

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <u>MR.</u> FIRST: <u>JAMES</u> MI: <u>F</u> NICKNAME: <u>Jim</u> LAST: <u>NAPOLITANO</u> SUFFIX:	<div style="border: 2px solid black; border-radius: 50%; padding: 10px; text-align: center;">                     MONTGOMERY COUNTY ELECTIONS ADMINISTRATOR  <b>RECEIVED</b>                      JAN 15 2016  <i>Walker</i>  <i>Rouze</i> </div> <p>Date Received</p> <p>Date Hand-delivered or Date Presented</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged			
Receipt #	Amount \$										
Date Processed											
Date Imaged											
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>110 HARBOUR TOWN LANE</u> <u>MONTGOMERY, TX 77356</u>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <u>(281) 475-9343</u>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>DR.</u> FIRST: <u>JOHN</u> MI: <u>C.</u> NICKNAME:      LAST:      SUFFIX:										
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>38 N. ROYAL FERN DR. SPRING, TX 77380</u>										
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <u>(832) 545-5128</u>										
9 REPORT TYPE	<table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input checked="" 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 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)
<input checked="" 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 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	<table style="width:100%;"> <tr> <td style="text-align: center;">Month      Day      Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month      Day      Year</td> </tr> <tr> <td style="text-align: center;">7 / 1 / 15</td> <td></td> <td style="text-align: center;">12 / 31 / 15</td> </tr> </table>			Month      Day      Year	THROUGH	Month      Day      Year	7 / 1 / 15		12 / 31 / 15		
Month      Day      Year	THROUGH	Month      Day      Year									
7 / 1 / 15		12 / 31 / 15									
11 ELECTION	ELECTION DATE Month      Day      Year <u>3 / 1 / 16</u>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special									
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)  <u>SHERIFF</u>									

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

JAMES F. NAPOLITANO

15 Filer ID (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.

COMMITTEE TYPE  
 GENERAL  
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 1,037.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 34,017.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 30,856.00

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 18,084.42

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

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.



AFFIX NOTARY STAMP / SEAL ABOVE

*James F. Napolitano*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said James F. Napolitano, this the 15 day of Jan., 2015, to certify which, witness my hand and seal of office.

*Krystal Gonzalez*  
Signature of officer administering oath

Krystal Gonzalez  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <b>JAMES F. NAPOLITANO</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 32,980
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 300.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 30,856.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1945.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 252.00

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The instruction guide explains how to complete this form.

1 Total pages Schedule A1: **14**

2 FILER NAME

**JAMES NAPOLITANO**

3 Filer ID (Ethics Commission Filers)

4 Date

**11-1-15**

5 Full name of contributor

**NORMAN & JENNIFER STEWART**

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

7 Amount of contribution (\$)

**\$500.00**

6 Contributor address;

**205 KINGS LANE  
MONTGOMERY, TX 77356**

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**10-8-15**

Full name of contributor

**MAINSTREET INSURANCE SERVICE**

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

Amount of contribution (\$)

**\$500.00**

Contributor address;

**PO BOX 1286  
MONTGOMERY, TX 77356**

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**10-30-15**

Full name of contributor

**WALTER WEST**

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

Amount of contribution (\$)

**\$100.00**

Contributor address;

**25355 DOGWOOD LN.  
SPLENDORA, TX 77372**

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**7-17-15**

Full name of contributor

**GAIL ROBERTS**

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

Amount of contribution (\$)

**\$400.00**

Contributor address;

**1422B APRIL VILLA WEST  
MONTGOMERY, TX 77356**

City; State; Zip Code

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

JAMES NAPOLITANO

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

10-30-15

MARI VAN DE VEN  
Contributor address; City; State; Zip Code  
11833 WHITE OAKS PASS  
CONROE, TX 77385

\$ 125.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

10-30-15

DENNIS WALLER - FREEBIRD BAIL BONDS  
Contributor address; City; State; Zip Code  
1119 APRILWATERS NORTH  
MONTGOMERY, TX 77356

\$ 150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

10-30-15

PAUL HOLDER  
Contributor address; City; State; Zip Code  
1018 WELLMAN RD. #2306  
SHENANDOAH, TX 77384

\$ 125.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JAMES NAPOLITANO

3 Filer ID (Ethics Commission Filers)

4 Date

10-26-15

5 Full name of contributor

LAWRENCE EDWARDS

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

7 Amount of contribution (\$)

\$50.00

6 Contributor address;

1345 BLALOCK  
HOUSTON, TX 77055

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11-1-15

Full name of contributor

BOB BAGLEY

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

Amount of contribution (\$)

\$45.00

Contributor address;

14655 OLD HUMBLE PIPELINERD.  
CONROE, TX 77302

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-30-15

Full name of contributor

VETERAN HSE

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

Amount of contribution (\$)

\$500.00

Contributor address;

526 KINGWOOD DR, STE 194  
KINGWOOD, TX 77339

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-30-15

Full name of contributor

STEVE BLACKMAN

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

Amount of contribution (\$)

\$100.00

Contributor address;

25014 FAUNFOREST RD  
MONTGOMERY, TX 77356

City; State; Zip Code

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JAMES NAPOLITANO

3 Filer ID (Ethics Commission Filers)

4 Date

9-29-15

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

SOUTHERN LOGGING

6 Contributor address; City; State; Zip Code

PO BOX 1413  
MONTGOMERY, TX 77356

7 Amount of contribution (\$)

\$ 500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-29-15

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

SARA COUNTRYMAN

Contributor address; City; State; Zip Code

396 BERKLEY DR.  
MONTGOMERY, TX 77356

Amount of contribution (\$)

\$ 50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-24-15

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

LAWRENCE EDWARDS

Contributor address; City; State; Zip Code

1345 BLALOCK  
HOUSTON, TX 77055

Amount of contribution (\$)

\$ 50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-3-15

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

DAVID GREEN

Contributor address; City; State; Zip Code

6 HARBOUR COVE DR.  
THE WOODLANDS, TX 77381

Amount of contribution (\$)

\$ 100.00

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.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

**JAMES NAPOLITANO**

3 Filer ID (Ethics Commission Filers)

4 Date

10-30-15

5 Full name of contributor

**MIGUEL VANEZ**

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

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address; City; State; Zip Code

**16702 ROCKSTONE  
HOUSTON, TX 77084**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11-12-15

Full name of contributor

**HENRY OWEN**

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

Amount of contribution (\$)

\$ 250.00

Contributor address; City; State; Zip Code

**18445 HWY 105 W, STE 102  
MONTGOMERY, TX 77356**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-6-15

Full name of contributor

**CHARLES JORDAN**

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

Amount of contribution (\$)

\$ 250.00

Contributor address; City; State; Zip Code

**4211 REX ROAD  
FRIENDSWOOD, TX 77546**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-29-15

Full name of contributor

**BOB PEEL & SHIRLEY PEEL**

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

Amount of contribution (\$)

\$ 500.00

Contributor address; City; State; Zip Code

**19028 HARBOR SIDE  
MONTGOMERY, TX 77356**

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.



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JAMES NAPOLITANO

3 Filer ID (Ethics Commission Filers)

4 Date

10-16-15

5 Full name of contributor

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

KATHRYN SULLIVAN

6 Contributor address; City; State; Zip Code

3110 CHIPPERS KING  
MONTGOMERY, TX 77356

7 Amount of contribution (\$)

\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10-29-15

Full name of contributor

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

IKE FLUELLEN

Contributor address; City; State; Zip Code

12608 VIRGO  
WILLIS, TX 77318

Amount of contribution (\$)

\$125.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-30-15

Full name of contributor

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

JOSHUA DELANO

Contributor address; City; State; Zip Code

PO Box 423  
ORANSEFIELD, TX 77639

Amount of contribution (\$)

\$15.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-30-15

Full name of contributor

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

BOBBY FULLER

Contributor address; City; State; Zip Code

1005 ST LAWRENCE RIVER  
MONTGOMERY, TX 77356

Amount of contribution (\$)

\$100.00

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JAMES F. NAPOLITANO

3 Filer ID (Ethics Commission Filers)

4 Date

9-30-15

5 Full name of contributor

KEITH MOSING

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

7 Amount of contribution (\$)

\$10,000.00

6 Contributor address; City; State; Zip Code

10260 WESTHEIMER RD, STE 700  
HOUSTON, TX 77042

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-30-15

Full name of contributor

MARK ROWE

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

Amount of contribution (\$)

\$ 250.00

Contributor address; City; State; Zip Code

11552 GRANDVIEW DR.  
MONTEOMERY, TX 77356

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-30-15

Full name of contributor

THOMAS BOLSCH

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

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

15 QUINELLE COURT  
THE WOODLANDS, TX 77382

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-16-15

Full name of contributor

DENNIS KELLY

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

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

602 SAWYER ST, STE 700  
HOUSTON, TX 77007

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

JAMES NAPOLITANO

4 Date

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

7 Amount of contribution (\$)

12-10-15

MARK & HELENE ROBINSON

\$500.00

6 Contributor address; City; State; Zip Code

495 S. PINE LAKE RD.  
MONTGOMERY, TX 77356

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

12-9-15

LAMAR RUSSELL

\$100.00

Contributor address; City; State; Zip Code

51 EAGLE MEAD PL  
THE WOODLANDS, TX 77382

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

9-8-15

JIM COOK

\$250.00

Contributor address; City; State; Zip Code

1750 PARK RD 4 S  
BURNETT, TX 78611

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

11-23-15

LAWRENCE EDWARDS

\$50.00

Contributor address; City; State; Zip Code

1345 BLALOCK  
HOUSTON, TX 77055

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JAMES NAPOLITANO

3 Filer ID (Ethics Commission Filers)

4 Date

12-24-15

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

LAWRENCE EDWARDS

7 Amount of contribution (\$)

\$50.00

6 Contributor address; City; State; Zip Code

1345 BLALOCK  
HOUSTON, TX 77055

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12-30-15

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

KEITH MOSINE

Amount of contribution (\$)

\$10,000.00

Contributor address; City; State; Zip Code  
10260 WESTHEIMER RD, STE 700  
HOUSTON, TX 77042

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/25/15

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

LAWRENCE EDWARDS

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

1345 BLALOCK  
HOUSTON, TX 77055

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/21/15

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

RICHARD & MICHELLE BUNCH

Amount of contribution (\$)

\$2500.00

Contributor address; City; State; Zip Code

6 HUNNEWELL WAY  
THE WOODLANDS, TX 77382

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JAMES F. NAPOLITANO

3 Filer ID (Ethics Commission Filers)

4 Date

9/21/15

5 Full name of contributor

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

WILLIAM ALBRACHT

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

1212 53RD STREET  
MOLINE, IL 61265

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/23/15

Full name of contributor

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

HARRI LOBAN

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

210 OAK TERRACE  
WIMBERLEY, TX 78676

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/11/15

Full name of contributor

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

WILLIAM POMEROY

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code

1813 YURON TRAC #B  
HARLER HEIGHTS, TX 76548

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/27/15

Full name of contributor

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

LAWRENCE EDWARDS

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

1345 BLALOCK  
HOUSTON, TX 77055

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JAMES F. NAPOLITANO

3 Filer ID (Ethics Commission Filers)

4 Date

8/25/15

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

PHIL CADY

7 Amount of contribution (\$)

50.00

6 Contributor address; City; State; Zip Code

14429 CARPENTER RD  
CONROE, TX 77302

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/2/15

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

LYNETTE SMITH

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

2605 SWILWIND CIR  
THE WOODLANDS, TX 77380

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/4/15

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

EDDIE VALEK

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

32808 GREEN VIEW  
BLVERDE, TX 78163

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/19/15

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

MARIA GRAU

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

6 PASEO DE CASTANA  
RANCHO PALOS VERDES, CA 90275

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JAMES F. NAPOLITANO

3 Filer ID (Ethics Commission Filers)

4 Date

7-1-15

5 Full name of contributor

JUSTIN RAVARI

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

7 Amount of contribution (\$)

\$ 400.00

6 Contributor address; City; State; Zip Code

3218 PINEY FOREST DR.  
HOUSTON, TX 77084

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/25/15

Full name of contributor

EILEEN CAMPBELL

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

Amount of contribution (\$)

\$ 250.00

Contributor address; City; State; Zip Code

411 THAMER LN.  
HOUSTON, TX 77024

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-16-15

Full name of contributor

SAMUEL WEITZ

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

Amount of contribution (\$)

\$ 250.00

Contributor address; City; State; Zip Code

2815 112TH ST CT NW  
GIG HARBOR, WA 98332

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-30-15

Full name of contributor

BERNIE MCCABE

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

Amount of contribution (\$)

\$ 110.00

Contributor address; City; State; Zip Code

12210 VISTA BAY LANE  
HOUSTON, TX 77041

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JAMES NAPOLITANO

3 Filer ID (Ethics Commission Filers)

4 Date

11-11-15

5 Full name of contributor

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

CLYDE AND ANN MARSAU

6 Contributor address; City; State; Zip Code

136 HARBOUR TOWN CIR.  
MONTGOMERY, TX 77356

7 Amount of contribution (\$)

\$ 100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8-10-15

Full name of contributor

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

OFFICE OF PATRICK WEIRLY

Contributor address; City; State; Zip Code

3325 SPRING CYPRESS RD  
SPRING, TX 77308

Amount of contribution (\$)

\$ 250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-14-15

Full name of contributor

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

MARK & TONI HENGESTEG

Contributor address; City; State; Zip Code

14661 WHISTLING OAK DR.  
MONTGOMERY, TX 77356

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-3-15

Full name of contributor

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

DAVID GREEN

Contributor address; City; State; Zip Code

6 HARBOR COVE DR.  
THE WOODLANDS, TX 77381

Amount of contribution (\$)

\$ 100.00

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.



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

2 FILER NAME **JAMES NAPOLITANO** 3 Filer ID (Ethics Commission Filers)

4 Date <b>10-30-15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DAVID KAPPUS</b>	7 Amount of contribution (\$) <b>\$125.00</b>
6 Contributor address; City; State; Zip Code <b>911 BURCHTON DR. SUGARLAND, TX 77479</b>		

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

Date <b>10-30-15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>STEVE ROBERTS CONSTRUCTION</b>	Amount of contribution (\$) <b>\$ 200.00</b>
Contributor address; City; State; Zip Code <b>1422 B APRIL VILLA WEST MONTGOMERY, TX 77356</b>		

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

Date <b>10-30-15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BARRY FREECE</b>	Amount of contribution (\$) <b>\$ 100.00</b>
Contributor address; City; State; Zip Code <b>3006 COUNTRY CLUB BLVD MONTGOMERY, TX 77356</b>		

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

Date <b>11-3-15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>STONE'S WRECKER</b>	Amount of contribution (\$) <b>\$ 1060.00</b>
Contributor address; City; State; Zip Code <b>21587 EVA ST. MONTGOMERY, TX 77356</b>		

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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 1

2 FILER NAME

JAMES NAPOLITANO

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ 0

5 Date

11-2-15

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

GAIL ROBERTS

7 Contributor address; City; State; Zip Code

1422B APRIL VILLA WEST  
MONTEOMERY, TX 77356

8 Amount of Contribution \$

\$300.00

9 In-kind contribution description

RECORD KEEPING  
TRANSCRIPTIONS

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

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

Contributor address; City; State; Zip Code

Amount of Contribution \$

In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>16</b>	2 FILER NAME <b>JAMES NAPOLITANO</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>7-1-15</b>	5 Payee name <b>DOC HOLIDAY</b>
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6 Amount (\$) <b>\$100.00</b>	7 Payee address; City; State; Zip Code <b>24530 GOSLING RD 815 SPRING, TX 77389</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>HONORARIUM</b>
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>7-1-15</b>	Payee name <b>DALIN KENNARD</b>
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Amount (\$) <b>\$100.00</b>	Payee address; City; State; Zip Code <b>11505 OAK SPRINGS DR. WILLIS, TX 77378</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>HONORARIUM</b>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>7-1-15</b>	Payee name <b>TAYLOR POWELL</b>
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Amount (\$) <b>\$100.00</b>	Payee address; City; State; Zip Code <b>2911 KINGS FOREST DRIVE KINGWOOD, TX 77339</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>HONORARIUM</b>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>JAMES NAPOLITANO</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>7-27-05</b>		5 Payee name <b>JACK BOBBITT</b>			
6 Amount (\$) <b>\$524.05</b>		7 Payee address; City; State; Zip Code <b>8115 SUMMER WIND CT SUGARLAND, TX 77479</b>			
8 PURPOSE OF EXPENDITURE <b>CONSULTING EXPENSE</b>		(a) Category (See Categories listed at the top of this schedule)		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>CAMPAIGN CONSULTING</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

Date <b>8/4/15</b>		Payee name <b>LARAMORE MEDIA GROUP</b>			
Amount (\$) <b>\$1951.63</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)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>CONSULTING-MEDIA</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

Date <b>8/5/15</b>		Payee name <b>FAJITA JACKS</b>			
Amount (\$) <b>\$267.82</b>		Payee address; City; State; Zip Code <b>15256 TX-105 MONTGOMERY, TX 77356</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>VOLUNTEER MEETING</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME JAMES NAPOLITANO		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 8-28-15		<b>5</b> Payee name VERIZON WIRELESS			
<b>6</b> Amount (\$) \$ 97.43		<b>7</b> Payee address; City; State; Zip Code 1312 W. DAVIS ST. CONROE, TX 77304			
<b>8</b> PURPOSE OF EXPENDITURE  OFFICE OVERHEAD		<b>(a)</b> Category (See Categories listed at the top of this schedule)		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CELL PHONE	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 8-29-15		Payee name PHIL'S ROADHOUSE			
Amount (\$) \$ 64.36		Payee address; City; State; Zip Code 501 LIBERTY ST MONTGOMERY, TX 77356			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FOOD		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VOLUNTEER MEETING	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 9-4-15		Payee name FAJITA JACKS			
Amount (\$) \$ 58.94		Payee address; City; State; Zip Code 15256 TX-105 MONTGOMERY, TX 77356			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FOOD		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VOLUNTEER MEETING	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>JAMES NAPOLITANO</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>9-1-15</b>		5 Payee name <b>LARAMORE MEDIA GROUP</b>			
6 Amount (\$) <b>\$1500.00</b>		7 Payee address; City; State; Zip Code <b>PO BOX 2911 LEAGUE CITY, TX 77574</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>CONSULTING</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>CONSULTING</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>10-14-15</b>		Payee name <b>CUT 'N' SHOOT HOGS LEATHER, DENIM &amp; DIAMONDS CHARITY EVENT</b>			
Amount (\$) <b>\$350.00</b>		Payee address; City; State; Zip Code <b>2111 N. FRAZIER CONROE, TX 77301</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>DONATION</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>DONATION</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

Date <b>10-14-15</b>		Payee name <b>GO DADDY.COM</b>			
Amount (\$) <b>\$342.76</b>		Payee address; City; State; Zip Code <b>14455 NORTH HAYDEN RD, SUITE 219 SCOTTSDALE, AZ 85260</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>OFFICE</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>WEBSITE</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

Date <b>10-14-15</b>		Payee name <b>GO DADDY.COM</b>			
Amount (\$) <b>\$342.76</b>		Payee address; City; State; Zip Code <b>14455 NORTH HAYDEN RD, SUITE 219 SCOTTSDALE, AZ 85260</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>OFFICE</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>WEBSITE</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>JAMES NAPOLITANO</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>10-5-15</b>	5 Payee name <b>SUPER 8</b>
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6 Amount (\$) <b>\$169.49</b>	7 Payee address; City; State; Zip Code <b>201 MESA VIEW MONTGOMERY, TX 77316</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>CONSULTING EXPENSE</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>CONSULTANTS ROOM</b>
------------------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>9-28-15</b>	Payee name <b>VERIZON WIRELESS</b>
------------------------	---------------------------------------

Amount (\$) <b>\$48.71</b>	Payee address; City; State; Zip Code <b>1312 W. DAVIS ST CONROE, TX 77304</b>
-------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>OFFICE</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>CELL PHONE</b>
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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>9-21-15</b>	Payee name <b>FAJITA JACKS</b>
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Amount (\$) <b>\$113.89</b>	Payee address; City; State; Zip Code <b>15256 TX-105 MONTGOMERY, TX 77356</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FOOD</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>VOLUNTEER MEETING</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>JAMES NAPOLITANO</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>10-7-15</b>		5 Payee name <b>LARAMORE MEDIA GROUP</b>			
6 Amount (\$) <b>\$ 4250.00</b>		7 Payee address; City; State; Zip Code <b>PO BOX 2911 LEAGUE CITY, TX 77574</b>			
8 PURPOSE OF EXPENDITURE <b>CONSULTING</b>		(a) Category (See Categories listed at the top of this schedule) <b>CONSULTING</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>CONSULTING</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>11-12-15</b>		Payee name <b>MYRON CORP</b>			
Amount (\$) <b>\$ 1100.70</b>		Payee address; City; State; Zip Code <b>205 MAYWOOD AVE MAYWOOD, NJ 07607</b>			
PURPOSE OF EXPENDITURE <b>ADVERTISING EXPENSE</b>		Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>ADVERTISING MATERIALS</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>11-12-15</b>		Payee name <b>JIM'S HARDWARE</b>			
Amount (\$) <b>\$ 171.50</b>		Payee address; City; State; Zip Code <b>14460 LIBERTY ST MONTGOMERY, TX 77356</b>			
PURPOSE OF EXPENDITURE <b>ADVERTISING EXPENSE</b>		Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>MATERIALS</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>JAMES NAPOLITANO</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>10-28-15</b>	5 Payee name <b>VERIZON WIRELESS</b>
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6 Amount (\$) <b>\$48.71</b>	7 Payee address; City; State; Zip Code <b>1312 W DAVIS ST CONROE, TX 77304</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>OFFICE</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>CELL PHONE</b>
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10-24-15</b>	Payee name <b>FAJITA JACKS</b>
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Amount (\$) <b>\$126.91</b>	Payee address; City; State; Zip Code <b>15256 TX-105 MONTGOMERY, TX 77356</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FOOD</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>VOLUNTEER MEETING</b>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10/20/15</b>	Payee name <b>GREATER CONROE / LAKE CONROE CHAMBER OF COMMERCE</b>
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Amount (\$) <b>\$150.00</b>	Payee address; City; State; Zip Code <b>505 W. DAVIS ST. CONROE, TX 77301</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>DONATION</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>SPONSORSHIP</b>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>JAMES NAPOLITANO</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>11-15-15</b>		5 Payee name <b>EAST MONTGOMERY COUNTY FAIR ASSOC.</b>			
6 Amount (\$) <b>\$600.00</b>		7 Payee address; City; State; Zip Code <b>PO BOX 704 PORTER, TX 77365</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>DONATIONS</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>DONATIONS</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

Date <b>10-30-15</b>		Payee name <b>CREEKWOOD SHOOTING SPORTS</b>			
Amount (\$) <b>\$91.90</b>		Payee address; City; State; Zip Code <b>12824 TX-105 CONROE, TX 77304</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>FUNDRAISING EXPENSE</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>RENTAL</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

Date <b>10/30/15</b>		Payee name <b>LASKAR CATERING</b>			
Amount (\$) <b>\$855.00</b>		Payee address; City; State; Zip Code <b>1816 PEMBROOK CR. CONROE, TX 77301</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>FUNDRAISING EXPENSE</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>FOOD</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME **JAMES NAPOLITANO** 3 Filer ID (Ethics Commission Filers)

4 Date **11-4-15** 5 Payee name **LARAMORE MEDIA GROUP**

6 Amount (\$) **\$3000.00** 7 Payee address; City; State; Zip Code  
**PO BOX 2911  
LEAGUE CITY, TX 77574**

8 PURPOSE OF EXPENDITURE **CONSULTING** (a) Category (See Categories listed at the top of this schedule) **CONSULTING** (b) Description  
 Check if travel outside of Texas. Complete Schedule T.  
 Check if Austin, TX, officeholder living expense  
**CONSULTING**

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

Date **11-16-15** Payee name **THOMAS PRINTING**  
Amount (\$) **\$1,283.34** Payee address; City; State; Zip Code  
**21574 EVA ST  
MONTGOMERY, TX 77356**

PURPOSE OF EXPENDITURE **ADVERTISING EXPENSE** Category (See Categories listed at the top of this schedule) **ADVERTISING EXPENSE** Description  
 Check if travel outside of Texas. Complete Schedule T.  
 Check if Austin, TX, officeholder living expense  
**LITERATURE**

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

Date **11-6-15** Payee name **LONE STAR SIGNS**  
Amount (\$) **\$3,242.94** Payee address; City; State; Zip Code  
**21973 EVA ST.  
MONTGOMERY, TX 77356**

PURPOSE OF EXPENDITURE **ADVERTISING EXPENSE** Category (See Categories listed at the top of this schedule) **ADVERTISING EXPENSE** Description  
 Check if travel outside of Texas. Complete Schedule T.  
 Check if Austin, TX, officeholder living expense  
**SIGNS, BAGS, PENS**

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>JAMES NAPOLITANO</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>11-28-15</b>		5 Payee name <b>VERIZON WIRELESS</b>			
6 Amount (\$) <b>\$48.71</b>		7 Payee address; City; State; Zip Code <b>1312 W. DAVIS ST CONROE, TX 77304</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>OFFICE</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>CELLPHONE</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>12-8-15</b>		Payee name <b>MAGNOLIA DINER</b>			
Amount (\$) <b>\$73.81</b>		Payee address; City; State; Zip Code <b>19784 TX-105 MONTGOMERY, TX 77356</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>FOOD</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>VOLUNTEER MEETING</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

Date <b>12-28-15</b>		Payee name <b>VERIZON WIRELESS</b>			
Amount (\$) <b>\$48.71</b>		Payee address; City; State; Zip Code <b>1312 W. DAVIS ST. CONROE, TX 77304</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>OFFICE</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>CELLPHONE</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

Date <b>12-28-15</b>		Payee name <b>VERIZON WIRELESS</b>			
Amount (\$) <b>\$48.71</b>		Payee address; City; State; Zip Code <b>1312 W. DAVIS ST. CONROE, TX 77304</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>OFFICE</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>CELLPHONE</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>JAMES NAPOLITANO</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>12-30-15</b>		5 Payee name <b>HOME DEPOT</b>			
6 Amount (\$) <b>\$28.16</b>		7 Payee address; City; State; Zip Code <b>6119 F.M. 1488 MAGNOLIA, TX 77354</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>MATERIALS</b>	

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date <b>12-30-15</b>	Payee name <b>HOME DEPOT</b>	
Amount (\$) <b>\$102.46</b>	Payee address; City; State; Zip Code <b>6119 F.M. 1488 MAGNOLIA, TX 77354</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>MATERIALS</b>

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date <b>12/26-15</b>	Payee name <b>PAUL LAZARRO</b>	
Amount (\$) <b>\$2500.00</b>	Payee address; City; State; Zip Code <b>51 N COCHRAN GREEN CIR. THE WOODLANDS, TX 77381</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>CONSULTING</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>CONSULTING</b>

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>JAMES NAPOLITANO</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>7-8-15</b>	5 Payee name <b>LARAMORE MEDIA GROUP</b>	
6 Amount (\$) <b>\$3000.00</b>	7 Payee address; City; State; Zip Code <b>PO BOX 2911 LEAGUE CITY, TX 77574</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>CONSULTING EXPENSE</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>MEDIA CONSULTING</b>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <b>7-15-15</b>	Payee name <b>GAIL ROBERTS</b>	
Amount (\$) <b>\$150.00</b>	Payee address; City; State; Zip Code <b>1422 B APRIL WILLY WEST MONTGOMERY, TX 77356</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>CONTRACT LABOR</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>CONTRACT LABOR - OFFICE</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <b>7-13-15</b>	Payee name <b>NORTH SHORE REPUBLICAN WOMEN</b>	
Amount (\$) <b>\$200.00</b>	Payee address; City; State; Zip Code <b>PO BOX 524 WILLIS, TX 77378</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>DONATION</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>DONATION</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>JAMES NAPOLITANO</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>7-20-15</b>		5 Payee name <b>LCARW PAC</b>			
6 Amount (\$) <b>\$50.00</b>		7 Payee address; City; State; Zip Code <b>PO BOX 737 MONTGOMERY, TX 77356</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>CONTRIBUTION</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>FUNDRAISER</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>7-1-15</b>		Payee name <b>MACC</b>			
Amount (\$) <b>\$25.00</b>		Payee address; City; State; Zip Code <b>PO BOX 486 MONTGOMERY, TX 77356</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>FEES</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>PARADE ENTRY</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

Date <b>7-1-15</b>		Payee name <b>SOUTH COUNTY 4TH OF JULY COMMITTEE</b>			
Amount (\$) <b>\$10.00</b>		Payee address; City; State; Zip Code <b>PO BOX 7266 THE WOODLANDS, TX 77387</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>FEES</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>PARADE ENTRY</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>JAMES NAPOLITANO</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>7-9-15</b>		5 Payee name <b>MURON CORP.</b>			
6 Amount (\$) <b>\$ 487.34</b>		7 Payee address; City; State; Zip Code <b>205 MAYWOOD AVE MAYWOOD, NJ 07607</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>GIVE-AWAYS</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>7-17-15</b>		Payee name <b>OFFICE DEPOT</b>			
Amount (\$) <b>\$ 351.46</b>		Payee address; City; State; Zip Code <b>1319 W DAVIS ST CONROE, TX 77304</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>OFFICE OVERHEAD</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>OFFICE SUPPLIES</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>7-20-15</b>		Payee name <b>FAJITA JACKS</b>			
Amount (\$) <b>\$ 37.64</b>		Payee address; City; State; Zip Code <b>15256 TX-105 MONTGOMERY, TX 77356</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>FOOD</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>CAMPAIGN MTEG</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>JAMES NAPOLITANO</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>9-1-15</b>	5 Payee name <b>JASON LAPASINSKAS</b>
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6 Amount (\$) <b>\$100.00</b>	7 Payee address; City; State; Zip Code <b>15011 VINCENNES OAK ST CYPRESS, TX 77429</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>HONORARIUM</b>
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>7/2/15</b>	Payee name <b>REPUBLICAN PARTY OF TEXAS</b>
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Amount (\$) <b>\$275.00</b>	Payee address; City; State; Zip Code <b>1108 LAVACA ST., STE 500 AUSTIN, TX 78701</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>EVENT REGISTRATION</b>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>7-6-15</b>	Payee name <b>MAGNOLIA DINER</b>
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Amount (\$) <b>\$45.08</b>	Payee address; City; State; Zip Code <b>19784 TX-105 MONTGOMERY, TX 77356</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FOOD</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>VOLUNTEER MTG</b>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>JAMES NAPOLITANO</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>12-8-15</b>	5 Payee name <b>MONTGOMERY COUNTY REPUBLICAN PARTY</b>
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6 Amount (\$) <b>\$1250.00</b>	7 Payee address; City; State; Zip Code <b>310 METCALF ST. CONROE, TX 77301</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>FEES</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>BALLOT FEE</b>
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>11-15-15</b>	Payee name <b>MICHAEL LOTT</b>
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Amount (\$) <b>\$350.00</b>	Payee address; City; State; Zip Code <b>18282 MAIL ROUTE RD MONTGOMERY, TX 77316</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FUNDRAISING EXPENSE</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>AUCTION RESERVE</b>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>12-6-15</b>	Payee name <b>NATIONBUILDER</b>
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Amount (\$) <b>\$367.55</b>	Payee address; City; State; Zip Code <b>520 S. GRAND AVE 2ND FL LOS ANGELES, CA 90071</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ACCTING/BANKING</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>FEES</b>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>1</b>	2 FILER NAME <b>JAMES NAPOLITANO</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>9-4-15</b>	5 Payee name <b>COMMUNITY IMPACT</b>
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6 Amount (\$) <b>\$1,945.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>16225 IMPACT WAY, STE ONE PFLUGERVILLE, TX 78660</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

**SCHEDULE K**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: <u>1</u>
2 FILER NAME <b>JAMES NAPOLITANO</b>		3 Filer ID (Ethics Commission Filers)
4 Date  <b>8-10-15</b>	5 Name of person from whom amount is received  <b>CONROE ISD</b>	8 Amount (\$)  <b>\$252.00</b>
	6 Address of person from whom amount is received; City; State; Zip Code <b>3205 WEST DAVIS CONROE, TX 77304</b>	
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <b>REIMBURSEMENT FOR SECURITY</b>		
Date	Name of person from whom amount is received  ..... Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received  ..... Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received  ..... Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

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