CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM C/OH COVER SHEET PG 1

THE COH Instruction Guide explains how to complete this form. CANDIDATE / OFFICE USE ONLY OFF	CAMPAIGN	FINANCE ILL. OTT.		
CANDIDATE/ OFFICEHOLDER NAME MR. JAMES LAST NAPOLITANO CANDIDATE/ OFFICEHOLDER MCNOR ADDRESS CHARGE of Marines MS / MS	o (OU) Instruction Gif	ide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
NAME NORNAME NORNAME NORNAME NORNAME NORNAME NORNAME NORNAME NORNAME NATOCHA MATOCHA MATOCHA STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE; ZIP CODE SPRING TX	CANDIDATE / OFFICEHOLDER NAME CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address CANDIDATE / OFFICEHOLDER PHONE CAMPAIGN	MS/MRS/MR FIRST MR. JAMES NICKNAME LAST NAPOLIT ADDRESS / PO BOX; APT / SUITE #; ITO HARBOUR TOWN MONTSOMERY TY AREA CODE PHONE NUMBER (281) 475-9343 MS/MRS/MR FIRST	SUFFIX TANO CITY; STATE; ZIP CODE LANE T1354 EXTENSION	Date Received STAN 15 2016 Date hand-on-Bell of Description Receipt # Amount \$
9 REPORT TYPE January 15 Soft day before election Lexceeded \$500 limit Final Report (Atlach C/OH - FF) 10 PERIOD COVERED Month Day Year THROUGH 12 3	CAMPAIGN TREASURER ADDRESS (Residence or Business) CAMPAIGN TREASURER	MATOCH STREET ADDRESS (NO PO BOX PLEASE); APT 38 N. ROYAL FER AREA CODE PHONE NUMBER	IA / SUITE #; CITY; STATE; LN DR. SPRING [] EXTENSION	ZIP CODE
11 ELECTION Secription Sec	10 PERIOD	July 15 8th day befo	ore election Exceeded \$500 lin	treasurer appointment (Officeholder Only) This Final Report (Attach C/OH - FR) This Day Year
GO TO PAGE 2		Month Day Year	eneral Special 13 OFFICE SOUGHT (fi	etion (known)
		GO		AFF Revised 9/

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH **COVER SHEET PG 2**

		45	Filer ID (Ethics Commission Filers)
14 C/OH NAME			Frier ID (Littles Commons, 1995)
JAMES	F. NAPO	LITANO	IDES MADE BY POLITICAL COMMITTEES TO
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NO	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED ON POLITICAL EXPENDITURES OF POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITH IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITH INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS	HOUT THE CANDIDATE'S OR OFFICEHOLDER'S INFORMATION ONLY IF THEY RECEIVE NOTICE
	COMMITTEE TYPE	COMMITTEE NAME	
	SPECIFIC	COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Lagoo		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAT ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	\$ 1,037.00 \$34,017.00
	2. TOTAI	POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$34,017.00
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SS ITEMIZED	\$ 0
	4. TOTA	L POLITICAL EXPENDITURES	\$ 30,856.00 FDAY \$ 18,084.42
CONTRIBUTION BALANCE	5. TOTAL	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	* 18,084.42
OUTSTANDING LOAN TOTALS	6. TOTAL	L PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF DAY OF THE REPORTING PERIOD	THE \$ O
18 AFFIDAVIT		l swear, or affirm, under penalty of true and correct and includes all ir under Title 15, Election Code.	perjury, that the accompanying report is aformation required to be reported by me
Not No	KRYSTAL GONZALE ary Public, State of My Commission Exp February 15, 201	ires James f. De	and date or Officeholder
AFFIX NOTARY ST	AMP/SEALABOVE	,	
Sworn to and sub	scribed before m	e, by and board 1	an0, this the15
day of <u>Jan</u>	, 20 <u>\5</u>	, to certify which, witness my hand and seal of offic	:
kalan	Δ	Krystal Gonzalez	Notary Public Title of officer administering oath
Signature of office	er administering oat	h Printed name of officer administering oath	
		www.athics.etate.tv.US	Revised 9/8/2015

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

20 Filer ID (Ethics Commission Filers)					
9 FILER NAME					
JAMES F. NAPOLITANO SUBTOTAL					
21 SCHEDULE SUBTOTALS	AMOUNT				
NAME OF SCHEDULE					
1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ 32,980				
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 300.00				
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ &				
4. SCHEDULE E: LOANS	\$ 6				
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s \$30,856.00				
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0				
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTI					
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$					
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1945.00				
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$					
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	us \$ Ø				
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 252.00				

Date 5 Full nar NOC	Guide explains how to complete this form. ES NAPOLITANO ne of contributor	3 Filer ID (Ethics Commission Filers 7 Amount of contribution (\$)
Date 5 Full nar NOR	ne of contributor □ out-of-state PAC (ID#:	7 Amount of contribution (\$)
Date 5 Full nar	ne of contributor □ out-of-state PAC (ID#:	7 Amount of contribution (\$)
Nos	MAN & JENNIPER STEWART	
-1-15 6 Contrib		\$500.00
2.0	utor address; City; State; Zip Code KINGS LANE NTGOMERY LTX 77356	4 300.00
		Instructions)
Principal occupation / Job	the (See Handons, S)	
Date	me of contributor out-of-state PAC (ID#:	
(D-8-15 Contri	Dutor address; City; State; Zip Code BOX 1286	\$500.00
Principal occupation / Job	title (See Instructions) Employer (See	: Instructions)
Date Full n	ame of contributor	Amount of contribution (\$)
10-30-13 Contr	ILTER WEST ibutor address; City; State; Zip Code 355 DOGWOOD LN	# 100.00
	PLENDORA, TX T1372 Employer (See	ee Instructions)
Principal occupation / Jo	o mile (Gee managers)	
Date Full	name of contributor	Amount of contribution (\$)
7-11-13 Con	AIL ROBERTS tributor address; City; State; Zip Code F2ZB APRILVIUA WEST	\$400.00
	MONTGOMERY, TK 77356 Employer (S	see Instructions)
Principal occupation / J	ob title (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME JAMES NAPOLITANIO 7 Amount of contribution (\$) out-of-state PAC (ID#:_ 5 Full name of contributor 4 Date City; State; Zip Code 6 Contributor address; Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Amount of contribution (\$) out-of-state PAC (ID#:_ Full name of contributor Date MARI VAN DE VEN Contributor address; City; State; Zip Code 11833 WHITE OAKS PASS 10-30-15 \$ 125.00 CONROEITY 77385 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) out-of-state PAC (ID#:____ Full name of contributor Date DENNIS WALLER-FREEBIRD BAIL BONDS 150.00 Contributor address; City; State; Zip Code 10-30-15 1119 APRILWATERS NORTH MONTEOMERY, TX 77356 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) out-of-state PAC (ID#:__ Full name of contributor Date 10-30.15 PAUL HOLDER Contributor address; City; State; Zip Code 1018 WELLMAN RD. #2306 # 125.00 SHENANDOAHITY 77384 Employer (See Instructions) Principal occupation / Job title (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. Revised 9/8/2015

	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1:
The i	nstruction Guide explains flow to company	3 Filer ID (Ethics Commission Filers)
FILER NAME	,	
	JAMES NAPOLITANO	7 Amount of contribution (\$)
Date	5 Full name of contributor	
	LAWRENCE EDWARDS	\$ 50.00
5-26-15	6 Contributor address; City; State; Zip Code	., •
	1345 BLALOCK 17655	
	pation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Principal occu	pation / 300 title (CSO state)	
	Full name of contributor	Amount of contribution (\$)
Date		
11-1-15	BOB BAGLEY	\$45.00
11.	Contributor address; City; State; Zip Code 14655 OLD HUMBLE PIPELINERD.	
	COURSE ITX TISO 4	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
,		1
	Full name of contributor	Amount of contribution (\$)
Date	ince	4 500 00
10-30-15	VETERAN INSE. Contributor address: City; State; Zip Code	\$ 500.00
	Contributor address; City; State; 2000s 526 KINGWOOD DR, STE 194	
	V: 101000 TX 77337	
Principal occ	upation / Job title (See Instructions) Employer (See Instru	ctions)
	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Date		
10-30-15	STEVE BLAKLMAN. Contributor address: C. City: State; Zip Code	\$ 100.00
	1 12010 1000 in	
10.50	MONTGOMERY, TX 77356	
10-30	TOWN COLOR TO 1 / N 1 . W. J. F. W. J. See Instr.	uctions)
	cupation / Job title (See Instructions) Employer (See Instructions)	uctions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME JAMES NAPOLITANO 7 Amount of contribution (\$) out-of-state PAC (ID#:_ 5 Full name of contributor 4 Date Southern LOGGING \$500.00 City; State; Zip Code 6 Contributor address; Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:_ Date SARA COUNTRYMAN 50.00 Contributor address; 396 BERKEY DR. MONTGOMBRY TX Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) out-of-state PAC (ID#:_ Full name of contributor Date 2029AWAS EDWARDS 50.00 Contributor address; City; State; Zip Code 1345 BLALOCA 1 NOTENOH Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:_ Date DAVAD GREEN \$ 100.00 City; State; Zip Code Contributor address; 11-3-15 6 HARBOR COVE DR THE WOODLANDS, TX TT381 Employer (See Instructions) Principal occupation / Job title (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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME LIAMES NAPOLITAND 7 Amount of contribution (\$) out-of-state PAC (ID#:___ 5 Full name of contributor 4 Date \$ 100.00 MIGUEL VANEZ 6 Contributor address; 16702 ROCKSTONE City; State; Zip Code 10-30-15 HOUSTON, TX T7084 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Amount of contribution (\$) aut-of-state PAC (ID#:_ Full name of contributor Date HENRY DWEN City; State; Zip Code \$250.00 11-12-15 Contributor address; 18445 HWY 105 W STE 102 MONTEONNERY, TX 77356 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) out-of-state PAC (ID#:____ Full name of contributor Date CHARLES JURDAN Contributor address: City; State; Zip Code \$ 250.00 12-6-15 Contributor address; 4211 REX (20A0) FRIENDSWOOD, TX 77546 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Date BOB PEEL & SHIPLEY PEEL Contributor address: Citv: State: Zip Code \$500.00 9-29-15 19028 HARBOR SIDE MONTGOMERY, TX 77356 Employer (See Instructions) Principal occupation / Job title (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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME JAMES NAPOLITANO 7 Amount of contribution (\$) 4 Date KATHRYN SULLVAN 6 Contributor address; Zip Code 3110 CHIPPERS XING \$ 250.00 10-16-15 MONTEOMERY, TX 77356 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Amount of contribution (\$) out-of-state PAC (ID#:_ Full name of contributor Date Contributor address Cook VIRGO City; State; Zip Code \$ 125.00 10-29-15 WILLS: TX 77318 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) ut-of-state PAC (ID#:_ Full name of contributor Date \$ 15.00 10-30-15 ESTE X1, UZFESSA Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) out-of-state PAC (ID#:_ Full name of contributor Date BOBBY FULLOR \$ 100.00 10-3015 Contributor address; City; State; 1005 ST LAWRENCE RIVER MONTEOMERY, TX 77356 Employer (See Instructions) Principal occupation / Job title (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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME JAMES F. NAPOLITANO 7 Amount of contribution (\$) 5 Full name of contributor 4 Date \$16,000.00 KETTH MOSING City; State; Zip Code 6 Contributor address; 10260 WESTHEIMER RD, STE 700 g Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Amount of contribution (\$) out-of-state PAC (ID#:_ Full name of contributor Date Contributor address; City; State; Zip Code /1552 GRANDVIEW DR. 250.00 MONTE OMERY, TX 77356 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) out-of-state PAC (ID#:_ Full name of contributor Date THOMAS BOLSCH

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

10-16-15

Date

9-30-15

Full name of contributor DENNIS KEWY

HOUSTON, TX 77007

THE WOODLANDS, TX T7382

out-of-state PAC (ID#:_

Amount of contribution (\$)

\$250.00

Contributor address: City; State 1800

City; State; Zip Code

\$ 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) 4 Date City; State; Zip Code 6 Contributor address; \$500.00 12-10-15 495 S. PINELAKE RD. Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Amount of contribution (\$) Out-of-state PAC (ID#: Full name of contributor Date LAMAR RUSSELL Contributor address; City; State; Zip Code 51 CAGLE MEHO PL 12-9-15 100.00 THE WOODLANDS, TX TT382 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$250.00 City; State; Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Full name of contributor aut-of-state PAC (ID#:_ Date LAWRENCE EDWARDS 11-23-15 50.00 City; State; Zip Code HOUSTONITY 77055 Employer (See Instructions) Principal occupation / Job title (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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME JAMES NAPOLITANO 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_ 4 Date LAWRENCE EDWARDS \$ 50.00 12-24-15 City; State; Zip Code 6 Contributor address; 1345 BLALOCIL HOUSTONITK -Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Amount of contribution (\$) Full name of contributor ut-of-state PAC (ID#:_ Date Contributor address; City; State; Zip Code 10260 WESTHEIMER RD; STE 700 \$10,000.00 HOUSTON, TX 77042 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) out-of-state PAC (ID#:_ Full name of contributor Date \$ 50.00 8/25/15 Contributor address; City; State; Zip Code 1345 BLALOCK HOUSTONITY 77055 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) out-of-state PAC (ID#:_ Full name of contributor Date EICHANDE MICHELLE BUNCH \$ 2500.00 Contributor address; City; State; Zip Code 12/20/15 LHUNNEWEW WAY THE WUDDUANDS, TX 77382 Employer (See Instructions) Principal occupation / Job title (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME JAMES F. NAPOLITANO 7 Amount of contribution (\$) out-of-state PAC (ID#: 4 Date WILLIAM ALBRACHT 6 Contributor address; City; State; Zip Code 1212 53 PD STREET 100.00 MOUNE, 1L 61265 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Amount of contribution (\$) out-of-state PAC (ID#:_ Full name of contributor Date 100.00 9/23/15 City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) out-of-state PAC (ID#:_ Full name of contributor Date WILLIAM POMEROY Contributor address; 200.00 Shirlis City; State; Zip Code 1813 YURDN TRAC#B HARLER HEIGHT Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:_ Date LAWRENCE EDWARDS 50.00 7/27/15 Contributor address; City; State; Zip Code 1345 BLALOCK HOUSTONITX 77055 Employer (See Instructions) Principal occupation / Job title (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 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME JAMES F. NAPOLITANO 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ PHILL CADY 50.00 CONTROE ITX 77302 g Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) Date LYNETTE SMITH Contributor address; LOWINO CITY: Zip Code 100.00 9/2/15 THE WOODLANDS, TX 77380 Employer (See Instructions) Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:_ Amount of contribution (\$) Full name of contributor Date EDDIE VALEK Contributor address; City; State; Zip Code 32808 GREEN VIEW 100.00 BUWERDE, TX 78163 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Full name of contributor Date out-of-state PAC (ID#: 750.00 RANCHO PALOS VERDES, CA 90275 Employer (See Instructions) Principal occupation / Job title (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 In	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME		3 Filer ID (Ethics Commission Filers)
	MES F. NAPOLITANO	
	5 Full name of contributor	7 Amount of contribution (\$)
_	JUSTIN RAVARI 6 Contributor address; City; State; Zip Code 3218 RNEY FUREST DR. HDUSTON, TX 77094	\$ 400.00
Principal occup	ation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
7/25/15	EILEEN CAMPBELL Contributor address; City; State; Zip Code AII THAMEPLN. HOUSTON; TX 77024	\$ 250.00
Principal occup	ation /.Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
8-16-15	SAVNUEL WEITE Contributor address; City; State; Zip Code 2815 112TH ST CT NW	\$ 250.00
	GIG HAYCBOK, WA 98332 Employer (See Instructions) Employer (See Instructions)	ctions)
Principal occup	pation / Job title (See Instructions) Employer (See Instru	
Date 10-30-15	Full name of contributor	Amount of contribution (\$)
Principal occu	HOUSTON 1 TX 17041 pation / Job title (See Instructions) Employer (See Instru	uctions)
ioipai oood		

The Instruction Guide explains how to complete this form. FILER NAME JAMES NAPOLITANO Date 5 Full name of contributor out-of-state PAC (ID#:	near pages Schedule A1: If ID (Ethics Commission Filers) Report of contribution (\$) Report of contribution (\$)
Date 5 Full name of contributor	nount of contribution (\$)
Date 5 Full name of contributor	nount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date	nount of contribution (\$)
Principal occupation / Job title (See Instructions) Date Full name of contributor GFRCE OF PATRICL WEHRLY Contributor address; SPRING CYPRESS RO SPRING IX TT398 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	
8-10-15 OFFICE OF PATRICIC WEHRLY Contributor address; City; State; Zip Code SPRING CYPRESS RD SPRING ITY 77308 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID# A 10-14-15 MARK & TON! HENESTEG Contributor address; City; State; Zip Code 14-15 WHISTLING DAKDR. MONTGOMERY, TX 77350	
Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) A O-14-15 MARK & TON! HENESTEC Contributor address; City; State; Zip Code [4661 WHISTLING OAK-DR.* MONTGOMERY, TX T1356	250.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#	
Date Full name of contributor Out-of-state PAC (ID#) A IO-14-15 MARK & TON! HENKESTEC Contributor address; City; State; Zip Code I4/IOI WHISTLING DAK DR. MONTGOMERY TX T1350	
10-14-15 MARK & TON! HENCESTEG Contributor address; City; State; Zip Code 14661 WHISTLING DAKDR. MONTGOMERY, TX T1356	
Contributor address; City; State; Zip Code 14661 WHISTLING DAK-PR. MONTGOMERY, TX T7356	mount of contribution (\$)
	1100.00
Date Full name of contributor out-of-state PAC (ID#:) A	mount of contribution (\$)
DAVID GREEN 11-3-15 Contributor address; COVE DR. THEWOODLANDS 1 TX 77381	100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME JAMES NAPOLITANIO 7 Amount of contribution (\$) 5 Full name of contributor ____ out-of-state PAC (ID#:____ 4 Date DAVID KAPPUS 6 Contributor address; City; State; Zip Code 911 BURCHTON DR. \$125.00 SUCARLAND, TX TI479 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:____ Amount of contribution (\$) Full name of contributor Date STEVE ROBERTS CONSTRUCTION Contributor address; City; State; Zip Code 14 22 B APRIL VILLA WEST 200.00 MONTEDMERY, TX 77356 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Full name of contributor ut-of-state PAC (ID#:_____ Date BARRY FRESCE Contributor address; City; State; Zip Code 3000 COUNTRY CLUB BUD 10-30-15 \$ 100-00 MONTGOMERY, TX 773576 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) out-of-state PAC (ID#:_ Full name of contributor Date \$ 1060.00 MONTEOMERY, TX 77356 Employer (See Instructions) Principal occupation / Job title (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 for	m.	1 Total pages Schedule A2:
FILER NAME		3 Filer ID (Ethics Commission Filers)
JAMES NAPOLITANO		
TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	IBUTION	s \$ Ø
Date 6 Full name of contributor ut-of-state PAC (ID#:		8 Amount of 9 In-kind contribution description Contribution \$ description RECORD KEEPING TRANSCRIPTIONS Check if travel outside of Texas. Complete Schedule
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)) 11 Em	ployer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	1	ntributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	15 Lav	v firm of contributor's spouse (if any) (FOR JUDICIAL)
Date Full name of contributor uut-of-state PAC (ID#:		Amount of In-kind contribution Contribution \$ description
Contributor address; City; State; Zip o	Code	Check if travel outside of Texas. Complete Schedule
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions	s) En	nployer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)		ontributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	La	w firm of contributor's spouse (if any) (FOR JUDICIAL,
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
		•
·		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

SCHEDULE F1

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
dvertising Expense occurring/Banking ionsulting Expense contributions/Donations Made B Candidate/Officeholder/Politicatedictord Payment	Event Expense Loan F Fees Office Food/Beverage Expense Polling V Gift/Awards/Memorials Expense Printir	Repayment/Reimbursement Overhead/Rental Expense g Expense ng Expense es/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
		to complete in the complete co	3 Filer ID (Ethics Commission Filers)
Total pages Schedule F1:	JAMES NAPOUTAND		3 1 110. 12 (2010)
Date	5 Payee name		
7-1-15	7 Pavee address: City; State; Zip Coo	<u> </u>	
Amount (\$)	24530 GOSLING RD 815		
\$100.00	SPUNG, TX TIBOR		
PURPOSE	(a) Category (See Categories listed at the top of this schedule	Check if travel	i outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
PURPOSE OF	EVENTEXPENSE	Check if Aus	sun, 1X, uniositudes living experies
EXPENDITURE		HONORA	RIUM
		Office sought	Office held
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	
Date	Payee name		
7-1-15	DALIN KENNARD		
Amount (\$)	Payee address; City; State; Zip Co	ode 2.	
\$100.00	WILLIS, TX 77378		
	Category (See Categories listed at the top of this schedu	ile) Description	
	Selection ()	Check if trave	el outside of Texas. Complete Schedule T.
PURPOSE OF		Check if Au	stin, TX, officeholder living expense
EXPENDITURE	EVENT EXPENSE	How	DEARIUM
Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name /OH	Office sought	Office held
	Tours name		
Date	Payee name		
7-1-15	TAYLOR POWELL Pavee address: City; State; Zip C	`orda	
Amount (\$)	2911 KINGS FOREST DI	2LVE	
00.001 th	KINGWOOD, TX 77339		
BUDDOSE	Category (See Categories listed at the top of this sched	Check if tra	avel outside of Texas. Complete Schedule T.
PURPOSE OF		Check if /	Austin, TX, officeholder living expense
EXPENDITURE	EVONT EXPENSE	Hon	10RARIUM
Complete ONLY if dire	ct Candidate / Officeholder name	Office soug	ht Office held
expenditure to benefit	C/OH		
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS	NEEDED
<u> </u>		state ty us	Revised 9/8

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Candidate/Officeholder/Political Committee Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Accounting/Banking Consulting Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services The instruction Guide explains how to complete this form. Credit Card Payment 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME NAPOUTAWO 5 Payee name 4 Date JACIL DOBBITT 7-27-05 City; State; Zip Code 7 Payee address; 8115 SUMMERWIND CT 6 Amount (\$) AND, TX 77479 \$524.05 (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense CONSULTING EXPIGNSE **EXPENDITURE** CAMPAIGN CONSULTING Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date LARAMORE MEDIA GROUP 8415 City; State; Zip Code Payee address; Amount (\$) POBOX 2911 LEAGUE CITY, TX 77574 Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE CONSULTING-MODIA CONSULTING EXPENSE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 8/5/15 FAJITA JACKS City; State; Zip Code Payee address; Amount (\$) 15256 TX-105 MONTGOMERY, TX 77356 \$267.82 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE __ Check if Austin, TX, officeholder living expense OF EXPENDITURE VOLUNTEER MEETING FOOD Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Travel Out Of District Printing Expense Other (enter a category not listed above) Salaries/Wages/Contract Labor Legal Services The Instruction Guide explains how to complete this form. Credit Card Payment 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME JAMES NAPOLITANO 4 Date VERIZON WIRELESS 8-28-15 City; State; Zip Code 7 Payee address; 6 Amount (\$) 1312 W. DAVIS ST. CONPOEITX 77304 \$97.43 (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. 8 Check if Austin, TX, officeholder living expense PURPOSE OFFICE OVERHEAD CELPHONE EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date PHIL'S ROADHOUSE 8-29-15 Payee address; City; State; Zip Code 501 LIBERZTY ST Amount (\$) MONTGOMERY, TX T1354 \$64.36 Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense **PURPOSE** OF FOOD EXPENDITURE VOLUNTEER MEETING Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Pavee name 9-4-15 FAJITA JACKS City: State; Zip Code Payee address; Amount (\$) 15256 TX-105 MONTGOMERY, TX 77356 \$ 58.94 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Li Check if Austin, TX, officeholder living expense PURPOSE OF EXPENDITURE VOLUNTEER MEETING FOOD Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense 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)
Candidate/Officeholder/Political C Credit Card Payment	The Instruction Guide explain		ļ
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name LARAMORE MEDIA		
9-1-15	7 Payee address; City; State; Z	ip Code	
6 Fallousie (4)	PO BOX 2911		
\$1500.00	LEAGUE CITY, TX 7		
8	(a) Category (See Categories listed at the top of this s	schedule) (b) Description Check if trave	l outside of Texas. Complete Schedule T.
PURPOSE		,	stin, TX, officeholder living expense
OF EXPENDITURE	CONSULTING	CENSU	TING
	Candidate / Officeholder name	Office sought	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Payee name	LEATHER	DENIN É
10-14-15	CUT . N. SHOOT HOE	SS DIAMON	DS CHARITY EVENT
Amount (\$)	Payee address; City; State; 2111 N. FRAZIER	Zip Code	
\$350.00	CONROEITX 7731		
	Category (See Categories listed at the top of this	s schedule) Description Check if trave	el outside of Texas. Complete Schedule T.
PURPOSE		Check if At	ustin, TX, officeholder living expense
OF EXPENDITURE	DONATION	DONAT	MOT
	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/O			
Date	Payee name		
10-14-15	GODADDY. COM		
Amount (\$)	Payee address; City; State; 14455 NORTH HAND	Zip Code EN RD, SUITE 210	1
\$342.76	SCOTTSDALE AZ 852	260	
	Category (See Categories listed at the top of the	ris schedule) Description	avel outside of Texas, Complete Schedule T.
PURPOSE			Austin, TX, officeholder living expense
OF EXPENDITURE	OPPICE	WEBS	
	Long Liller and	Office soug	ht Office held
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		
		ES OF THIS SCHEDULE AS	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense
Transportation Equipment & Relat

kdvertising Expense Accounting/Banking	Event Expense Fees	Office Overhea	nd/Rental Expense	Transportation Equipment & Related Expense Travel In District
Consulting Expense	Food/Beverage Expense Gift/Awards/Memorials Expense	Printing Expen		Travel Out Of District Other (enter a category not listed above)
Candidate/Officeholder/Political	Committee regarder voca			
redit Card Payment	The Instruction Guide explains	S HOW TO COIN	piere mia roi	3 Filer ID (Ethics Commission Filers)
Total pages Schedule F1:	2 FILER NAME			3 Filet ID (Lines comments)
total pages =	JAMES NAPOLITA	<u>ио</u>		
Date	5 Pavee name			
	Super 8	_		
10-5-15	7 Payee address; City; State; Z	îp Code	·	
Amount (\$)	201 MESA VIEW			
1110 10	MONTEOMERY, TX	1731	6	
\$ 169.49	MODISONESTINA			
	(a) Category (See Categories listed at the top of this s	schedule)	(b) Description	Camplete Schodule T
		}		outside of Texas. Complete Schedule T.
PURPOSE · OF	CONSULTING EXPENS	3E		tin, TX, officeholder living expense
EXPENDITURE		ļ	CONSULTA	nts room
,		ļ		
	loss the lider name		Office sought	Office held
Complete ONLY if direct	Candidate / Officeholder name			
expenditure to benefit C/O)H			
	Payee name			
Date	, 2,007.			
0 20 10	VERIZON WIRELES	SS		
9-28-15		Zip Code		
Amount (\$)	Payee address; City; State;	T-		
11	1312 10. 17013 3	` ₹^4.		
# 48.71	CONROE ITX 773	70 i		
	Category (See Categories listed at the top of this	s schedule)	Description	
	Category (cos care			loutside of Texas. Complete Schedule T.
PURPOSE		}	Check if Au	stin, TX, officeholder living expense
OF EXPENDITURE	OFFICE	!	0-7	PHONE
LATERDITO		!	CECE	1110140
			Office sought	Office held
Complete ONLY if direct	Candidate / Officeholder name		•	
expenditure to benefit C/	ОН			
Date	Payee name			
1 10				
9-21-15	FAJITA JACKS Payee address; City; State;			
Amount (\$)	Payee address; City; State;	Zip Code		
	15256 TX-105 MONTGOMERY	_,	1256	
\$ 113.89	MONTGOMERY	72	1004	
_			Description	
	Category (See Categories listed at the top of ti	his schedule)		vel outside of Texas. Complete Schedule T.
PURPOSE				Austin, TX, officeholder living expense
OF			ŧ	
EXPENDITURE	FOOD		VINI II N	MEETING
			Volume	
	Candidate / Officeholder name		Office sough	nt Office held
Complete ONLY if direct	uk			
expenditure to benefit (
	ATTACH ADDITIONAL COP	IES OF THIS	SCHEDULE AS	NEEDED
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Accounting/Banking Consulting Expense Contributions/Donations Made By	Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing I Salaries/	
Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries The Instruction Guide explains how to	complete this form.
Total pages Schedule F1:	JAMES NAPOLITANO	3 Filer ID (Ethics Commission Filers)
10-7-15	5 Payee name LARAMORE MEDIA GR	OUP
6 Amount (\$) \$ 4250.00	7 Payee address; City; State; Zip Code PO BOX 2911 LEAGUE CITY, TX 775	74
8 PURPOSE OF EXPENDITURE	(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/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
11-12-15	MYRON CORP	
Amount (\$)	Payee address; City: State; Zip Code 205 MAY WOOD AVE MAYWOOD, NJ 07607	
PURPOSE OF EXPENDITURE	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 ADVERTISING MATERIALS
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	
11-12-15	Jim'S HARDWARLE	
Amount (\$)	Payee address; City; State; Zip Coo	l e
\$171.50	MONTGOMERY, TX TT3S	Description
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense MATEUAUS
Complete ONLY if direct expenditure to benefit Complete.	Candidate / Officeholder name /OH	Office sought Office neur
	ATTACH ADDITIONAL COPIES OF	HIS SCHEDULE AS NEEDED
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SCHEDULE F1

	EXPENDITURE CATE	GORIES FO	OR BOX 8(a)	
dvertising Expense coounting/Banking onsulfing Expense ontributions/Donations Made By Candidate/Officeholder/Political C	Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense committee Legal Services	Loan Repayr Office Overh Polling Expe Printing Exp Salaries/Wa	nent/Reimbursement ead/Rental Expense inse ense ges/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
edit Card Payment	The Instruction Guide explain	ns how to co	mplete this form.	3 Filer ID (Ethics Commission Filers)
Total pages Schedule F1: 2	FILER NAME JAMES NAPOLITANO)		3 Filer ID (Ethics Commission Face)
Date	5 Payee name			
10-28-15	VERTION WIRELESS	<u> </u>		
Amount (\$)	7 Payee address; City; State;	Zip Code		
\$48.71	1312 W DAVIS ST CONROEITX 7730	54		
	(a) Category (See Categories listed at the top of this	schedule)	(b) Description	outside of Texas. Complete Schedule T.
PURPOSE				tin, TX, officeholder living expense
OF EXPENDITURE	OFFICE		CEUP	HONE
	Candidate / Officeholder name		Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH				
Date	Payee name			
10-29-15	FAJITA JACKS			
Amount (\$)	Payee address; City; State; 15256 TX-105			
\$ 126.91	15256 TX-105 MONTGOMERY ITX	77367	e 	-
PURPOSE	Category (See Categories listed at the top of th	nis schedule)	}	loutside of Texas. Complete Schedule T. stin, TX, officeholder living expense
OF EXPENDITURE	FOOD		VOLUNT	EER MEETING
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	Office held
	Payee name			
Date				COMMENCE
10/20/15		AVE C	busse ch	amber of commerce
Amount (\$)	ErE W. DAVIS ST.			
\$150.00	CONPOEITX TIS	201		
	Category (See Categories listed at the top of	this schedule)		vel outside of Texas. Complete Schedule T.
PURPOSE OF	DONATION		ŀ	Austin, TX, officeholder living expense
EXPENDITURE			BRONE	50KSH1P
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder патте ОН		Office sough	nt Office held
	ATTACH ADDITIONAL COP	PIES OF TH	IS SCHEDULE AS	NEEDED
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Advertising Expense	Event Expense Fees	Office Overhead/Rental E	xpense Trans	portation Equipment & Related Expense
Accounting/Banking Consulting Expense	Food/Beverage Expense Gift/Awards/Memorials Expense	Polling Expense Printing Expense	Trave	I Out Of District
Contributions/Donations Made By Candidate/Officeholder/Political	Committee Legal Services	Salaries/Wages/Contract		(enter a category not listed above)
Credit Card Payment	The Instruction Guide explain	s how to complete this	form.	
Total pages Schedule F1:	2 FILER NAME		3 Fil	er ID (Ethics Commission Filers)
Total pages ochedule i i-	JAMES NAPOLITANO			
10-4-	5 Payee name			
1 Date	EAST MONTGOMERY	PTULIE)	AIR ASSC	c
11-15-15	7 Payee address; City; State; Z	ip Code		
Amount (\$)	PO BOX 704			
\$ 600.00	PORTER, TX 77365			
8	(a) Category (See Categories listed at the top of this	schedule) (b) Desc		Texas. Complete Schedule T.
PURPOSE				fficeholder living expense
OF	DONATIONS			Micerolati Mana Superior
EXPENDITURE	Doloni	Don	2MITAL	_
	Candidate / Officeholder name	Office	sought	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI				
Date	Payee name			
16-30-15	CREEKINOUD SHOOTIN	us Sports		
Amount (\$)	Payee address; City; State; 12824 TX-105	Zip Code		
OP.11P#	CONROE, TX T130	4		
	Category (See Categories listed at the top of thi		cription	one O late Calmodulo T
				f Texas. Complete Schedule T.
PURPOSE OF	FUNDRAISING EXPER	use 🗀	Check if Austin, TX,	officeholder living expense
EXPENDITURE	100018	PE	NTAL	
				Office held
Complete ONLY if direct	Candidate / Officeholder name	Offic	e sought	-
expenditure to benefit C/C	DH			
Date	Payee name			
10/30/15	LASKAR CATERING	.		
Amount (\$)	Pavee address; City; State;	Zip Code		
Allouin (4)	1816 PEMBROOK CI	۲.		
\$ 855.∞	CONROEITX 7730	> <u> </u>		
	Category (See Categories listed at the top of t		scription	
				of Texas. Complete Schedule T.
PURPOSE OF			Check if Austin, TX	officeholder living expense
EXPENDITURE	FUNDRAISING EXPE	THE T	000	
	The Coffee holder norm) Of	fice sought	Office held
Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name /OH		_	
	ATTACH ADDITIONAL COP	IES OF THIS SCHEI	ULE AS NEED	ED
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SCHEDULE F1

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains	how to complete this form.
Total pages Schedule F1:	2 FILER NAME JAMES NAPOLITANO	3 Filer ID (Ethics Commission Filers)
Date	5 Payee name	
11-4-15	LARAMORE MEDIA	BROWP
Amount (\$)	7 Payee address; City; State; Zi POBOX 2911 LEAGUE CITY, TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s	
Gomplete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
11-16-15	THOMAS PRINTING	
Amount (\$)	Payee address; City; State; 2 2,1574 EVA ST MONTGOMERY LTX	77356
PURPOSE	Category (See Categories listed at the top of this	Check if travel outside of Texas. Complete a circular 1. Check if Austin, TX, officeholder living expense
OF EXPENDITURE	ADVERTISING EXPEN	MEMAIONES
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held
Date	Payee name	
11-6-15	LONE STAR SIGNS	
Amount (\$)	Payee address; City; State; 21973 EVA ST.	Zip Code
\$3,242.94	MONTGOMERYIT	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the	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	C/OH	Onice sought
	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEEDED
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

onsulting Expense ontributions/Donations Made By	CM101-11-11-11-11-11-11-11-11-11-11-11-11-	rinting Expense alaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Candidate/Officeholder/Political (redit Card Payment	The Instruction Guide explains h	low to complete this form.	
			3 Filer ID (Ethics Commission Filers)
Total pages Schedule F1:	JAMES NAPOLITANO		
Date	5 Payee name	^	
11-28-15	VERUZON WILELES!	7	
Amount (\$)	7 Payee address; City; State; Zip	Code ,	
\$48.71	CONROEITX 7730		
	(a) Category (See Categories listed at the top of this sch	edule) (b) Description Check if travel	outside of Texas. Complete Schedule T.
PURPOSE		Check if Aus	atin, TX, officeholder living expense
OF EXPENDITURE	OFFICE	CELPH	31/10
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH			
Date	Payee name		
12-8-15	MAGNOLIA DINER	Code	
Amount (\$)	Payee address; City; State; Zir		
\$73.81	MONTGOMERY, TX.	77356	
	Gategory (See Categories listed at the top of this so	hedule) Description	of outside of Texas. Complete Schedule T.
PURPOSE			istin, TX, officeholder living expense
OF EXPENDITURE	Food	ľ	EER MEETING
	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/O			
Date	Payee name		
12-28-15	VORIZON WIRELESS	S	
Amount (\$)	Payee address; City; State; Z	ip Code •	
\$48.71	CONROEITX 7730	74	
30 10 11	Category (See Categories listed at the top of this s	schedule) Description	wel outside of Texas. Complete Schedule T.
PURPOSE OF		I ===	Austin, TX, officeholder living expense
EXPENDITURE	OFFICE	CEL	PHONE
	1 / Office helder name	Office soug	ht Office held
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	J	
-	ATTACH ADDITIONAL COPIES	OFTHIS SCHEDUL FAS	NEEDED
	ATTACH ADDITIONAL COPIES	OF ITIS SOULDOLL AC	Derived Of

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Relate

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By	Food/Beverage Expense P Gift/Awards/Memorials Expense P	iffice Overhead/Rental Expense Transportation Equipment of Technology (Indianal Expense Travel Out Of District Other (enter a category not listed above)
Candidate/Officeholder/Political tredit Card Payment	Committee Legal Services S The Instruction Guide explains h	
		3 Filer ID (Ethics Commission Filers)
Total pages Schedule F1:	JAMES NAPOLITANO	
Date	5 Payee name	
12-30-15	HOME DEPOT	
Amount (\$)	7 Payee address; City; State; Zip	Code
\$28.16	MAGNOLIA, TX 773	54
	(a) Category (See Categories listed at the top of this scho	edule) (b) Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE		Check if Austin, TX, officeholder living expense
OF EXPENDITURE	ADVERTISING EXPENSE	MATERIALS
EXPENDITORE	ACTURE OF THE	MATERIACS
	Candidate / Officeholder name	Office sought Office held
Complete ONLY if direct expenditure to benefit C/O		
Date	Payee name	
12-30-15	HOME DEPOT Pavee address; City; State; Zip	Code
Amount (\$)	6119 F.M. 1488	
\$ 102.46	MAGNOLIA, TX 7	7357
41.5	Category (See Categories listed at the top of this so	hedule) Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE		Check if Austin, TX, officeholder living expense
OF EXPENDITURE		1
EXPENDITORLE	ADVERTISING EXPENSE	MATERIALS
	Candidate / Officeholder name	Office sought Office held
Complete ONLY if direct expenditure to benefit C/C		
Date	Payee name	
12/26-15_	PAUL LAZARRO	
Amount (\$)	Payee address; City; State; Zi	NCIR.
#2500.00	THE WOODLANDS: TX .	77381
	Category (See Categories listed at the top of this s	chedule) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule L.
OF		Check if Austin, TX, officeholder living expense
EXPENDITURE	CONSULTING	CONSULTING
	Candidate / Officeholder name	Office sought Office held
Complete ONLY if direct expenditure to benefit C	i e e e e e e e e e e e e e e e e e e e	
	ATTACH ADDITIONAL CODIES	OF THIS SCHEDULE AS NEEDED
		Revised 9/8/

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Accounting/Banking Consulting Expense	Food/Beverage Expense Po	oiling Expense rinting Expense	Travel in District Travel Out Of District
Contributions/Donations Made B Candidate/Officeholder/Politics	al Committee Legal Services Se	alaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains he	ow to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	JAMES NAPOLITANO		
4 Date	5 Payee name	Cnail	
7-8-15	7 Payee address; City; State; Zip C	Code	
6 Amount (\$)	Po BOX 2911		
\$3000.00	LEAGUE CITY, TX 7		
8	(a) Category (See Categories listed at the top of this sche	(b) Description	outside of Texas. Complete Schedule T.
PURPOSE		l 	tin, TX, officeholder living expense
OF EXPENDITURE	CONSULTING EXPENSE	2	Consulting
			Office held
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office field
Date	Payee name		
7-15:15	GAIL ROBBRIS	1	
Amount (\$)	Payee address; City; State; Zip	Code WEST	
150.00	MONTGOMERY, TX	77356	
	Category (See Categories listed at the top of this sch	nedule) Description	and the College Parket of T
PURPOSE		I —	loutside of Texas. Complete Schedule T. stin, TX, officeholder living expense
OF		1	
EXPENDITURE	CONTRACT LABOR	CONTR	et labor-office
CANNY if disease	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/			
Date	Payee name		
7-13-15	MORTHSHORE RET	PUBLICAN	NOMEN
Amount (\$)	Payee address; City; State; Zip	o Code	
\$ 200.00	WILLIS ITX 7737		
	Category (See Categories listed at the top of this so	chedule) Description	rel outside of Texas. Complete Schedule T.
PURPOSE			el outside of rexas. Complete Schedule 1. Justin, TX, officeholder living expense
OF EXPENDITURE	PONATION	l	v
	The state of the s	Dona	200
	t Candidate / Officeholder name	Office sough	t Office held
Complete ONLY if direct expenditure to benefit C	·L		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS	NEEDED
	AT IAUTIADUITIONAL CONTEC		Paying 9/8/201

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Food/Beverage Expense Giff/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel Out Of District

Advertising Expense Accounting/Banking Consulting Expense Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Contributions/Donations Made By Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. Credit Card Payment 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME JAMES NAPOUTAND 5 Payee name 4 Date CARW PAC 7-20-15 7 Payee address; City; PO BOX 737 City; State; Zip Code 6 Amount (\$) MONTGOMERY, TX 77356 \$50.00 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 Check if Austin, TX, officeholder living expense PURPOSE CONTRIBUTION OF EXPENDITURE FUNDRAGER Office held Office sought Candidate / Officeholder name Gomplete ONLY if direct expenditure to benefit C/OH Рауее пате Date 7-1-12 MACC City; State; Zip Code Payee address; 486 Amount (\$) MONTEOMERY, TX 77356 \$25,00 Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PURPOSE OF PARADE ENTRY FEES EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH SOUTH COUNTY ATH OF JULY COMMITTEE 7-1-15 Payee address; City; State; Zip Code PO BOX 7266 Amount (\$) THE WOODLANDS, TX 77387 \$ 10.00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF FEES EXPENDITURE PARADE ENTRY Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Advertising Expense Travel In District Accounting/Banking Polling Expense Food/Beverage Expense Travel Out Of District Consulting Expense Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Other (enter a category not listed above) Contributions/Donations Made By Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. Credit Card Payment 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME LAMES NAPOLITAND 5 Payee name 4 Date MURON CORP. 7-9-15 City; State; Zip Code 7 Pavee address; 6 Amount (\$) 205 MAYWOOD AVE \$ 487.34 MAYWUODINT 07607 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 Check if Austin, TX, officeholder living expense PURPOSE OF ADVERTISING EXPENSE EXPENDITURE GIVE-AWAUS Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date GFFICE DEPOT Payee address; City; State; Zip Code 1319 W DAVIS ST CONROEITX 77304 \$351.46 Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. office overettead PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE OFFICE SUPPLIES Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Pavee name Date FAJITA JACKS 7-20-15 City; State; Zip Code Payee address; Amount (\$) 15256 TX-105 a 37.64 MONTGOMERY, Th T7356 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF FIND EXPENDITURE CAMPAGEN MTG Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Coffice Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explai	ns how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule 11.	JAMES NAPOLITA	10	
4 Date	5 Payee name		
9-1-15	JASON LAPASINSK	AS Code	
6 Amount (\$)	7 Payee address; City; State; 15011 VINCENNES G	al St	
\$100.00	CYPRESS, TX 7747	29	
8	(a) Category (See Categories listed at the top of this	s schedule) (b) Description	el outside of Texas. Complete Schedule T.
PURPOSE		<u></u>	stin, TX, officeholder living expense
OF	EVENT EXPENSE	Onesk a rea	
EXPENDITURE	0.0101010101000	Homin	RARIUM
•			Office held
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Olice nei
Date	Payee name		
712/15	REPUBLICAN PAR	TY OF TEXAS	S
Amount (\$)	Payee address; City; State; 1109 LAVACA ST., S	Zip Code	
\$275.00	AUSTIN, TX 7870		· · · · · · · · · · · · · · · · · · ·
	Category (See Categories listed at the top of the	nis schedule) Description	-
		Check if trav	ref outside of Texas. Complete Schedule T.
PURPOSE OF	EVENT EXPENSE		ustin, TX, officeholder living expense
EXPENDITURE		EVENT	PEGISTRATION!
		Office sough	t Office held
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		
Date	Payee name		
7-6-15	MAGNOUA DIA Payee address; City; State; 19784 TX-105	JER _	
	Davee address: City: State:	Zip Code	
Amount (\$)	19784 TX-105		
\$45.08	MONTGOMERY IT	(77356	
	Category (See Categories listed at the top of	this schedule) Description	
		Check if the	evel outside of Yexas. Complete Schedule T.
PURPOSE OF		Check if	Austin, TX, officeholder living expense
EXPENDITURE	E-n		
	Food		UTEER MTG
Complete ONLY if direct expenditure to benefit (ct Candidate / Officeholder name	Office soug	ht Office held
			MEENEN
	ATTACH ADDITIONAL COF	PIES OF THIS SCHEDULE AS	Revised 9/8/20
1 <u>.</u>		- this who to the use	Hevisea 9/8/201

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made By Candidate/Officeholder/Political	Committee Legal Services Salates 110	ges/Contract Labor Other (enter a category not listed above)	
redit Card Payment	The Instruction Guide explains how to co	3 Filer ID (Ethics Commission Filers)	
Total pages Schedule F1:	2 FILER NAME JAMES NAPOLITANO		
Date 12-8-15	5 Payee name MONTEOMERY COUNTY	REPUBLICAN PARRY	
Amount (\$)	Royco address: City: State: Zip Code	•	
\$ 1250.00	310 METCALF ST. CONROE, TX 77301		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
nunnoce.		Check if travel outside of Texas. Complete Schedule T.	
PURPOSE OF		Check if Austin, TX, officeholder living expense	
EXPENDITURE	FEES	BALLOT FEE	
Complete ONLY if direct expenditure to benefit C/O	 Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
11-15-15	MICHAEL LOTT		
Amount (\$)	Payee address; City; State; Zip Code 19282 MAIL ROWTE R	20	
\$350.00	MONTGOMERY, TX T		
	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas, Complete Schedule T.	
PURPOSE		Check if Austin, TX, officeholder living expense	
OF EXPENDITURE	FUNDRAISING EXPENSE	AUCTION RESERVE	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held	
Date	Payee name		
12-6-15			
12-0-13	NATIONBULLDER		
Amount (\$)	Payee address: City: State; Zip Code 520 S. GRAND AVE ZND F	_	
\$ 367.55	520 S. GRAND AND 2007.	<u> </u>	
A 20 1'02	LOS ANGELES, CA -10011		
	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.	
PURPOSE	ACCTING/BANKING	Check if Austin, TX, officeholder living expense	
OF EXPENDITURE			
		FEES	
A A MANAGE H	Candidate / Officeholder name	Office sought Office held	
Complete ONLY if direct expenditure to benefit C			
	ATTACH ADDITIONAL COPIES OF TH	S SCHEDULE AS NEEDED	
	Al Mottabattorna	Poviced 9/8	

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
Giffi/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Others (only a systemory not listed above)

Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment		Wages/Contract Labor	Other (enter a category not listed above)
Total pages Schedule G:	2 FILER NAME JAMES NAPOLITAND		3 Filer ID (Ethics Commission Filers)
<u></u>		<u></u>	
Date 9-4-15	5 Payee name COMMUNITY IMPACT		
Amount (\$) # 1945.00 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 16225 IMPACT WAY, STE PFLUGERVILLE, TX 78660) 	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)		e of Texas. Complete Schedule T.
EXPENDITURE	ADVERTISING EXPENSE	Check if Austin, I.	X, afficeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		·
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		de of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	<u> </u>	ide of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit (Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

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

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Scher	dule K:
2 FILER NAME	JAMES NAPOLITANO	3 Filer ID (Ethica	s Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
8.10-15	00NDDE ISO 6 Address of person from whom amount is received; City; State; 3205 WEST DAVIS CONDUE ITX 77304	Zip Code	\$ 252.00
	7 Purpose for which amount is received Check if PEIMBULSEMENT FOR SECURITY	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State		
	Purpose for which amount is received Check in	f political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State		
	Purpose for which amount is received Check	f political contribution	n returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	te; Zip Code	-
	Purpose for which amount is received Check	if political contributio	n returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	LE AS NEEDED	Davis and 0/9/20