal occupation (FOR JUDICIAL)    Contributor's employer/law firm (FOR JUDICIAL)   Law firm of contributor's spouse (if any) (FOR JUDICIAL)    EVANS ENGINEERING	12	Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)		
SELF-EMPLOYED  16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  Date		REALTOR					
Date 11/04/2015    Full name of contributor   Qui-of-state PAC (ID#:	14	Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)		
Date 11/04/2015		SELF-EMPL	LOYED				
Contributor address; City; State; Zip Code   Contributor's principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)   Employer (FOR NON-JUDICIAL) (See instructions)   Employer (FOR NON-JUDICIAL) (See instructions)   Contributor's principal occupation (FOR JUDICIAL)   Contributor's job title (FOR JUDICIAL) (See instructions)   Law firm of contributor's spouse (if any) (FOR JUDICIAL)   NONE   If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)   Law firm of contributor's spouse (if any) (FOR JUDICIAL)   Contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)   Contributor of contribution (s)   Contributor of description   Security (See instructions)   EVANS, BOB   Contributor address; City; State; Zip Code   Contributor of Cont	16	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Contributor address; City; State; Zip Code   Contributor's principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)   Employer (FOR NON-JUDICIAL) (See instructions)   Employer (FOR NON-JUDICIAL) (See instructions)   Contributor's principal occupation (FOR JUDICIAL)   Contributor's job title (FOR JUDICIAL) (See instructions)   Law firm of contributor's spouse (if any) (FOR JUDICIAL)   NONE   If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)   Law firm of contributor's spouse (if any) (FOR JUDICIAL)   Contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)   Contributor of contribution (s)   Contributor of description   Security (See instructions)   EVANS, BOB   Contributor address; City; State; Zip Code   Contributor of Cont							
11/04/2015   EPPES-GEISENDORFF, REGINA   Contributor address; City; State; Zip Code   S250.00   AUCTION ITEM		Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of In-kind contribution		
Contributor address; City; State; Zip Code    Control   Contributor address; City; State; Zip Code   Control   Contr		11/04/2015	_ ` _		· •		
Contributor's principal occupation (FOR JUDICIAL) (See instructions)  Contributor's principal occupation (FOR JUDICIAL) (See instructions)  Contributor's employer/law firm (FOR JUDICIAL) (FOR JUDICIAL) (See instructions)  If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  Date 11/04/2015 Full name of contributor out-of-state PAC (ID#:					\$250.00 AUCTION ITEM		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)  Contributor's principal occupation (FOR JUDICIAL) (See instructions)  Contributor's principal occupation (FOR JUDICIAL) (See instructions)  Contributor's principal occupation (FOR JUDICIAL) (See instructions)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)  NONE  If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  Date 11/04/2015 Full name of contributor out-of-state PAC (ID#:		Contained addition, Only, State, 2.p Sout			ļ į		
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UNEMPLOYED  Contributor's employer/law firm (FOR JUDICIAL)  NONE  If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  Date 11/04/2015  EVANS, BOB  Contributor address; City; State; Zip Code  Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)  Contributor's principal occupation (FOR JUDICIAL)  Contributor's employer/law firm (FOR JUDICIAL)  Contributor's employer/law firm (FOR JUDICIAL)  EVANS ENGINEERING  Law firm of contributor's spouse (if any) (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)		Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)		
UNEMPLOYED  Contributor's employer/law firm (FOR JUDICIAL)  NONE  If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  Date 11/04/2015  EVANS, BOB  Contributor address; City; State; Zip Code  Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)  Contributor's principal occupation (FOR JUDICIAL)  Contributor's employer/law firm (FOR JUDICIAL)  Contributor's employer/law firm (FOR JUDICIAL)  EVANS ENGINEERING  Law firm of contributor's spouse (if any) (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)							
Contributor's employer/law firm (FOR JUDICIAL)  NONE  If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  Date 11/04/2015  EVANS, BOB  Contributor address; City; State; Zip Code  Conroe, TX 77304  Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)  Contributor's principal occupation (FOR JUDICIAL)  Contributor's employer/law firm (FOR JUDICIAL)  EVANS ENGINEERING  Law firm of contributor's spouse (if any) (FOR JUDICIAL)  Amount of contribution (s)  In-kind contribution description  \$2,000.00   AUCTION ITEMS  Contributor (\$)  Employer (FOR NON-JUDICIAL) (See instructions)  Contributor's principal occupation (FOR JUDICIAL)  Contributor's job title (FOR JUDICIAL) (See instructions)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)  EVANS ENGINEERING		Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)    Date		UNEMPLOY	/ED				
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  Date		Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
Date 11/04/2015  EVANS, BOB  Contributor address; City; State; Zip Code  Conroe, TX 77304  Principal occupation / Job title (FOR NON-JUDICIAL)  Contributor's principal occupation (FOR JUDICIAL)  OWNER  Contributor's employer/law firm (FOR JUDICIAL)  EVANS ENGINEERING  Full name of contributor  out-of-state PAC (ID#:		NONE					
11/04/2015 EVANS, BOB  Contributor address; City; State; Zip Code  Conroe, TX 77304 Check if travel outside of Texas. Complete Schedular Contributor's principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)  Contributor's principal occupation (FOR JUDICIAL) (See instructions)  Contributor's principal occupation (FOR JUDICIAL) (See instructions)  Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)  EVANS ENGINEERING		If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•			
11/04/2015 EVANS, BOB  Contributor address; City; State; Zip Code  Conroe, TX 77304 Check if travel outside of Texas. Complete Schedular Contributor's principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)  Contributor's principal occupation (FOR JUDICIAL) (See instructions)  Contributor's principal occupation (FOR JUDICIAL) (See instructions)  Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)  EVANS ENGINEERING							
11/04/2015 EVANS, BOB  Contributor address; City; State; Zip Code  Conroe, TX 77304 Check if travel outside of Texas. Complete Schedular Contributor's principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)  Contributor's principal occupation (FOR JUDICIAL) (See instructions)  Contributor's principal occupation (FOR JUDICIAL) (See instructions)  Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)  EVANS ENGINEERING		Date	Full name of contributor Out-of-state PAC (ID#:	)			
Contributor address; City; State; Zip Code  Conroe, TX 77304  Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)  Contributor's principal occupation (FOR JUDICIAL)  OWNER  Contributor's employer/law firm (FOR JUDICIAL)  EVANS ENGINEERING  S2,000.001AUCTION ITEMS    Contributor S2,000.001AUCTION ITEMS   Contributor S2,000.001AUCTION ITEMS   Contributor S2,000.001AUCTION ITEMS   Contributor S2,000.001AUCTION ITEMS   Contributor S2,000.001AUCTION ITEMS   Contributor S2,000.001AUCTION ITEMS   Contributor S2,000.001AUCTION ITEMS   Contributor S2,000.001AUCTION ITEMS   Contributor S2,000.001AUCTION ITEMS   Contributor S2,000.001AUCTION ITEMS   Contributor S2,000.001AUCTION ITEMS   Contributor S2,000.001AUCTION ITEMS   Contributor S2,000.001AUCTION ITEMS   Contributor S2,000.001AUCTION ITEMS   Contributor S2,000.001AUCTION ITEMS   Contributor S2,000.001AUCTION ITEMS   Contributor S2,000.001AUCTION ITEMS   Contributor S2,000.001AUCTION ITEMS   Contributor S2,000.001AUCTION ITEMS   Contributor S2,000.001AUCTION ITEMS   Contributor S2,000.001AUCTION ITEMS   Contributor S2,000.001AUCTION ITEMS   Contributor S2,000.001AUCTION ITEMS   Contributor S2,000.001AUCTION ITEMS   Contributor S2,000.001AUCTION ITEMS   Contributor S2,000.001AUCTION ITEMS   Contributor S2,000.001AUCTION ITEMS   Contributor S2,000.001AUCTION ITEMS   Contributor S2,000.001AUCTION ITEMS   Contributor S2,000.001AUCTION ITEMS   Contributor S2,000.001AUCTION ITEMS   Contributor S2,000.001AUCTION ITEMS   Contributor S2,000.001AUCTION ITEMS   Contributor S2,000.001AUCTION ITEMS   Contributor S2,000.001AUCTION ITEMS   Contributor S2,000.001AUCTION ITEMS   Contributor S2,000.001AUCTION ITEMS   Contributor S2,000.001AUCTION ITEMS   Contributor S2,000.001AUCTION ITEMS   Contributor S2,000.001AUCTION ITEMS   Contributor S2,000.001AUCTION ITEMS   Contributor S2,000.001AUCTION ITEMS   Contributor S2,000.001AUCTION ITEMS   Contributor S2,000.001AUCTION ITEMS   Contributor S2,000.001AUCTION ITEMS   Contributor S2,000.001AUCTION ITEMS   Contributor		11/04/2015	_ ` _		•		
Conroe, TX 77304  Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)  Contributor's principal occupation (FOR JUDICIAL)  OWNER  Contributor's employer/law firm (FOR JUDICIAL)  EVANS ENGINEERING  Contributor's (See instructions)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)  EVANS ENGINEERING					\$2,000.00 AUCTION ITEMS		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)  Contributor's principal occupation (FOR JUDICIAL)  OWNER  Contributor's employer/law firm (FOR JUDICIAL)  EVANS ENGINEERING  Employer (FOR NON-JUDICIAL) (See instructions)  Contributor's job title (FOR JUDICIAL) (See instructions)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)			, <i>,</i> , , ,		ļ į		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)  Contributor's principal occupation (FOR JUDICIAL)  OWNER  Contributor's employer/law firm (FOR JUDICIAL)  EVANS ENGINEERING  Employer (FOR NON-JUDICIAL) (See instructions)  Contributor's job title (FOR JUDICIAL) (See instructions)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)					į		
Contributor's principal occupation (FOR JUDICIAL)  OWNER  Contributor's employer/law firm (FOR JUDICIAL)  EVANS ENGINEERING  Contributor's principal occupation (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)			Conroe, TX 77304		Check if travel outside of Texas. Complete Schedule T		
OWNER  Contributor's employer/law firm (FOR JUDICIAL)  EVANS ENGINEERING  Law firm of contributor's spouse (if any) (FOR JUDICIAL)		Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)		
OWNER  Contributor's employer/law firm (FOR JUDICIAL)  EVANS ENGINEERING  Law firm of contributor's spouse (if any) (FOR JUDICIAL)		Contributed a principal accumation (EOD NIDICIAL)					
Contributor's employer/law firm (FOR JUDICIAL)  EVANS ENGINEERING  Law firm of contributor's spouse (if any) (FOR JUDICIAL)							
EVANS ENGINEERING	_						
				Law IIIII OI CONTIDUTO	ii s spouse (ii ariy) (FOR JUDICIAL)		
ii contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	_						
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The Instruction Guide explains how to complete this fo	1 Total pages Schedule A2:					
·	Scn: 4/9 Rpt: 42/82					
2 FILER NAME	3 Filer ID (Ethics Commission Filers)	)				
Shipman Bihm, Katherine E. (Mrs.)	00080150					
TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBU	JTIONS \$	1,250.00				
5 Date 6 Full name of contributor out-of-state PAC (ID#:		on				
11/04/2015 GANN, LAURA	\$220.001AUCTION ITEMS					
7 Contributor address; City; State; Zip Code						
HUMBLE, TX 77396	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)	13 Contributor's job title (FOR JUDICIAL) (See instructions)					
CAREGIVER						
	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
NONE						
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Data Full name of contributor	Amount of I In kind contribution					
Date Full name of contributor out-of-state PAC (ID#:  11/04/2015 GARDNER, DAVID	Amount of In-kind contributi contribution (\$) description	OH				
Contributor address; City; State; Zip Code	\$1,450.00 AUCTION ITEM					
Contributor address, Only, State, 219 Code	į į					
COLLEGE STATION, TX 77845	Check if travel outside of Texas. Complete	Schedule T.				
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-JUDICIAL) (See instructions)					
Contributoria principal accumation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)					
Contributor's principal occupation (FOR JUDICIAL)  JEWELER	Contributor's job title (FOR JODICIAL) (See instructions)					
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
SELF EMPLOYED						
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date Full name of contributor out-of-state PAC (ID#:	) Amount of In-kind contributi	on				
11/04/2015 HARRISON, RACAYLE	contribution (\$) description \$350.00 I AUCTION ITEM					
Contributor address; City; State; Zip Code	\$350.00TACCTION TIEW					
	;					
CYPRESS, TX 77433	_ ;					
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-JUDICIAL) (See instructions)	Schedule T.				
Finicipal occupation / 300 title (FOR NON-30DICIAL)	Employer (FOR NON-30DICIAE) (600 institutions)					
Contributor's principal occupation (FOR JUDICIAL)  Contributor's job title (FOR JUDICIAL) (See instructions)						
PHOTOGRAPHER						
Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)						
SELF-EMPLOYED						
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.)	

			1 Total pages Schedule A2:			
i ne instru	iction Guide explains how to complete this f	Sch: 6/9 Rpt: 44/82				
2 FILER NAME	<u> </u>		3 Filer ID (Ethics Commission Filers)			
Shipman Bi	hm, Katherine E. (Mrs.)		00080150			
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	<b>\$</b> 1,250.00			
<b>5</b> Date	6 Full name of contributor out-of-state PAC (ID#:		8 Amount of 9 In-kind contribution			
11/04/2015	MCDANIEL, CINDY		contribution (\$) description			
	7 Contributor address; City; State; Zip Code		\$1,200.00 I AUCTION ITEM			
			_			
L	MAGNOLIA, TX 77354	T	Check if travel outside of Texas. Complete Schedule T.			
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)			
SMALL BUS	SINESS OWNER					
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)			
PLANET BE	EACH					
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of In-kind contribution			
11/04/2015	MCINTYRE, DAN		contribution (\$) description  \$300.00   AUCTION   ITEM			
	Contributor address; City; State; Zip Code		\$300.00TAOCTION TIEM			
			_			
	MONTGOMERY, TX 77356	T	Check if travel outside of Texas. Complete Schedule T.			
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)			
O a maturilla cota mila	principal accounting (FOR HIDIOIAL)	O a manifer standard in la status	(FOR TURIOLAL) (Considerations)			
	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)			
BUSINESS		Laurence of a catallaute	ada an arra (franci) (EOD JUDIOIAL)			
	employer/law firm (FOR JUDICIAL) ON LAKE CONROE	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)			
ii contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of In-kind contribution contribution (\$) description			
11/04/2015			\$100.00 I SILENT AUCTION ITEM			
	Contributor address; City; State; Zip Code					
			ļ			
	   Magnolia, TX 77354-5040		l 🗖 i			
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T.			
1 Tillelpai occ	upation 7 305 title (1 OK NOW 305101AE) (333 monastions)	Limployer (i Ok Nok	(Soo mendanone)			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)			
	SMALL BUSINESS OWNER					
	Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
	HOME DECOR	2000 01 001101000				
	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>				
	2. paroni(o) (1. any) (1. on oob on the					

	<b>T</b> l			1 Total pages Schedule A2:
The Instruction Guide explains how to complete this form.			Sch: 7/9 Rpt: 45/82	
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Shipman Bil	hm, Katherine E. (Mrs.)		00080150
4	TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	<b>\$</b> 1,250.00
5	Date	6 Full name of contributor out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution
	11/04/2015	NEWSOM, HAL		contribution (\$) description
		7 Contributor address; City; State; Zip Code		\$615.00 AUCTION ITEMS
		NEW CANEY, TX 77357		Check if travel outside of Texas. Complete Schedule T.
10	Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)
12	Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
	SMALL BU	SINESS OWNER		
14	Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)
	SELF-EMPL	LOYED		
16	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of In-kind contribution
	11/04/2015	PASECHNIK, JEREDITH		contribution (\$) description
		Contributor address; City; State; Zip Code		\$100.00 I WREATHS I
				:
		Conroe, TX 77301		Check if travel outside of Texas. Complete Schedule T.
	Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)
	Contributorio	principal accumation (FOR HIDIOIAL)	Cantributaria iah titla	(FOR HIDIOIAL) (See instructions)
	ATTORNEY	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
		employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)
		CAIN, ATTORNEYS AT LAW, P.L.L.C.	Law IIIII of Contributo	is spouse (if any) (i ON SODICIAL)
		is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ii continuator	is a clinic, law inition parent(s) (if any) (if one coblemity)		
	Date	Full name of contributor  ut-of-state PAC (ID#:	١ . ا	Amount of In-kind contribution
	11/04/2015	POUNDERS, WANDA	<b></b>	contribution (\$) description
		Contributor address; City; State; Zip Code		\$500.00 I AUCTION ITEMS
		<b>3</b> , 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,		•
				i
		HOUSTON, TX 77062		Check if travel outside of Texas. Complete Schedule T.
	Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)
	Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
	BANKER			
Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
	AMEGY BA	NK		
	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2: Sch: 8/9 Rpt: 46/82			
2	FILER NAME			3 Filer ID (Ethics Co	ommission Filers)		
	Shipman Bil	nm, Katherine E. (Mrs.)		00080150			
4	TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$	1,250.00		
5	Date	6 Full name of contributor  ut-of-state PAC (ID#:	)	8 Amount of 9	In-kind contribution		
	11/04/2015	RIPLEY, DEBBIE		contribution (\$) contribution (\$)	description REATHS		
		7 Contributor address; City; State; Zip Code			(2/1110		
		Magnolia, TX 77354-5040		_			
10	Dringing agg	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON		e of Texas. Complete Schedule T.		
10	Principal occi	Spation / Job title (FOR NON-JODICIAL) (See institutions)	II Employer (FOR NON	-JODICIAL) (See institut	Suoris)		
12		principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See	instructions)		
	RETIRED						
	Contributor's NONE	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	r's spouse (if any) (FOR	JUDICIAL)		
16	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution		
	11/04/2015	ROWE, DAVID		` '	description		
Contributor address; City; State; Zip Code				OFESSIONAL RVICES			
				_ :			
MONTGOMERY, TX 77356				Check if travel outside of Texas. Complete Schedule T.			
	Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instruc	ctions)		
	Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See	instructions)		
	SMALL BUS	SINESS OWNER					
	Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
	BUSINESS	OWNER					
	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	Date	Full name of contributor out-of-state PAC (ID#:	)		In-kind contribution		
	11/04/2015	TREJO, GREG		` '	description CTION ITEM		
		Contributor address; City; State; Zip Code		\$150.001AO	CHONTIEW		
				<u> </u>			
		SPRING, TX 77386			e 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)  Contributor's job title (FOR JUDICIAL) (See instructions)						
L	FIREFIGHTER						
			Law firm of contributo	r's spouse (if any) (FOR	JUDICIAL)		
L	CITY OF HO	DUSE					
	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
L							

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

### SCHEDULE F1

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

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

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

(	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to com	-	ete this form.
<b>1</b> To	otal pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
S	Sch: 1/18 Rpt: 48/82	Shipman Bihm, Katherine E. (Mrs.)		00080150
<b>4</b> Da	ate	5 Payee name		•
08	9/15/2015	AMAZON		
6 Ar	mount (\$) \$371.84	7 Payee address; City; State; Zip Cod 1200 12TH AVE. SOUTH, STE. 1200	е	
		SEATTLE, WA 98144		
8 E	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Solicitation/Fundraising Expense		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  FUNDRAISER SUPPLIES
	omplete <u>ONLY</u> if direct spenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held
Da	ate	Payee name	_	
09	9/21/2015	AMAZON		
Ar	mount (\$) \$38.18	Payee address; City; State; Zip Cod 1200 12TH AVE. SOUTH, STE. 1200	е	
		SEATTLE, WA 98144		
E	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Solicitation/Fundraising Expense		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  FUNDRAISER SUPPLIES
	omplete <u>ONLY</u> if direct spenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held
Da	ate	Payee name		
08	9/23/2015	AMAZON		
Ar	mount (\$) \$87.97	Payee address; City; State; Zip Cod 1200 12TH AVE. SOUTH, STE. 1200	е	
		SEATTLE, WA 98144		
Е	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Solicitation/Fundraising Expense		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  FUNDRAISER SUPPLIES
	omplete <u>ONLY</u> if direct spenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held

### SCHEDULE F1

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

Event Expense Cuair Rep Fees Office Ov Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing Legal Services Salaries/

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/18 Rpt: 49/82	Shipman Bihm, Katherine E. (Mrs.) 00080150
4	Date	5 Payee name
	09/28/2015	Academy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$203.46	14221 FM 2090
		Tomball, TX 77373
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		AUCTION ITEMS
		A SO HOLLING
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/17/2015	BARGAIN BALLOONS
	Amount (\$)	Payee address; City; State; Zip Code
	\$74.32	3909 WITMER ROAD, STE. 862
	Ψ14.32	3303 WITHER ROAD, STE. 002
		NIAGRA FALLS, NY 14305
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Solicitation/Fundraising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		FUNDRAISER SUPPLIES
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	- CAPCHARLANG TO SOMETH CAC	
	Date	Payee name
	09/17/2015	BED, BATH & BEYOND
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.06	2920 I-45 NORTH
		CONROE, TX 77303
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		SUPPLIES FOR KICKOFF PARTY
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>y</b>

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·								
_	Sch: 3/18 Rpt: 50/82	Shipman Bihm, Katherine E. (Mrs.)  00080150								
4	Date	5 Payee name								
	09/14/2015	BEST NAME BADGES								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$7.52	1700 NW 65TH AVE. #4								
		PLANTATION, FL 33313								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.								
		Check if Austin, TX, officeholder living expense  NAMETAGS								
		TV WEIT OS								
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
ľ	expenditure to benefit C/OI	the state of the s								
_	Data	David and a second a second and								
	Date 10/21/2015	Payee name CUSTOM SIGN AND BANNER								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$4,965.93	1804 AFTON ST.								
		HOUSTON, TX 77055								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense								
		SIGNS								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·								
_	Date	Payee name								
	09/08/2015	Card and Party Factory								
	Amount (\$) \$107.36	Payee address; City; State; Zip Code 705 W. DAVIS ST.								
	φ107.30	703 W. DAVIS 31.								
		CONDOE TV 77201								
		CONROE, TX 77301								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Event Expense  Check if travel outside of Texas. Complete Schedule T.								
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense								
		KICKOFF PARTY SUPPLIES								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OI									
ı										

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 4/18 Rpt: 51/82	Shipman Bihm, Katherine E. (Mrs.) 00080150							
4	Date	5 Payee name							
	09/16/2015	Card and Party Factory							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$19.09	705 W. DAVIS ST.							
		CONROE, TX 77301							
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taxon Complete Schedule T							
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense							
		KICKOFF PARTY SUPPLIES							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O	1							
	Date	Payee name							
	09/17/2015	EL BOSQUE							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$801.00	2101 W. DAVIS ST.							
		CONROE, TX 77304							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense							
		FOOD AND BEVERAGE FOR KICKOFF PARTY							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	1							
	Date	Payee name							
	09/16/2015	HEB							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$116.72	3601 FM 1488							
		THE WOODLANDS, TX 77384							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense  SUPPLIES FOR KICKOFF PARTY							
		3011 EIE31 OK KIGKOTT TAKTT							
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI								

### SCHEDULE F1

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

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

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

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

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)								
	Sch: 6/18 Rpt: 53/82	Shipman Bihm, Katherine E. (Mrs.) 00080150								
4	Date	5 Payee name								
	11/30/2015	HOME DEPOT								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$285.36	6119 FM 1488								
		Magnolia, TX 77354-5040								
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description								
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense								
		SIGN SUPPLIES								
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OI	1								
	Date	Payee name								
	12/21/2015	HOME DEPOT								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$88.09	6119 FM 1488								
		Magnolia, TX 77354-5040								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.								
		Check if Austin, TX, officeholder living expense  SIGN SUPPLIES								
		SIGN SOLI LIES								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OI									
	Date	Payee name								
	12/22/2015	HOME DEPOT								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$176.34	6119 FM 1488								
	7-1-1-1									
		Magnolia, TX 77354-5040								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF	Advertising Expense  Check if travel outside of Texas. Complete Schedule T.								
	EXPENDITURE	Check if Austin, TX, officeholder living expense								
		SIGN SUPPLIES								
	0 1 0 0 0 0 0									
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District 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: 7/18 Rpt: 54/82	2 FILER NAME Shipman Bihm, Katherine E. (Mrs.) 3 Filer ID (Ethics Commission Filers) 00080150
4	Date	5 Payee name
	12/21/2015	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  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  ENTRY FEE
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/04/2015	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  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  FUNDRAISER ENTERTAINMENT
	Complete ONLY if direct expenditure to benefit C/OI	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  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  HALL RENTAL
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:									
	Sch: 8/18 Rpt: 55/82	Shipman Bihm, Katherine E. (Mrs.) 00080150								
4	Date	5 Payee name								
	11/12/2015	KC EVENT CENTER								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$350.00	2655 FM 1488								
		Conroe, TX 77384								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Solicitation/Fundraising Expense								
	LAFENDITORE	Check if Austin, TX, officeholder living expense								
		HALL RENTAL								
_										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
	Date	Payee name								
	10/19/2015	KROGER								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$59.46	6616 FM 1488								
		Magnolia, TX 77354-5040								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Solicitation/Fundraising Expense								
		Check if Austin, TX, officeholder living expense FUNDRAISER SUPPLIES								
		PONDICAISEN SOFFEILS								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OI									
	Data	Daniel and a second a second and a second an								
	Date 10/19/2015	Payee name MAGNETSONTHECHEAP.COM								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$1,056.77	11525 B STONEHOLLOW DR., SUITE 220								
		AUSTIN, TX 78758								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense								
		MARKETING MATERIALS								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OI									
_										

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica			JAWards/Memorials E Jal Services		ig Exper es/Wage	es/Contract Labor		OTHER (enter a	strict a category not listed	above)
	Credit Card Payment		Th	e Instruction Gui	de explains how to	comp	lete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 9/18 Rpt: 56/82		Shipman Bihm	ı, Katherine E.	(Mrs.)				00080150		
4	Date	5	Payee name								
	09/29/2015	MONTGOMERY COUNTY REPUBLICAN PARTY									
6	Amount (\$)	17	Payee address;	City;	State; Zip	Code					
٠	\$350.00	ľ	3110 METCAL	•	State, Zip	Oouc					
	φοσο.σσ		OTTO WIETON								
			CONDOE TY	77001							
		L	CONROE, TX	77301							
8	PURPOSE OF	(a)	Category (See C		e top of this schedule)	(b)	Description				
	EXPENDITURE		Event Expens	Э					ide of Texas. Com , officeholder living	nplete Schedule T.	
							ADVERTISE			g expense	
9	Complete ONLY if direct	<u> </u>	Candidate/Officel	nolder name	Office :	 sought	<u> </u>		Office he	eld	
-	expenditure to benefit C/O										
	Date	Т	Davis and								
	10/30/2015		Payee name		REPUBLICAN P	۸DT\	/				
		┡									
	Amount (\$)		Payee address;	City;	State; Zip	Code					
	\$450.00		3110 METCAL	-F							
			Conroe, TX 77	'301							
	PURPOSE OF	(a)	Category (See C	ategories listed at the	e top of this schedule)	(b)	Description				
EXPENDITURE			Solicitation/Fu		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
			ADVERTISI								
							7.5 . 5		•		
	Complete ONLY if direct	<u> </u>	Candidate/Officel	nolder name	Office :	. L sought	<u> </u>		Office he	eld	
	expenditure to benefit C/O										
	Date	Г	Payee name								
	11/16/2015		,	RY COUNTY F	REPUBLICAN P	ART\	(				
	Amount (\$)	┝	Payee address;	City;	State; Zip						
	\$1,500.00		3110 METCAL	-	State, Zip	Coue					
	Ψ1,300.00		SIIO WETO,								
			Conros TV 7	2001							
		<u> </u>	Conroe, TX 77	301		I					
	PURPOSE OF	(a)		ategories listed at the	e top of this schedule)	(b)	Description  Charle if travel	outoi	ido of Toyac Com	nplete Schedule T.	
	EXPENDITURE		Fees				=		, officeholder living		
							FILING FEE		•	•	
	Complete ONLY if direct		Candidate/Officel	nolder name	Office :	sought			Office h	eld	
	expenditure to benefit C/O	Н									

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)								
_		The Instruction Guide explains how to complete this form.								
$ ^1$	Total pages Schedule F1:									
	Sch: 10/18 Rpt: 57/82	Shipman Bihm, Katherine E. (Mrs.) 00080150								
4	Date	5 Payee name								
	12/13/2015	MONTGOMERY COUNTY TEA PARTY								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$100.00	2603 E. BLUELAKE DR.								
		MAGNOLIA, TX 77354								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Advertising Expense								
	EXPENDITORE	Check if Austin, TX, officeholder living expense								
		TABLE RENTAL AT EVENT								
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OI	1								
	Date	Payee name								
	10/13/2015	NATIONAL PEN, LLC								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$358.99	12121 SCRIPPS SUMMIT DRIVE, #200								
		SAN DIEGO, CA 92131								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF	Printing Expense  Check if travel outside of Texas. Complete Schedule T.								
	EXPENDITURE	Check if Austin, TX, officeholder living expense								
		MARKETING MATERIALS								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OI	1								
	Date	Payee name								
	10/14/2015	NATIONAL PEN, LLC								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$326.35	12121 SCRIPPS SUMMIT DRIVE, #200								
		SAN DIEGO, CA 92131								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF	Printing Expense								
	EXPENDITURE	Check if Austin, TX, officeholder living expense								
		MARKETING MATERIALS								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
L	expenditure to benefit C/OI	1 								

## SCHEDULE F1

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

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

Contributions/ Donations Made B Candidate/Officeholder/Politic		/ - al Committee		Gift/Awards/Memorial Legal Services	s Expense	Printing Expense Salaries/Wages/Contract Labor		Travel Out of District OTHER (enter a category not listed above)			
	Credit Card Payment			The Instruction C	uide explains	how to complete this form.					
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commission Filers)		
	Sch: 11/18 Rpt: 58/82		Shipman Bi	hm, Katherine	E. (Mrs.)			00080150			
4	Date						•				
	09/15/2015										
6	Amount (\$)										
	\$1,034.89										
┢	PURPOSE										
	OF EXPENDITURE										
	LAFEINDITORE										
ı											

### SCHEDULE F1

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

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/18 Rpt: 59/82	Shipman Bihm, Katherine E. (Mrs.) 00080150
4	Date	5 Payee name
	09/17/2015	OFFICE DEPOT
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$28.97	1319 W. DAVIS ST.
		CONROE, TX 77304
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		FUNDRAISER SUPPLIES
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	09/30/2015	OFFICE MAX
H	Amount (\$)	Payee address; City; State; Zip Code
	\$25.17	32954 FM 2978, STE. 500
		MAGNOLIA, TX 77354
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		MARKETING MATERIALS
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
⊨	Data	
	Date 10/05/2015	Payee name OFFICE MAX
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$119.51	32954 FM 2978, STE. 500
		MAGNOLIA, TX 77354
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  MARKETING MATERIALS
		WARKETING WATERIALS
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Mac Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	Expense	Salaries/M		e /Contract Labor		OTHER (enter a	strict a category not listed a	bove)
	Credit Card Payment			The Instruction G	uide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 13/18 Rpt: 60/82		Shipman Bil	nm, Katherine E	E. (Mrs.)					00080150		
4	Date	5 Payee name										
	10/15/2015		OFFICE MA	λX								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$50.34		32954 FM 2	978, STE. 500		·						
			MAGNOLIA	TX 77354								
8	PURPOSE	(2)		•			(h)	Description				
°	OF	(a)		e Categories listed at	the top of this sch	edule)	(D)	Description  Check if travel of	outsi	de of Texas, Com	nplete Schedule T.	
	EXPENDITURE		Printing Exp	erise				<b>=</b>		officeholder living		
								MARKETING	M	ATERIALS		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	10/09/2015		PRIME HEL	IUM								
	Amount (\$)	H	Payee addres	ss; City;	State;	Zip Co	de					
	\$156.96		4008 LOUE	TTA RD., SUIT	E 204	·						
				·								
			SPRING, TX	K 77388								
	PURPOSE	(a)		e Categories listed at			(b)	Description				
	OF	(",		Fundraising Ex		eaule)	(~)		outsi	de of Texas. Con	nplete Schedule T.	
EXPENDITURE			Conolidation				Check if Austin,	, TX,	officeholder living	g expense		
								FUNDRAISE	R S	SUPPLIES		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
	experialture to beliefit C/Oi											
	Date		Payee name									
	11/02/2015		QUILTING E	B AND EMBRO	IDERY							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$90.00		123 MEADO	WSPRING								
			THE WOOD	LANDS, TX 77	381							
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		EMBROIDE	RY SERVICES	;						nplete Schedule T.	
	LAI LINDITORE							ш		officeholder living	g expense	
								EMBROIDER	(Y :	SERVICES		
	Complete ONLY if allower	Ļ	Condidate /Off	acholder record		Office 5 = 1	ماد،			Off: i	old	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Jandidate/Offic	ceholder name	C	Office sou	gnt			Office h	eid	

### SCHEDULE F1

Solicitation/Fundraising Expense

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		[ (	rees Food/Beverage Expens Gift/Awards/Memorials E Legal Services	e Expense	Polling Exp Printing Ex	pense opens			Travel Travel	in District Out of Dis		
L	Credit Card Payment			The Instruction Gu	ide explains h	ow to co	mple	ete this form.					
1	Total pages Schedule F1:	2 F	ILER NAME						3	Filer	ID	(Ethics Commission	n Filers)
	Sch: 14/18 Rpt: 61/82	s	hipman Bih	nm, Katherine E	. (Mrs.)					0008	30150		
4	Date	<b>5</b> P.	ayee name						_				
	11/05/2015	ı	OSS, VINC	CE (Mr.)									
6	Amount (\$)	<b>7</b> P	ayee addres	s; City;	State;	Zip Co	de						
	\$500.00	2	10 SPRING	SS EDGE DR.									
		M	IONTGOMI	ERY, TX 77356									
8	PURPOSE OF			e Categories listed at th		dule)	(b)	Description					
	EXPENDITURE	S	Solicitation/Fundraising Expense										
								FUNDRAISE					
9	Complete ONLY if direct	Ca	ndidate/Offic	eholder name	Of	ffice sou	aht			(	Office he	eld	
Ĺ	expenditure to benefit C/O			S.ISIGOI HAIH	JI	300	ar						
	Date	P	ayee name										
	11/04/2015	R	UDY'S BAI	RBECUE									
	Amount (\$)	P	ayee addres	s; City;	State;	Zip Co	de						
	\$2,068.66	2	0806 I-45										
		s	PRING, TX	77373									
	PURPOSE	(a) C	ategory (See	e Categories listed at th	ne top of this sched	dule)	(b)	Description					
	OF EXPENDITURE	s	olicitation/F	Fundraising Exp	ense			<b>-</b>				plete Schedule T.	
								Check if Austin					
								FUNDRAISE	.к г	-OOL	AND	DEVERAGE	
_	Complete ONLY if direct	Co	ndidate/Offic	eholder name	Of	ffice sou	abt				Office he	ald.	
	expenditure to benefit C/O		ndidate/Onic	enoluei name	Oi	ince sou	giit			•	Jilice III	Siu	
		1											
	Date	ı	ayee name	014									
	09/30/2015		TAPLES.C										
	Amount (\$)	l	ayee addres	-	State;	Zip Co	de						
	\$441.55	5	00 STAPLE	ES DRIVE									
		F	RAMINGH	AM, MA 01702									
	PURPOSE	(a) C	ategory (See	e Categories listed at th	ne top of this sched	dule)	(b)	Description					
	OF EXPENDITURE	P	rinting Exp	ense				ш				plete Schedule T.	
								Check if Austin				g expense	
								WARKETING	וואו כ	A I Eh	NALS		
_	Complete ONLY if direct		ndidata/Off:-	oholder name	0.5	ffino co:	abt				Office Is	ald	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		nuiuale/Oπic	eholder name	Of	ffice sou	ynt			(	Office h	ziu -	

## SCHEDULE F1

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

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

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Found Expense Found Expense Found Expense Frinting Expense Travel Out of District I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	)
	Sch: 15/18 Rpt: 62/82	Shipman Bihm, Katherine E. (Mrs.) 00080150	
4	Date 09/09/2015	5 Payee name STICKER GIANT	
6	Amount (\$) \$205.72	7 Payee address; City; State; Zip Code 11755 NORTH 75TH ST., SUITE B LONGMONT, CO 80503	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense MARKETING MATERIALS	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	11	D	ate
	PURPOSE OF EXPENDITURE		

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Candidate/Officeholder/Polit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica		mmittee	Legal Services	s Expense	Salaries/W		e /Contract Labor		OTHER (enter a	strict a category not listed abo	ove)
	Credit Card Payment			The Instruction G	uide explains l	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 16/18 Rpt: 63/82		Shipman Bil	nm, Katherine I	E. (Mrs.)					00080150		
4	Date	5	Payee name						_			
	12/15/2015			LANDS CHAM	IBER OF CO	DMMER(	CE					
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$75.00		9320 LAKES	SIDE BLVD., S	TE. 200							
			THE WOOD	LANDS, TX 77	'381							
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Advertising			,		Check if travel	outsi	de of Texas. Con	nplete Schedule T.	
	EXI ENDITORE							_		officeholder living		
								TABLE RENT	IAL	ALEVEN	ļ	
_	Operation ONLY if allowed	Ц	0			VC:	1-4			Off: I-	-1-1	
9	Complete ONLY if direct expenditure to benefit C/OI		Januiuale/Uπi	ceholder name	C	Office sou	gnı			Office h	eiu	
_	Data	_										
	Date		Payee name	NITINIC COM								
	09/28/2015			NTING.COM								
	Amount (\$)		Payee addres		•	Zip Co	de					
	\$106.26		22 SOUTH	CENTRAL AVE	<u>.</u>							
			LIADI OME	ON MT 50000								
				ON, MT 59036								
	PURPOSE OF	(a)		e Categories listed at		edule)	(b)	Description	outo:	do of Toyoo Com	anlete Cohodule T	
	EXPENDITURE		Solicitation/I	Fundraising Ex	pense			<b>=</b>		officeholder living	nplete Schedule T. g expense	
								FUNDRAISE	R T	ICKETS		
	Complete ONLY if direct		Candidate/Offic	ceholder name	С	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	11/09/2015		UNITED ST	ATES POSTAL	SERVICE							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$294.00		809 W. DAL	LAS ST.								
			CONROE, 1	TX 77301								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Advertising					므			nplete Schedule T.	
	ZA ZADITORZ							Check if Austin, POSTAGE	, TX,	officeholder living	g expense	
								POSTAGE				
_	Complete ONLY if direct	Ц,		ceholder name		Office sou	aht			Office h	eld	
	expenditure to benefit C/OI		Janaraac/Offic	Jenoluel Haille	C	moe sou	Ail			Onice II	Ciu	
1												

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee L	egal Services The Instruction Guid		Wages	s/Contract Labor		OTHER (enter a	category not listed above	)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission	Filers)
	Sch: 17/18 Rpt: 64/82		m, Katherine E.	(Mrs.)				00080150		
4	Date	5 Payee name								
	09/28/2015	VISTAPRINT	•							
6	Amount (\$)	7 Payee address	s; City;	State; Zip Co	ode					
	\$196.23	95 HAYDON	AVE.							
		LEXINGTON	, MA 02421							
8	PURPOSE	(a) Category (See	Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE	Printing Expe	ense					de of Texas. Comp		
						MARKETING		officeholder living	expense	
						WARRETING	1 1 1 1	ATENIALS		
_	0 1: 0.11.7.7.1.	0 111 1011		O.(;	<u> </u>			011111		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Office	enolder name	Office sou	ugnt			Office he	la .	
-	Date	Payee name								
	10/01/2015	VISTAPRINT								
	Amount (\$)	Payee address		State; Zip Co	ahe					
	\$220.98	95 HAYDON	-	State, Zip O	ouc					
	Φ220.90	95 HAT DON	AVE.							
		LEXINGTON	, MA 02421							
	PURPOSE	(a) Category (See	Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE	Printing Expe	ense					de of Texas. Com		
						ш		officeholder living	expense	
						MARKETING	IVI	ATERIALS		
	Complete ONLY if direct	Candidate/Office	sholder name	Office sou	ıabt			Office he	Id	
	expenditure to benefit C/OI		enoluei name	Office soc	agrit			Office fie	iu	
_	Data									
	Date	Payee name								
	10/21/2015	VISTAPRINT								
	Amount (\$)	Payee address		State; Zip Co	ode					
	\$309.77	95 HAYDON	AVE.							
		LEXINGTON	, MA 02421							
	PURPOSE	(a) Category (See	Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE	Printing Expe	ense					de of Texas. Comp		
						MARKETING		officeholder living	expense	
						MUNICINE	, 171	MILNIALS		
$\vdash$	Complete ONLY if direct	Candidate/Office	sholder name	Office sou	ıabt			Office he	ıld	
	expenditure to benefit C/OI		enoluei name	Office SOC	ayııı			Office He	iu	

### SCHEDULE F1

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Il Co	mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services	e Expense	Polling Expens Printing Expens	id/Rental Expense e se s/Contract Labor		Travel in District Travel Out of Di	
	Credit Card Payment			The Instruction Gui	de explains	how to compl	ete this form.			
1	Total pages Schedule F1:	2	FILER NAM	IE .				3	Filer ID	(Ethics Commission Filers)
	Sch: 18/18 Rpt: 65/82		Shipman B	Bihm, Katherine E.	(Mrs.)				00080150	
4	Date	5	Payee name	Δ						
	10/26/2015	ľ	VISTAPRII							
Ļ		-			Ctoto	Zin Codo				
ľ	Amount (\$)	<b> </b> ′	Payee addre	•	State;	Zip Code				
	\$75.39		95 HAYDO	IN AVE.						
			LEXINGTO	ON, MA 02421						
8	PURPOSE	(a)	Category (5	See Categories listed at the	e top of this sch	edule) (b)	Description			
	OF EXPENDITURE		Printing Ex		·		Check if travel	outs	ide of Texas. Com	plete Schedule T.
	LAFENDITORE						_		, officeholder living	gexpense
							MARKETING	iM	ATERIALS	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Of	ficeholder name	C	Office sought			Office h	eld
L	experiulture to beliefit C/Oi									
l										
l										
l										

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/9 Rpt: 66/82 Shipman Bihm, Katherine E. (Mrs.) 00080150 \$ 307.58 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Date Payee name 10/28/2015 AT HOME Amount (\$) Payee address; State; Zip Code City; \$76.24 16778 I-45 SOUTH CONROE, TX 77384 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Solicitation/Fundraising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **AUCTION ITEMS** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/18/2015 **BARGAIN BALLOONS** Amount (\$) Payee address; City; State; Zip Code \$182.07 3909 WITMER ROAD, STE. 862 NIAGRA FALLS, NY 14305 TYPE OF Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Solicitation/Fundraising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense

Complete ONLY if direct

expenditure to benefit C/OH

Candidate/Officeholder name

Office sought

**FUNDRAISER SUPPLIES** 

Office held

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/9 Rpt: 67/82 Shipman Bihm, Katherine E. (Mrs.) 00080150 \$ 307.58 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 09/25/2015 **FACEBOOK** Amount (\$) Payee address; State; Zip Code City; \$50.01 1 HACKER WAY MENLO PARK, CA 94025 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **ADVERTISING** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/30/2015 **FACEBOOK** Amount (\$) Payee address; City; State; Zip Code \$50.27 1 HACKER WAY MENLO PARK, CA 94025 TYPE OF Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **ADVERTISING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/9 Rpt: 68/82 Shipman Bihm, Katherine E. (Mrs.) 00080150 \$ 307.58 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 12/31/2015 **FACEBOOK** Amount (\$) Payee address; State; Zip Code City; \$327.20 1 HACKER WAY MENLO PARK, CA 94025 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **ADVERTISING** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/16/2015 **FACEBOOK** Amount (\$) Payee address; City; State; Zip Code \$250.13 1 HACKER WAY MENLO PARK, CA 94025

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/9 Rpt: 69/82 Shipman Bihm, Katherine E. (Mrs.) 00080150 \$ 307.58 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 10/31/2015 **FACEBOOK** Amount (\$) Payee address; State; Zip Code City; \$295.30 1 HACKER WAY MENLO PARK, CA 94025 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **ADVERTISING** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/30/2015 **FACEBOOK** Amount (\$) Payee address; City; State; Zip Code \$237.63 1 HACKER WAY MENLO PARK, CA 94025 TYPE OF Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **ADVERTISING**

Complete ONLY 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)**

Accounting Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Fees Food/Beverage Expense Food/Beverage Expense Food/Beverage Expense Legal Services	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Splicitation 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:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 5/9 Rpt: 70/82	Shipman Bihm, Katherine E. (Mrs.)		00080150
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED TO	A CREDIT CARD	\$ 307.58
5 Date 08/30/2015	6 Payee name FOTOLIA.COM		
7 Amount (\$) \$70.00	41 E. 11TH ST., 11TH FLOOR	e; Zip Code	
9 TYPE OF EXPENDITURE	NEW YORK, TX 10003	Non-Political	
		[a.v	
10 PURPOSE OF	(a) Category (See Categories listed at the top of this so	_ ' _ '	outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense	Check if Austir	n, TX, officeholder living expense  MATERIALS
11 Complete ONLY if direct expenditure to benefit C/OI		Office sought	Office held
Date	Payee name		
08/23/2015	GODADDY.COM		
Amount (\$) \$92.13	Payee address; City; State 14455 NORTH HAYDEN ROAD, SUI  SCOTTSDALE, AZ 85260	; Zip Code ΓΕ 226	
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so Advertising Expense	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI		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/Politica	l Committee 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	s how to complete this form.				
1 Total pages Schedule F4: Sch: 6/9 Rpt: 71/82	<b>2</b> FILER NAME Shipman Bihm, Katherine E. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00080150			
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED TO	A CREDIT CARD	\$ 307.58			
5 Date 09/22/2015	6 Payee name MARSHALLS					
7 Amount (\$) \$121.33	1120 LAKE WOODLANDS	e; Zip Code				
	THE WOODLANDS, TX 77380					
9 TYPE OF EXPENDITURE	X Political Non-Political					
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so Solicitation/Fundraising Expense	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense EMS			
11 Complete ONLY if direct expenditure to benefit C/Oh		Office sought	Office held			
Date 09/27/2015	Payee name SAM'S					
Amount (\$) \$166.41	Payee address; City; State 19091 N. FWY SERVICE ROAD SHENANDOAH, TX 77385	e; Zip Code				
TYPE OF EXPENDITURE	X Political	Non-Political				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so Solicitation/Fundraising Expense	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense EMS			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office sought	Office held			

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/9 Rpt: 72/82 Shipman Bihm, Katherine E. (Mrs.) 00080150 \$ 307.58 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 08/30/2015 STAPLES.COM Amount (\$) Payee address; State; Zip Code City; \$113.64 500 STAPLES DRIVE FRAMINGHAM, MA 01702 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Printing Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense MARKETING MATERIALS 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 8/9 Rpt: 73/82 Shipman Bihm, Katherine E. (Mrs.) 00080150 \$ 307.58 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 10/02/2015 TJ MAXX Amount (\$) Payee address; City; State; Zip Code 32938 FM 2978 \$99.61 MAGNOLIA, TX 77354 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Solicitation/Fundraising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **AUCTION ITEMS** Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/30/2015 **VISTAPRINT** Amount (\$) Payee address; City; State; Zip Code \$263.71 95 HAYDON AVE.

### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense 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: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 9/9 Rpt: 74/82 Shipman Bihm, Katherine E. (Mrs.) 00080150 \$ 307.58 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 09/01/2015 WIX.COM Amount (\$) Payee address; City; State; Zip Code 500 TERRY A FRANCOIS BLVD., F16 \$158.90 SAN FRANCISCO, CA 94158 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **WEBSITE** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE G

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	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	Office Ov Polling E Printing I Salaries/	Expense Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	1 0	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 1/8 Rpt: 75/82		Shipman Bihm, Katherine E. (Mrs	.)			00080150
4	Date 10/28/2015	5	Payee name AT HOME				
6	Amount (\$) \$76.24	7	Payee address; City; S 16778 I-45 SOUTH	State; Zip C	ode		
	political contributions intended		CONROE, TX 77384				
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of the Solicitation/Fundraising Expense	is schedule)	(b) Description	CI	neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date		Payee name				
	09/05/2015		BEST NAME BADGES				
	Amount (\$)			State; Zip C	ode		
	\$49.55		1700 NW 65TH AVE. #4				
	Reimbursement from political contributions intended		PLANTATION, FL 33313		_		
	PURPOSE OF		Category (See Categories listed at the top of the	is schedule)	Description	=	neck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Printing Expense		NAME TAGS	_ c	neck if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date 09/06/2015		Payee name FACEBOOK				
	Amount (\$) \$25.17		Payee address; City; S 1 HACKER WAY	State; Zip C	ode		
	Reimbursement from political contributions intended		MENLO PARK, CA 94025				
	PURPOSE OF		Category (See Categories listed at the top of the	is schedule)	Description	_	neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense
	EXPENDITURE		Advertising Expense		ADVERTISING	<b>」</b> ~	
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held

## SCHEDULE G

## **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		Expense Wages/Contract Labor		District ut of District enter a category not listed above)
1	Total pages Schedule G: Sch: 2/8 Rpt: 76/82	2 FILER NAMI Shipman B	E ihm, Katherine E. (Mrs.)			3 Filer ID 000803	,
4	Date	5 Payee name					
	09/25/2015	FACEBOO					
6	Amount (\$)	<b>7</b> Payee addre	ess; City; State	e; Zip Co	ode		
	\$50.01	1 HACKER	WAY				
	X Reimbursement from political contributions intended	MENLO PA	ARK, CA 94025				
8	PURPOSE	(a) Category (S	See Categories listed at the top of this sc	hedule)	(b) Description	Check if trave	el outside of Texas. Complete Schedule T
	OF EXPENDITURE	Advertising	Expense		[	Check if Aust	tin, TX, officeholder living expense
					ADVERTISING		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	L Candidate/Office	holder name		Office sought		Office held
	Date	Payee name					
	09/30/2015	FACEBOO	K				
	Amount (\$)	Payee addre	•	e; Zip Co	ode		
	\$50.27	1 HACKER	WAY				
	X Reimbursement from political contributions intended	MENLO PA	ARK, CA 94025				
	PURPOSE OF		See Categories listed at the top of this sc	hedule)	Description	_	el outside of Texas. Complete Schedule T
	EXPENDITURE	Advertising	Expense		L ADVERTISING	Crieck ii Ausi	tin, TX, officeholder living expense
					ADVERTISING		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held
	Date	Payee name					
	10/16/2015	FACEBOO	K				
	Amount (\$)	Payee addre		e; Zip Co	ode		
	\$250.13	1 HACKER	WAY				
	X Reimbursement from political contributions intended	MENLO PA	ARK, CA 94025				
	PURPOSE OF		See Categories listed at the top of this sc	hedule)	Description	4	el outside of Texas. Complete Schedule T tin, TX, officeholder living expense
	EXPENDITURE	Advertising	Expense		ADVERTISING	_ Crieck ii Ausi	un, 1A, onicendider living expense
					ADVERTISING		
	Complete ONLY if direct expenditure to benefit C/OH	L Candidate/Office	holder name		Office sought		Office held

### SCHEDULE G

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			EXPENDITURE CATEG	GOR	RIES FO	R BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense		Loan Rep Office Ov Polling E Printing E	nayment/Reimbursement erhead/Rental Expense kpense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	orealt out a rayment		The Instruction Guide explai	ins l	how to co	omplete this form.		
1	Total pages Schedule G:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 3/8 Rpt: 77/82		Shipman Bihm, Katherine E. (Mrs.)					00080150
4	Date	5	Payee name			,		
	10/18/2015		FACEBOOK					
6	Amount (\$)							
	\$182.07							
						i		
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this	sche	edule)	(b) Description		
	EXPENDITURE		Advertising Expense			ADVERTISING		
						ADVERTISING		
H		<u> </u>						

## SCHEDULE G

## **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai		Expense Wages/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule G:	2 FILER NAM	E			3	Filer ID (Ethics Commission Fi	ilers)
	Sch: 4/8 Rpt: 78/82	1	Bihm, Katherine E. (Mrs.)			1	00080150	,
4	Date	5 Payee name	<del></del>			•		
	12/31/2015	FACEBOO						
6	Amount (\$)	7 Payee addr	ess; City; Sta	ite; Zip C	ode			
	\$327.20	1 HACKEF		, ,				
	Reimbursement from political contributions intended	MENLO PA	ARK, CA 94025					
8	PURPOSE	(a) Category (	See Categories listed at the top of this	schedule)	(b) Description	Ch	neck if travel outside of Texas. Complete Sch	hedule T.
	OF EXPENDITURE	Advertising	g Expense			Ch	neck if Austin, TX, officeholder living expense	)
					ADVERTISING			
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought		Office held	
	Date	Payee name	e					
	08/30/2015	FOTOLIA.	СОМ					
	Amount (\$)	Payee addr	ess; City; Sta	ite; Zip C	ode			
	\$70.00	1	H ST., 11TH FLOOR	,,				
	X Reimbursement from political contributions intended	NEW YOR	K, TX 10003					
	PURPOSE	Category (	See Categories listed at the top of this	schedule)	Description	Ch	neck if travel outside of Texas. Complete Sch	hedule T.
	OF EXPENDITURE	Advertisino	g Expense			Ch	neck if Austin, TX, officeholder living expense	;
					MARKETING MA	ΑTE	RIALS	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	L Candidate/Office	eholder name		Office sought		Office held	
	Date	Payee name	 e					
	08/23/2015	GODADD						
	Amount (\$)	Payee addr	ess; City; Sta	ite; Zip C	ode			
	\$92.13	l	RTH HAYDEN ROAD, SU					
	Reimbursement from		,					
	X   political contributions intended	SCOTTSD	ALE, AZ 85260					
	PURPOSE	Category (	See Categories listed at the top of this	schedule)	Description	_	neck if travel outside of Texas. Complete Sch	
	OF EXPENDITURE	Advertising	g Expense		L	Ch	neck if Austin, TX, officeholder living expense	;
					WEBSITE			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought		Office held	

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 5/8 Rpt: 79/82 Shipman Bihm, Katherine E. (Mrs.) 00080150 Date Payee name 09/22/2015 **MARSHALLS** Payee address; Amount (\$) City; State; Zip Code \$121.33 1120 LAKE WOODLANDS Reimbursement from political contributions Х intended THE WOODLANDS, TX 77380 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Solicitation/Fundraising Expense **EXPENDITURE AUCTION ITEMS** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/26/2015 Montgomery County Search and Rescue Amount (\$) Payee address; City; State; Zip Code \$100.00 4900 WEIR ROAD Reimbursement from political contributions CLEVELAND, TX 77328 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Solicitation/Fundraising Expense **EXPENDITURE** AUCTION ITEM Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 09/27/2015 SAM'S Payee address; State; Zip Code Amount (\$) City; \$166.41 19091 N. FWY SERVICE ROAD Reimbursement from Χ political contributions intended SHENANDOAH, TX 77385 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Solicitation/Fundraising Expense **EXPENDITURE AUCTION ITEMS** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 6/8 Rpt: 80/82 Shipman Bihm, Katherine E. (Mrs.) 00080150 Date Payee name 08/31/2015 SIGNSONTHECHEAP.COM Amount (\$) Payee address; City: State; Zip Code \$33.42 11525-B STONEHOLLOW DR. Reimbursement from political contributions Х intended AUSTIN, TX 78758 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Printing Expense **EXPENDITURE** MARKETING MATERIALS Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/31/2015 STAPLES.COM Amount (\$) Payee address; State; Zip Code City; \$113.64 500 STAPLES DRIVE Reimbursement from political contributions Χ FRAMINGHAM, MA 01702 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Printing Expense **EXPENDITURE** MARKETING MATERIALS Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/08/2015 SUPERCHEAPSIGNS.COM State; Zip Code Amount (\$) Payee address; City; \$764.65 9200 WATERFORD CENTER BLVD. SUITE 100 Reimbursement from Χ political contributions intended AUSTIN, TX 78758 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense **Printing Expense EXPENDITURE SIGNS** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE **G**

## **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Advertising Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Awar	verage Expense I ds/Memorials Expense I	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
	Credit Card Payment	-	struction Guide explains ho		OTTLA (etitel a category flot listed above)	
1	Total pages Schedule G:	2 FILER NAME			3 Filer ID (Ethics Commission Filers	)
	Sch: 7/8 Rpt: 81/82	Shipman Bihm, Ka	atherine E. (Mrs.)		00080150	
4	Date	5 Payee name			•	
	10/02/2015	TJ MAXX				
6	Amount (\$)	•	City; State;	Zip Code		
	\$99.61	32938 FM 2978				
	Reimbursement from political contributions					
	intended	MAGNOLIA, TX 7	7354			
8	PURPOSE OF		ries listed at the top of this sched	ule) <b>(b)</b> Description	Check if travel outside of Texas. Complete Schedul	e T.
	EXPENDITURE	Solicitation/Fundra	aising Expense	ALICTION ITEM	Check if Austin, TX, officeholder living expense	
				AUCTION ITEM	//S	
9	Complete ONLY if direct	Candidate/Officeholder n	ame	Office sought	Office held	
J	expenditure to benefit C/OH	Sandidate/ Sinceriolaer 1	ane	Office Sought	Office field	
	Date	Payee name				
	08/24/2015	VISTAPRINT				
	Amount (\$)	Payee address;	City; State;	Zip Code		
	\$49.67	95 HAYDON AVE				
	Reimbursement from political contributions intended	LEVINCTON MA	02421			
		LEXINGTON, MA		December 1	Charles to the state of Taylor Consults Cabadala	
	PURPOSE OF	Printing Expense	ries listed at the top of this sched	ule) Description	Check if travel outside of Texas. Complete Schedul Check if Austin, TX, officeholder living expense	е 1.
	EXPENDITURE	Filluling Expense		MARKETING M	MATERIALS	
	Complete ONLY if direct	Candidate/Officeholder n	ame	Office sought	Office held	
	expenditure to benefit C/OH					
						_
	Date 08/30/2015	Payee name VISTAPRINT				
			City State:	Zip Code		
	Amount (\$) \$263.71	95 HAYDON AVE		Zip Code		
	Reimbursement from	3011/(12011/(12	•			
	x political contributions intended	LEXINGTON, MA	02421			
	PURPOSE OF	Category (See Catego	ries listed at the top of this sched	ule) Description	Check if travel outside of Texas. Complete Schedul	e T.
	EXPENDITURE	Printing Expense		MADKETING	Check if Austin, TX, officeholder living expense	
				MARKETING M	CJAINATAI	
	Complete ONLY if direct	Candidate/Officeholder n	ame	Office sought	Office held	
	expenditure to benefit C/OH		·- <del>-</del>	2so sought	5555 <b>u</b>	

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 8/8 Rpt: 82/82 Shipman Bihm, Katherine E. (Mrs.) 00080150 Date Payee name 09/01/2015 VISTAPRINT 6 Amount (\$) Payee address; City; State; Zip Code \$220.21 95 HAYDON AVE. Reimbursement from political contributions intended Х LEXINGTON, MA 02421 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Printing Expense **EXPENDITURE** MARKETING MATERIALS Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/01/2015 WIX.COM Amount (\$) Payee address; City; State; Zip Code 500 TERRY A FRANCOIS BLVD., F16 \$158.90 Reimbursement from political contributions Χ SAN FRANCISCO, CA 94158 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** WEBSITE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH