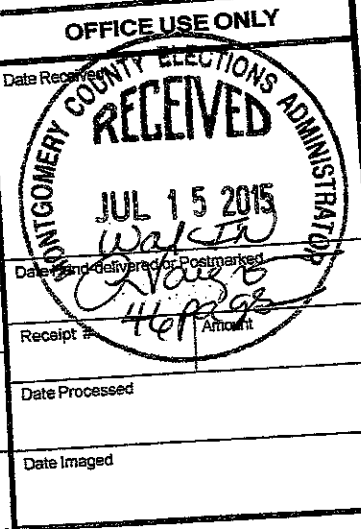


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH**  
**COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: <b>46</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MR.</b> NICKNAME <b>JIM</b>	FIRST <b>JAMES</b> LAST <b>NAPOLITANO</b>	MI <b>F.</b> SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: <b>110 HARBOUR TOWN LANE</b> <b>MONTGOMERY, TX 77356</b>		CITY: STATE: ZIP CODE
<input type="checkbox"/> change of address	AREA CODE <b>(281)</b>	PHONE NUMBER <b>475-9343</b>	EXTENSION
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR <b>DR.</b> NICKNAME	FIRST <b>JOHN</b> LAST <b>MATOCHA</b>	MI <b>C.</b> SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): <b>38 N. ROYAL FERN DR., SPRING, TX 77380</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(832)</b>	PHONE NUMBER <b>545-5128</b>	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month <b>01</b>	Day <b>01</b>	Year <b>2015</b>
11 ELECTION	ELECTION DATE Month <b>03</b> Day <b>01</b> Year <b>2015</b>	ELECTION TYPE <input checked="" type="radio"/> Primary <input type="radio"/> Runoff <input type="radio"/> General <input type="radio"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <b>SHERIFF</b>	



**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME **JAMES F. NAPOLITANO** 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

GENERAL

SPECIFIC

additional pages

COMMITTEE TYPE

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 2249.59
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 53,240.26
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 35,062.69
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 15,278.57
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*James F. Napolitano*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the 15 day of July, 2015, to certify which, witness my hand and seal of office.

*Cathy A. Holloter* Cathy A. Holloter Office Manager  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1 22	
2 FILER NAME <b>JAMES F. NAPOLITANO</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/6/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Jenny* Stewart</b>	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>205 Kingstane, Montgomery TX 77356</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/10/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>David Townsend</b>	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>Montgomery, TX 77356 14449 Pine Tree Rd.</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/17/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Keith Mosing</b>	Amount of contribution (\$) \$10,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>10260 Westheimer Rd Suite 700 Houston, TX 77042</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/18/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>ASAP Bail Bond</b>	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>102 Pine Street Conroe, TX 77301</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/18/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Michael P. Smith</b>	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1401 McKinney 17th FL Houston, TX 77010</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

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

2 FILER NAME **JAMES F. NAPOLITANO** 3 ACCOUNT # (Ethics Commission Filers)

4 Date <b>3/18/15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>James Bracht</b>	7 Amount of contribution (\$) <b>\$300.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>4707 Carbrook Court Spring, TX 77388</b>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <b>6/19/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>David Maclellan</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>25735 Celtic Terrace Katy, TX 77494</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>6/25/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Brandi E Bourland</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>12962 E Rod St. Conroe, TX 77303</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>6/14/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Harry B Norris III</b>	Amount of contribution (\$) <b>\$500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>350 Sunny Ridge DR Houston TX 77095</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>6/14/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Kathy Basma</b>	Amount of contribution (\$) <b>\$880.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 2833 Conroe, TX 77305</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1	
2 FILER NAME <b>JAMES F. NAPOLITANO</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>6/12/15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>John C. Matocha</b>	7 Amount of contribution (\$) <b>\$1,000.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>38 N. Royal Fern DR. The Woodlands, TX 77380</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>6/14/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>James A. Pope</b>	Amount of contribution (\$) <b>\$500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 17182 Galveston, TX 77552</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>6/14/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Lawrence K. Edwards</b>	Amount of contribution (\$) <b>\$350.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2622 Fontana DR Houston, TX 77043</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>6/14/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Terry L. Blackburn</b>	Amount of contribution (\$) <b>\$250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>702 Oak Ridge Grove Cir Spring TX 77386</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>6/14/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Claudia Laird</b>	Amount of contribution (\$) <b>\$200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 1646 Magnolia, TX 77353</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1	
2 FILER NAME <b>JAMES F. NAPOLITANO</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>6/14/15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Jenny Stewart</b>	7 Amount of contribution (\$) <b>200.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>205 Kings Ln Montgomery, TX 77356</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>4/6/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>DANIEL ANTHONY</b>	Amount of contribution (\$) <b>\$5000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>102 Jenny Lane Montgomery, TX 77356</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/28/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>GAIL A SCALORE</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>95 S ALMOND CIRCLE THE WOODLANDS, TX. 77354</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/28/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>EDWARD McDONNELL</b>	Amount of contribution (\$) <b>\$500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>133 ENKINS RD MANHASSET, NY 11030-2632</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1	
2 FILER NAME <b>JAMES F. NAPOLITANO</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>5/28/15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>LAWRENCE EDWARDS</b>	7 Amount of contribution (\$) <b>\$50.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1345 BLALOCK HOUSTON, TX 77055</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
			(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>6/23/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>LAWRENCE EDWARDS</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1345 BLALOCK HOUSTON, TX 77055</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>6/23/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>BRIAN WELKER</b>	Amount of contribution (\$) <b>\$5000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>PO BOX 747 FULSHEAR, TX 7741-0747</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>6/30/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>BILL ENGLEAT</b>	Amount of contribution (\$) <b>\$1005.67</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3203 Wilderness Way Montgomery, TX 77316</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1	
2 FILER NAME <b>JAMES F. NAPOLITANO</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/24/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>LAWRENCE EDWARDS</b>	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1345 BLALOCK HOUSTON, TX. 77055		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/25/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>THOMAS CRONIN</b>	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 14340 LIBERTY STREET MONTGOMERY, TX. 77356		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/15/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>NANCY FARMER</b>	Amount of contribution (\$) \$1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 32111 Grapevine St. MAGNOLIA, TX. 77355		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/9/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>TIMOTHY BAUER</b>	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12318 FAIRHAVEN LANE Montgomery, TX 77356		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/9/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JUSTIN WOODS</b>	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3903 Regal Rose San Antonio, TX 78259		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1	
2 FILER NAME <b>JAMES F. NAPOLITANO</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>4/9/15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>CALLISON KAISER</b>	7 Amount of contribution (\$) <b>\$100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>21006 Hilldate Park Lane Spring, TX 77386</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>4/9/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>CELESTE WYATT</b>	Amount of contribution (\$) <b>\$25.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>350 Fern Wing Court The Woodlands, TX 77381</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/9/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>KEVIN BILLINGS</b>	Amount of contribution (\$) <b>\$250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4620 Riverwalk Village Ct 7505 Ponce Inlet, FL 32127</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/16/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>ROB JESSEN</b>	Amount of contribution (\$) <b>\$250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>46 Riva Row The Woodlands, TX 77380</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/23/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JASON JOUDAY</b>	Amount of contribution (\$) <b>\$500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4017 Sunnybrook Dr. Nashville, TN 37205</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

**SCHEDULE A**

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

2 FILER NAME **JAMES F. NAPOLITANO** 3 ACCOUNT # (Ethics Commission Filers)

4 Date <b>6/4/15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RANDOLPH REYNOLDS</b>	7 Amount of contribution (\$) <b>\$1000.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>RICHMOND, VA</b>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <b>6/4/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BRIAN KLOCK</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>18703 POINT LOOKOUT DR. NASSAU BAY, TX. 77058</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>6/4/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KENNETH PALE</b>	Amount of contribution (\$) <b>\$250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>112 MARLBOROUGH TOWN DR. MONTGOMERY, TX. 77356</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>6/4/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ANDREA FAMBENTHOLD</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>111 LAKESIDE MONTGOMERY, TX. 77356</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>6/25/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GAILY KRUPP</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>MINNEOLA, NEW YORK</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1	
2 FILER NAME <b>JAMES F. NAPOLITANO</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/19/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>ROBERT KLOCK</b>	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 18703 POINT LOOKOUT DR. NASSAU BAY, TX. 77058		(if travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/19/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JOSE BELMAJES</b>	Amount of contribution (\$) \$600.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 915 SUMMER WOOD BLVD CANOPE, TX. 77303-2249		(if travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/19/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JAMES COLE</b>	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 1407 MONTGOMERY, TX. 77356-1407		(if travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/19/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>SHARON WALKER</b>	Amount of contribution (\$) \$60.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1221 COBBLE CREEK CT. CANOPE, TX. 77384		(if travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/19/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>RUSTY FINCHER CAMPAIGN</b>	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 245 WILLIS, TX. 77378		(if travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

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

2 FILER NAME **JAMES F. NAPOLITANO** 3 ACCOUNT # (Ethics Commission Filers)

4 Date 6/19/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MONTY HERRON</b>	7 Amount of contribution (\$) <b>\$110.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>PO BOX 1921 DAYTON, TX. 77635</b>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date 6/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>GARY B. JOHNSON</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>33514 GERONIMO MAGNOLIA, TX 77355</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 6/19/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MELISSA D. TALLEY</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2340 LAKE RIDGE CIRCLE WACO, TX. 76710-1112</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 6/19/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>LILITA GRUMBLAITIS</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>13151 WALDEN RD, APT 133 MONTGOMERY, TX. 77356-8564</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1	
2 FILER NAME <b>JAMES F. NAPOLITANO</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/19/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>GEORGE FAUSS</b>	7 Amount of contribution (\$) <b>\$500.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>PO BOX 735 MONTGOMERY, TX. 77356-0735</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/19/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>GEORGE FAUSS</b>	Amount of contribution (\$) <b>\$675.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>PO BOX 735 MONTGOMERY, TX. 77356-0735</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/19/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>OTIS UTLEY III</b>	Amount of contribution (\$) <b>\$900.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>PO BOX 718 FAARFIELD, TX. 75840</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/19/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>S. ROBERTS CONSTRUCTION SERVICES</b>	Amount of contribution (\$) <b>\$1000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1422 B APRIL VILLA WEST MONTGOMERY, TX. 77356</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/19/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>JOHN P. McMULLAN</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>11 CANTWELL WAY THE WOODLANDS, TX. 77382</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1	
2 FILER NAME <b>JAMES F. NAPOLITANO</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
			(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/15/15	ANNA NEWBOW PO BOX 204 CONROE, TX 77305	\$10.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/15/15	DAE MORANO SPRING, TX	\$1000.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/15/15	JAMES BRANT 4707 CARBLOOK COURT SPRING, TX. 77388	\$50.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/15/15	JAMMY WESTERMAN 152 Stone Edge Drive MONTGOMERY, TX 77356	\$240.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1	
2 FILER NAME <b>JAMES F. NAPOLITANO</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/15/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>GEORGETTE WHATLEY</b>	7 Amount of contribution (\$) \$120.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <b>103 WOODMONT MONTGOMERY, TX. 77356</b>	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/15/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>MATTHEW ASSOLIN</b>	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>2435 MONTANA BLVD DR. SPRING, TX 77373</b>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/15/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>RONALD M. COME</b>	Amount of contribution (\$) \$30.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>2505 E. VILLA MARIA BRYAN, TX. 77802</b>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/15/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>CARL KAISER</b>	Amount of contribution (\$) \$400.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>2606 Hilldate Park Lane Spring, TX 77386</b>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/15/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>SCOTT CUSTER</b>	Amount of contribution (\$) \$400.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>34 E Artist Grove Cir The Woodlands, TX 77382</b>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1

2 FILER NAME

JAMES F. NAPOLITANO

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/15/15

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

LAURA FILL ADLT

6 Contributor address; City; State; Zip Code

58 N Lansdowne Cir  
The Woodlands, TX 77382

7 Amount of contribution (\$)

\$800.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6/15/15

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

TROY PATIN

Contributor address; City; State; Zip Code

204 Kings Lane  
Montgomery, TX 77356

Amount of contribution (\$)

\$1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/15/15

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

ALLAN DEROSSSETT

Contributor address; City; State; Zip Code

814 College St.  
Montgomery, TX 77356

Amount of contribution (\$)

\$65.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/15/15

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

GEARL FAUSS

Contributor address; City; State; Zip Code

PO Box 735  
MONTGOMERY, TX 77356-0735

Amount of contribution (\$)

\$510.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/15/15

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

JENNIFER BAUIS

Contributor address; City; State; Zip Code

16700 ROUNDSQUARE DR.  
CONROE, TX 77385

Amount of contribution (\$)

\$35.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1

2 FILER NAME

JAMES F. NAPOLITANO

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/15/15

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

MIGUEL YANUZ

6 Contributor address; City; State; Zip Code

16702 Rockstone  
Houston, TX 77084

7 Amount of contribution (\$)

\$40.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6/15/15

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

JO ANN HADSON

Contributor address; City; State; Zip Code

13246 Summer Rose Ln  
Conroe, TX 77302

Amount of contribution (\$)

\$325.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/15/15

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

DAVID WARREN

Contributor address; City; State; Zip Code

18 South Greenbud Ct.  
The Woodlands, TX 77380

Amount of contribution (\$)

\$40.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/15/15

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

JENNIFER ANTHONY

Contributor address; City; State; Zip Code

102 Jenny Lane  
Montgomery, TX 77356

Amount of contribution (\$)

\$2400.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/15/15

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

JAMES STEEL

Contributor address; City; State; Zip Code

13987 Lake Shore Dr.  
Willis, TX 77318

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1	
2 FILER NAME <b>JAMES F. NAPOLITANO</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/15/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>HEATHER CASH</b>	7 Amount of contribution (\$) \$65.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 15927 Wildercroft Willis, TX 77318		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dennis Ward</b>	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) Gun - S+W M&P 40
Contributor address; City; State; Zip Code 36 April Point South Montgomery, TX 77356		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/15/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BEN ROBERTS</b>	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 230 HAHN ROBINSON, TX 76706		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dennis Ward</b>	Amount of contribution (\$) 400.00	In-kind contribution description (if applicable) Food/Drinks
Contributor address; City; State; Zip Code 36 April Point South Montgomery, TX 77356		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bernie McCabe</b>	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable) Delta Force Print
Contributor address; City; State; Zip Code 12210 Vista Bay Lane Houston, TX 77041		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1

2 FILER NAME

JAMES F. NAPOLITANO

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/14/15

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

MARK SMITH

6 Contributor address; City; State; Zip Code

17184 Raban Chapel Rd  
Montgomery, TX 77316

7 Amount of contribution (\$)

1000.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

RANCH HUNT TRIP

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6/14/15

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Michael Lott

Contributor address; City; State; Zip Code

18282 Mail Route Road  
Montgomery, TX 77316

Amount of contribution (\$)

\$700.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Fishing trips

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/14/15

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Bob Stewart

Contributor address; City; State; Zip Code

205 Kings Lane  
Montgomery, TX 77356

Amount of contribution (\$)

50.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Painting

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/14/15

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Paul Guerra

Contributor address; City; State; Zip Code

4400 College Park Drive, Apt 1015  
The Woodlands, TX 77384

Amount of contribution (\$)

60.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

5.11 Tactical Pack

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/14/15

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Annie Clark Cole

Contributor address; City; State; Zip Code

Montgomery, TX

Amount of contribution (\$)

10.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Book

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1

2 FILER NAME

JAMES F. NAPOLITANO

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/14/15

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Bernie McCabe

6 Contributor address; City; State; Zip Code

12210 Vista Bay Lane  
Houston, TX 77041

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

Commemorative  
Delta Force  
Whiskey

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6/14/15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Dr. John Matocha

Contributor address; City; State; Zip Code

38 N. Royal Fern Dr.  
The Woodlands, TX 77380

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Full Physical

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/14/15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Helene Robinson

Contributor address; City; State; Zip Code

495 S. Pine Lake Rd  
Montgomery, TX 77316

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Cabo  
Get-away  
Vacation

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/14/15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

John Stamper

Contributor address; City; State; Zip Code

1817 Ranch Trail Ct.  
Magnolia, TX 77354

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Patriotic  
Gift Basket

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/14/15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Sheri Kennedy

Contributor address; City; State; Zip Code

6 Lakeriew Cir.  
Montgomery, TX 77356

Amount of contribution (\$)

10.00

In-kind contribution description (if applicable)

Patriotic  
T-shirts

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:  
1

2 FILER NAME

JAMES F. NAPOLITANO

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/14/15

5 Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

Pe Farms

6 Contributor address; City; State; Zip Code

9963 Pooles Rd  
Montgomery, TX 77356

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

Admission Tickets  
+ PKg

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6/14/15

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

John Stamper

Contributor address; City; State; Zip Code

1817 Ranch Trail Ct  
Magnolia, TX 77354

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Knife

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/14/15

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

Angie Napolitano

Contributor address; City; State; Zip Code

110 Harbour Town Lane  
Montgomery, TX 77356

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Flashlight

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/14/15

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

Malibu Nail & Spa

Contributor address; City; State; Zip Code

15320 Hwy 105 Ste 106  
Montgomery, TX 77356

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Mani/Pedi  
gift cert.

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/14/15

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

Cherry Street Studios

Contributor address; City; State; Zip Code

220 Noble Street  
Spring, TX 77373

Amount of contribution (\$)

350.00

In-kind contribution description (if applicable)

Family Photo  
Sessions & Prints

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1	
2 FILER NAME <b>JAMES F. NAPOLITANO</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/14/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Date Comstock	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable) 2 DVD KITS
6 Contributor address; City; State; Zip Code 606 Acequia Avenue Visalia, CA 93292		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sarah Kelly	Amount of contribution (\$) 190.00	In-kind contribution description (if applicable) Month of Music Lessons
Contributor address; City; State; Zip Code 16753 Donwick Dr. Conroe, TX 77385		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stephanne Bresescocoe	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable) Laser Treatment
Contributor address; City; State; Zip Code 123 N. Post Oak Lane, Ste 420 Houston, TX 77024		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sophie + Bloom	Amount of contribution (\$) 15.00	In-kind contribution description (if applicable) hand stitched baby items
Contributor address; City; State; Zip Code 7226 Basque Country Dr. Magnolia, TX 77354		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Saddle River Range	Amount of contribution (\$) 540.00	In-kind contribution description (if applicable) Membership Individual
Contributor address; City; State; Zip Code 4280 FM 1488 Conroe, TX 77384		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1

2 FILER NAME

JAMES F. NAPOLITANO

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/14/15

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Beyond Fringe Salon

6 Contributor address; City; State; Zip Code

15320 Hwy 105 Ste 108  
Montgomery, TX 77356

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

Gift Certificate

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6/14/15

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Dan Crum

Contributor address; City; State; Zip Code

155 W Lilac Ridge Place  
The Woodlands, TX 77384

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Flight certificate for 2 people

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/14/15

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Clint Hill / Lisa McCubbin

Contributor address; City; State; Zip Code

901 15th Street S Apt 618  
Arlington, VA 22202-5033

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Autographed Books

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/14/15

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

US Lawshield

Contributor address; City; State; Zip Code

1020 Bay Area Blvd, Ste 220  
Houston, TX 77058

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

1 year Legal representation

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/14/15

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Creekwood Shooting Sports

Contributor address; City; State; Zip Code

12824 Hwy 105W  
Conroe, TX 77304

Amount of contribution (\$)

125.00

In-kind contribution description (if applicable)

Skeet & Trap membership

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1	
2 FILER NAME <b>JAMES F. NAPOLITANO</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/14/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>John Stamper</b>	7 Amount of contribution (\$) 70.00	8 In-kind contribution description (if applicable) Knife
6 Contributor address; City; State; Zip Code 1817 Ranch Trail Ct. Magnolia, TX 77354		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Storage 105/Mail Center</b>	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable) Storage Gift Basket
Contributor address; City; State; Zip Code 13921 Hwy 105W Conroe, TX 77304		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Cozy Grape</b>	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable) 2 Cozy Grape Gift Cards
Contributor address; City; State; Zip Code 17340 Liberty St. Montgomery, TX 77356		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Pizza Shack</b>	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable) 2 Pizza Shack Gift Cards
Contributor address; City; State; Zip Code 20873 Eva St. Montgomery, TX 77356		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Rocky Carol</b>	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable) CUSTOM BOOTS
Contributor address; City; State; Zip Code 3321 Ella Blvd Houston, TX 77018		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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



# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: /	
2 FILER NAME <b>JAMES F. NAPOLITANO</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒			\$
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address;   City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address;   City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address;   City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address;   City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address;   City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

**JAMES F. NAPOLITANO**

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒

**\$ 0.00**

5 Date of loan

7 Name of lender

out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

6 Is lender a financial institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

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

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>11</b>		2 FILER NAME <b>JAMES F. NAPOLITANO</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>1/26/15</b>		5 Payee name <b>Dittert Stamps</b>			
6 Amount (\$) <b>148.25</b>		7 Payee address; City; State; Zip Code <b>915 FM 2854, CONROE, TX 77301</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Name tags / badges</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>1/31/15</b>		Payee name <b>LARAMORE MEDIA GROUP</b>			
Amount (\$) <b>1500.00</b>		Payee address; City; State; Zip Code <b>PO BOX 2911 LEAGUE CITY, TX 77574</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>CONSULTING EXPENSE</b>		Description (If travel outside of Texas, complete Schedule T) <b>CAMPAIGN CONSULTANT</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>3/5/15</b>		Payee name <b>HOUSTON LIVESTOCK &amp; RODEO</b>			
Amount (\$) <b>100.00</b>		Payee address; City; State; Zip Code <b>PO BOX 20070 HOUSTON, TX 77275</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>EVENT EXPENSE</b>		Description (If travel outside of Texas, complete Schedule T) <b>GO TEXAN PARADE ENTRY</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>2/24/15</b>		Payee name <b>NORTHSHORE REP. WOMEN PAC</b>			
Amount (\$) <b>100.00</b>		Payee address; City; State; Zip Code <b>MONTGOMERY, TX</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>		Description (If travel outside of Texas, complete Schedule T) <b>AD IN DIRECTORY</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME JAMES F. NAPOLITANO	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	-------------------------------------	----------------------------------------

4 Date 2/19/15	5 Payee name JAMES METTS FUNDRAISER
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6 Amount (\$) 50.00	7 Payee address; City; State; Zip Code 22354 JUSTICE DR NEW CANEY, TX 77357
------------------------	--------------------------------------------------------------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONTRIBUTION	(b) Description (If travel outside of Texas, complete Schedule T) CONTRIBUTION TO CAMPAIGN <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-------------------------------------------------------	-------------------------------	---------------	-------------

Date 3/1/15	Payee name LARAMORE MEDIA GROUP
----------------	------------------------------------

Amount (\$) 3000.00	Payee address; City; State; Zip Code PO BOX 2911 LEAGUE CITY, TX 77574
------------------------	---------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN CONSULTANT <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	----------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

Date 3/5/15	Payee name WALDEN YACHT CLUB
----------------	---------------------------------

Amount (\$) 32.00	Payee address; City; State; Zip Code 13101 MELVILLE DR MONTGOMERY, TX 77356
----------------------	--------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD EXPENSE	Description (If travel outside of Texas, complete Schedule T) LCARN MEETING <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

Date 3/11/15	Payee name THE WOODLANDS REP WOMEN
-----------------	---------------------------------------

Amount (\$) 40.00	Payee address; City; State; Zip Code PO BOX 7294 THE WOODLANDS, TX 77387
----------------------	-----------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD EXPENSE	Description (If travel outside of Texas, complete Schedule T) TWR MEETING <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <b>JAMES F. NAPOLITANO</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>3/11/15</b>		5 Payee name <b>THE WOODLANDS REP WOMEN</b>			
6 Amount (\$) <b>15.00</b>		7 Payee address; City; State; Zip Code <b>PO BOX 7294 THE WOODLANDS, TX 77387</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>FEES</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>MEMBERSHIP</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>3/11/15</b>		Payee name <b>LONE STAR SIGNS</b>			
Amount (\$) <b>1373.50</b>		Payee address; City; State; Zip Code <b>21973 EVA ST. MONTGOMERY, TX 77356</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>		Description (If travel outside of Texas, complete Schedule T) <b>SIGNS / SHIRTS</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>3/12/15</b>		Payee name <b>THOMAS PRINTING</b>			
Amount (\$) <b>211.63</b>		Payee address; City; State; Zip Code <b>21574 EVA ST. MONT. TX 77356</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>PRINTING</b>		Description (If travel outside of Texas, complete Schedule T) <b>BUSINESS CARDS</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>3/12/15</b>		Payee name <b>LONE STAR SIGNS</b>			
Amount (\$) <b>1503.05</b>		Payee address; City; State; Zip Code <b>21973 EVA ST. MONT TX 77356</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>		Description (If travel outside of Texas, complete Schedule T) <b>SIGNS</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME JAMES F. NAPOLITANO	3 ACCOUNT # (Ethics Commission Filers)
4 Date 3/21/15	5 Payee name USPS	
6 Amount (\$) 34. <sup>00</sup>	7 Payee address; City; State; Zip Code 20821 EVA ST, STE H MONTGOMERY, TX 77356	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING	(b) Description (If travel outside of Texas, complete Schedule T) STAMPS <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 3/25/15	Payee name MONTGOMERY A&M CLUB	
Amount (\$) 200.00	Payee address; City; State; Zip Code PO BOX 9051 THE WOODLANDS, TX 77387	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) HOLE SPONSORSHIP <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 4/6/15	Payee name LARAMORE MEDIA GROUP	
Amount (\$) 1500.00	Payee address; City; State; Zip Code PO BOX 2911 LEAGUE CITY, TX 77574	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING	Description (If travel outside of Texas, complete Schedule T) CONSULTANT <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 4/7/15	Payee name THE WOODLANDS REP. WOMEN	
Amount (\$) 40.00	Payee address; City; State; Zip Code PO BOX 7294 THE WOODLANDS, TX 77387	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD	Description (If travel outside of Texas, complete Schedule T) MEETING <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <b>JAMES F. NAPOLITANO</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>4/15/15</b>		5 Payee name <b>TERRY BLACKBURN</b>			
6 Amount (\$) <b>2706.25</b>		7 Payee address; City; State; Zip Code <b>1260 BLALOCK RD STE 110 HOUSTON TX 77055</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>CONTRACT LABOR ? CONSULTING</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>PHOTOGRAPHER</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>4/13/15</b>		Payee name <b>MCEFA</b>			
Amount (\$) <b>100.00</b>		Payee address; City; State; Zip Code <b>PO BOX 869 CONROE, TX 77305</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>DONATION</b>		Description (If travel outside of Texas, complete Schedule T) <b>YOUTH PROGRAM (?)</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>4/13/15</b>		Payee name <b>MCEFA</b>			
Amount (\$) <b>100.00</b>		Payee address; City; State; Zip Code <b>PO BOX 869 CONROE, TX 77305</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>DONATION</b>		Description (If travel outside of Texas, complete Schedule T) <b>YOUTH</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>4/15/15</b>		Payee name <b>MCEFA</b>			
Amount (\$) <b>100.00</b>		Payee address; City; State; Zip Code <b>PO BOX 869 CONROE, TX 77305</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>DONATION</b>		Description (If travel outside of Texas, complete Schedule T) <b>YOUTH</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

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**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME JAMES F. NAPOLITANO	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/17/15	5 Payee name LEARW PAC	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code PO BOX 737 MONTGOMERY, TX 77356	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING	(b) Description (If travel outside of Texas, complete Schedule T) Ad in Directory <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/21/15	Payee name JD LAMBRIGHT CAMPAIGN	
Amount (\$) 50.00	Payee address; City; State; Zip Code 300 WEST DAVIS, STE 450 CONROE, TX 77301	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRIBUTION	Description (If travel outside of Texas, complete Schedule T) DONATION <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/21/15	Payee name GENE DEFOREST CAMPAIGN	
Amount (\$) 100.00	Payee address; City; State; Zip Code PO BOX 2326 CONROE TX 77305	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRIBUTION	Description (If travel outside of Texas, complete Schedule T) DONATION <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/15/15	Payee name MCFA	
Amount (\$) 100.00	Payee address; City; State; Zip Code PO BOX 869 CONROE, TX 77305	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) DONATIONS	Description (If travel outside of Texas, complete Schedule T) YOUTH PROGRAM <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		



**POLITICAL EXPENDITURES**

**SCHEDULE F**

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <b>JAMES F. NAPOLITANO</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>4/15/15</b>	5 Payee name <b>MCEFA</b>
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6 Amount (\$) <b>100.00</b>	7 Payee address; City; State; Zip Code <b>PO BOX 869 CONROE TX 77305</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>DONATION</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>MONTH PROGRAM</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4/14/15</b>	Payee name <b>MCRW PAC</b>
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Amount (\$) <b>30.00</b>	Payee address; City; State; Zip Code <b>PO BOX 1766 CONROE TX 77305</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>FOOD</b>	Description (If travel outside of Texas, complete Schedule T) <b>MEETING</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>5/18/15</b>	Payee name <b>LARAMORE MEDIA GROUP</b>
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Amount (\$) <b>1600.00</b>	Payee address; City; State; Zip Code <b>PO BOX 2911 LEAGUE CITY, TX 77574</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>CONSULTING</b>	Description (If travel outside of Texas, complete Schedule T) <b>CONSULTING</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>5/29/15</b>	Payee name <b>VERIZON WIRELESS</b>
------------------------	---------------------------------------

Amount (\$) <b>97.43</b>	Payee address; City; State; Zip Code <b>1312 W DAVIS ST CONROE, TX 77304</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>OFFICE</b>	Description (If travel outside of Texas, complete Schedule T) <b>CELL PHONE</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <b>JAMES F. NAPOLITANO</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>6/1/15</b>		5 Payee name <b>PLAT PARKING</b>			
6 Amount (\$) <b>9.00</b>		7 Payee address; City; State; Zip Code <b>930 MAIN ST. HOUSTON TX 77002</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>FEES</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>PARKING FEES</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
Date <b>6/1/15</b>		Payee name <b>PLAT PARKING</b>			
Amount (\$) <b>13.50</b>		Payee address; City; State; Zip Code <b>930 MAIN ST HOUSTON TX 77002</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>FEES</b>		Description (If travel outside of Texas, complete Schedule T) <b>PARKING FEES</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
Date <b>6/3/15</b>		Payee name <b>CISD</b>			
Amount (\$) <b>1431.75</b>		Payee address; City; State; Zip Code <b>27075 GIEFFERT WRIGHT RD SPRING TX 77386</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>EVENT EXPENSE</b>		Description (If travel outside of Texas, complete Schedule T) <b>FACILITY RENTAL</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
Date <b>6/6/15</b>		Payee name <b>EVENT HELPER.COM</b>			
Amount (\$) <b>163.64</b>		Payee address; City; State; Zip Code <b>1020 McCOURTNEY RD, STE B GRASS VALLEY, CA 95949</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>EVENT EXPENSE</b>		Description (If travel outside of Texas, complete Schedule T) <b>LIABILITY INS.</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	

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**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME JAMES F. NAPOLITANO		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/7/15		5 Payee name HOBBY LOBBY			
6 Amount (\$) 467.80		7 Payee address; City; State; Zip Code 1217 N. LOOP 336 W, CONROE, TX 77301			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) EVENT EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T) DECORATIONS/ETC <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/8/15		Payee name 512 NEW MEDIA			
Amount (\$) 3000.00		Payee address; City; State; Zip Code 800 TOWN AND COUNTRY, STE 410 HOUSTON, TX 77024			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONSULTING		Description (If travel outside of Texas, complete Schedule T) CONSULTING <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/9/15		Payee name THOMAS PRINTING			
Amount (\$) 211.63		Payee address; City; State; Zip Code 21574 EVA ST MONTGOMERY TX 77356			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING EXPENSE		Description (If travel outside of Texas, complete Schedule T) BUSINESS CARDS <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/16/15		Payee name SURVIVALIST EMPORIUM			
Amount (\$) 4045.71		Payee address; City; State; Zip Code 14030 LIBERTY STREET MONTGOMERY, TX 77316			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) EVENT EXPENSE		Description (If travel outside of Texas, complete Schedule T) AUCTION ITEMS <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <b>JAMES F. NAPOLITANO</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>6/17/15</b>	5 Payee name <b>LONG STAR SIGNS</b>
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6 Amount (\$) <b>1299.00</b>	7 Payee address; City; State; Zip Code <b>21973 EVA ST MONTGOMERY, TX 77356</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>SIGNS</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>6/17/15</b>	Payee name <b>LONG STAR SIGNS</b>
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Amount (\$) <b>542.44</b>	Payee address; City; State; Zip Code <b>21973 EVA ST MONTGOMERY, TX 77356</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>	Description (If travel outside of Texas, complete Schedule T) <b>SHIRTS/HATS/SIGNS</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>6/19/15</b>	Payee name <b>WOODFOREST BANK</b>
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Amount (\$) <b>29.00</b>	Payee address; City; State; Zip Code <b>20821 EVA ST, MONTGOMERY, TX 77356</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>FEES</b>	Description (If travel outside of Texas, complete Schedule T) <b>FEE - BANKING</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>6/18</b>	Payee name <b>KE FLEWELLEN CAMPAIGN</b>
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Amount (\$) <b>200.00</b>	Payee address; City; State; Zip Code <b>PO BOX 921 WILUS, TX 77378</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>CONTRIBUTION</b>	Description (If travel outside of Texas, complete Schedule T) <b>DONATION</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <b>JAMES F. NAPOLITANO</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>6/22/15</b>	5 Payee name <b>PAUL CAWTHEN</b>
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6 Amount (\$) <b>1150.00</b>	7 Payee address; City; State; Zip Code <b>703 HIDDEN OAK LANE. FRIENDSWOOD, TX 77546</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>AUCTION</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>6/15/15</b>	Payee name <b>NATION-BUILDER</b>
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Amount (\$) <b>104.93</b>	Payee address; City; State; Zip Code <b>520 S. GRAND AVE. 2ND FL, LOS ANGELES, CA 90071</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>BANKING/ACCTNG FEES</b>	Description (If travel outside of Texas, complete Schedule T) <b>FEE-SERVICE CHARGE</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>6/15/15</b>	Payee name <b>SQUARE</b>
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Amount (\$) <b>221.85</b>	Payee address; City; State; Zip Code <b>SAN FRANCISCO, CA</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>BANKING/ACCTNG FEES</b>	Description (If travel outside of Texas, complete Schedule T) <b>FEES</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>2/20/15</b>	Payee name <b>HOME DEPOT</b>
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Amount (\$) <b>\$103.82</b>	Payee address; City; State; Zip Code <b>6119 FM 1488 MAGNOLIA, TX 77354</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>OTHER</b>	Description (If travel outside of Texas, complete Schedule T) <b>SUPPLIES FOR SIGNS</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>4</b>	2 FILER NAME <b>JAMES NAPOLITANO</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>5/15/15</b>	5 Payee name <b>COMMUNITY IMPACT</b>	
6 Amount (\$) <b>515.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>16225 IMPACT WAY, STE 1 PFLUGERVILLE, TX 78660</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>AD</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date <b>5/10/15</b>	Payee name <b>KIRBY'S STEAKHOUSE</b>	
Amount (\$) <b>167.02</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>1111 TIMBERLOCH THE WOODLANDS, TX 77380</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>FOOD</b>	Description (If travel outside of Texas, complete Schedule T) <b>MEETING</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date <b>6/2/15</b>	Payee name <b>TOMMY BAHAMAS</b>	
Amount (\$) <b>39.81</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>9595 SIX PINES DR STE 700, THE WOODLANDS 77380</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>FOOD</b>	Description (If travel outside of Texas, complete Schedule T) <b>MEETING</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date <b>6/10/15</b>	Payee name <b>BOBO BOUNCERS</b>	
Amount (\$) <b>379.93</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>9337 SPRING CYPRESS RD, STE E5 SPRING, TX 77379</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T) <b>BOUNCER</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <b>JAMES NAPOLITANO</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>1/15/15</b>	5 Payee name <b>MONTGOMERY COUNTY ELECTIONS</b>
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6 Amount (\$) <b>\$40.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>9159 AIRPORT RD CONROE TX 77303</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>OTHER</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>MAPS</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date <b>2/7/15</b>	Payee name <b>ACADEMY</b>
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Amount (\$) <b>\$223.83</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>1414 LOOP 336 W CONROE, TX 77304</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADVERTISING OTHER</b>	Description (If travel outside of Texas, complete Schedule T) <b>SHIRTS</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date <b>2/21/15</b>	Payee name <b>SAM'S CLUB</b>
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Amount (\$) <b>\$59.88</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>2000 WESTVIEW BLVD CONROE, TX 77304</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T) <b>CANDY FOR PARADE</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date <b>2/18/15</b>	Payee name <b>WALMART</b>
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Amount (\$) <b>\$130.97</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>3040 COLLEGE PARK THE WOODLAND, TX 77384</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>OFFICE OVERHEAD</b>	Description (If travel outside of Texas, complete Schedule T) <b>SUPPLIES</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <b>JAMES NAPOLITANO</b>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	-----------------------------------------	----------------------------------------

4 Date <b>6/8/15</b>	5 Payee name <b>HOBBY LOBBY</b>
-------------------------	------------------------------------

6 Amount (\$) <b>\$62.58</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>1217 N. LOOP 336 W CONROE, TX 77301</b>
----------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>DECORATIONS</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--------------------------	------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------

Date <b>6/14/15</b>	Payee name <b>KROGER</b>
------------------------	-----------------------------

Amount (\$) <b>\$156.49</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>3830 WEST DAVIS CONROE, TX</b>
---------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T) <b>CAKE / BALLOONS</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------

Date <b>4/27/15</b>	Payee name <b>PLAT PARKING</b>
------------------------	-----------------------------------

Amount (\$) <b>7.50</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>930 MAIN ST, HOUSTON 77002</b>
-----------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>OTHER</b>	Description (If travel outside of Texas, complete Schedule T) <b>PARKING</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------

Date <b>4/27/15</b>	Payee name <b>PLAT PARKING</b>
------------------------	-----------------------------------

Amount (\$) <b>4.50</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>930 MAIN ST, HOUSTON 77002</b>
-----------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>OTHER</b>	Description (If travel outside of Texas, complete Schedule T) <b>PARKING</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <b>James Napolitano</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>6/14/15</b>	5 Payee name <b>James Napolitano</b>
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6 Amount (\$) <b>\$650.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>110 Harbour Town Lane Montgomery, TX 77356</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Gun for Auction</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---------------------------------------------------------------------------------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---------------------------------------------------------------------------------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---------------------------------------------------------------------------------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule H:	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Business name	
<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)

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# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

## SCHEDULE K

The Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
-----------------------------------------------------------	---------------------------

2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
--------------	----------------------------------------

4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City, State; Zip Code	
	7 Purpose for which amount is received	

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City, State; Zip Code	
	Purpose for which amount is received	

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City, State; Zip Code	
	Purpose for which amount is received	

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City, State; Zip Code	
	Purpose for which amount is received	

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# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
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# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.  
 \*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

**1 C/OH NAME**
**2 ACCOUNT # (Ethics Commission Filers)**
**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

 \_\_\_\_\_  
 Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**

 \*\* Complete A & B below *only* if you are not an officeholder. \*\*

**A. CAMPAIGN FUNDS**

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

 \_\_\_\_\_  
 Signature of Candidate

**5 OFFICEHOLDER**

 \*\* Complete this section *only* if you are an officeholder \*\*

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

 \_\_\_\_\_  
 Signature of Officeholder