

**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	FIRST	MI	OFFICE USE ONLY	
	Mr.	Dwight			
	NICKNAME	LAST	SUFFIX	Date Received	
		Boykins		10/26/2015	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of address	ADDRESS / PO BOX;	APT/SUITE #;	CITY;	STATE;	ZIP CODE
	2726 Bissonnet 240-20 Houston TX 77005				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked	
	(713) 223-0223				
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	Receipt #	Amount
	Mr.	Lee	P	Date Processed	
	NICKNAME	LAST	SUFFIX	Date Imaged	
		Brown			
7 CAMPAIGN TREASURER ADDRESS (Business)	STREET ADDRESS (No PO Box Please);	APT/SUITE #;	CITY;	STATE;	ZIP CODE
	1001 McKinney 1650 Houston TX 77002				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(832) 366-1584				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit				
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment(officeholder only)				
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month Day Year
	9/25/2015				10/24/2015
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
	11/3/2015			<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)	
	City Council - District D			City Council - District D	

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

14 FILER NAME Dwight Boykins 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

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

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

17 CONTRIBUTION TOTALS	1	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$5,850.00
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4	TOTAL POLITICAL EXPENDITURES	\$13,945.58
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$58,980.36
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Dwight Boykins

Signature of Candidate or Officeholder

AFFIX NOT STAMP / SEAL ABOVE

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

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

SUBTOTALS - COH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Dwight Boykins		20 Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS	SUBTOTAL
	NAME OF SCHEDULE	AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	5850
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	
4.	SCHEDULE E: LOANS	
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	13945.58
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	
8.	SCHEDULE F4: EXPENDITURES MADE FROM CREDIT CARD	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	

**CANDIDATE / OFFICEHOLDER REPORT:
NOTICE FROM POLITICAL COMMITTEE(S)**

**FORM C/OH
ADDENDUM**

C/OH NAME Dwight Boykins

ACCOUNT # (Ethics
Commission filers)

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1	Total Pages Schedule A1:
2 FILER NAME Dwight Boykins			3	Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Gerald Wilson	7	Amount of contributions (\$)
	10/23/2015	6 Contributor address; City; State; Zip Code Katy TX 77450		750
8	Principal occupation / Job title (See Instructions) CEO		9	Employer (See Instructions) Wilson Financial Group, Inc.
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Ronald Burns, Sr.	7	Amount of contributions (\$)
	10/23/2015	6 Contributor address; City; State; Zip Code New Orleans LA 70128		1000
8	Principal occupation / Job title (See Instructions) President and CEO		9	Employer (See Instructions) QCS Logistics
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Dannette McElroy-Davis	7	Amount of contributions (\$)
	10/23/2015	6 Contributor address; City; State; Zip Code Pearland TX 77581		500
8	Principal occupation / Job title (See Instructions) Princial		9	Employer (See Instructions) Kay Davis Associates
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Integrated Management Services	7	Amount of contributions (\$)
	10/23/2015	6 Contributor address; City; State; Zip Code Jackson MS 39201		1000
8	Principal occupation / Job title (See Instructions)		9	Employer (See Instructions)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A1:
2 FILER NAME Dwight Boykins		3 Filer ID (Ethics Commission filers)	
10/23/2015	Sheetmetal Workers LU #54 PAC Fund 6 Contributor address; City; State; Zip Code Houston TX 77018	7	Amount of contributions (\$) 500
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10/23/2015	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Hamilton Rucker 6 Contributor address; City; State; Zip Code Houston TX 77254	7	Amount of contributions (\$) 1000
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Rucker Law Firm, PLLC	
10/23/2015	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) WD Davis 6 Contributor address; City; State; Zip Code Houston TX 77098	7	Amount of contributions (\$) 500
8 Principal occupation / Job title (See Instructions) CPA		9 Employer (See Instructions) Self	
10/15/2015	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Alfredo Flores, Jr. 6 Contributor address; City; State; Zip Code Houston TX 77023	7	Amount of contributions (\$) 150
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total Pages Schedule A1:
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2 FILER NAME Dwight Boykins	3 Filer ID (Ethics Commission filers)
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	Greater Houston Restaurant Association PAC	7 Amount of contributions (\$)
10/15/2015	6 Contributor address; City; State; Zip Code Houston TX 77007	250

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)
10/15/2015	Truett Latimer 6 Contributor address; City; State; Zip Code Houston TX 77027	200

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

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Dwight Boykins	3 Filer ID (Ethics Commission filers)
4 Date 9/28/2015	5 Payee name Hobby Lobby	
6 Amount (\$) 139.09	7 Payee address; City; State; Zip Code 2808 Business Center Dr. Pearland TX 77584	
8 PURPOSE OF EXPENDITURE	(a) Category Office Overhead/Rental 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 Office supplies
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 9/28/2015	5 Payee name Randalls	
6 Amount (\$) 21.62	7 Payee address; City; State; Zip Code 2225 Louisiana St. Houston TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category Food/Beverage 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 council office food
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 9/28/2015	5 Payee name Apple Store	
6 Amount (\$) 108.20	7 Payee address; City; State; Zip Code 4012 Westheimer Rd. Houston TX 77027	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Dwight Boykins		3 Filer ID (Ethics Commission filers)
	Office Overhead/Rental Expense	<input type="checkbox"/> <input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense office supplies
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		

4 Date 9/28/2015	5 Payee name Apple Store		
6 Amount (\$) 1,195.57	7 Payee address; City; State; Zip Code 4012 Westheimer Rd. Houston TX 77027		

8 PURPOSE OF EXPENDITURE	(a) Category Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense laptop for council office
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9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Dwight Boykins	3 Filer ID (Ethics Commission filers)
4 Date 9/30/2015	5 Payee name Grace's on Kirby	
6 Amount (\$) 117.97	7 Payee address; City; State; Zip Code 3111 Kirby Dr. Houston TX 77098	
8 PURPOSE OF EXPENDITURE	(a) Category Food/Beverage 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 officeholder meeting
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 10/1/2015	5 Payee name Glorias Latin Cuisine	
6 Amount (\$) 32.06	7 Payee address; City; State; Zip Code 2616 Louisiana St., #101 Houston TX 77006	
8 PURPOSE OF EXPENDITURE	(a) Category Food/Beverage 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 officeholder meeting
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 10/2/2015	5 Payee name Brennan's of Houston	
6 Amount (\$) 166.06	7 Payee address; City; State; Zip Code 3300 Smith St Houston TX 77006	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Dwight Boykins		3 Filer ID (Ethics Commission filers)
	Food/Beverage Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder meeting
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 10/2/2015	5 Payee name Harry's Restaurant		
6 Amount (\$) 61.70	7 Payee address; City; State; Zip Code 318 Tuam Houston TX 77006		

8 PURPOSE OF EXPENDITURE	(a) Category Food/Beverage Expense	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder meeting
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9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Dwight Boykins	3 Filer ID (Ethics Commission filers)
4 Date 10/5/2015	5 Payee name Jason's Deli	
6 Amount (\$) 203.69	7 Payee address; City; State; Zip Code 901 McKinney Houston TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category Food/Beverage 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 officeholder meeting
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 10/5/2015	5 Payee name Randall's	
6 Amount (\$) 20.08	7 Payee address; City; State; Zip Code 2225 Louisiana St. Houston TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category Food/Beverage 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 council office food
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 10/5/2015	5 Payee name Randall's	
6 Amount (\$) 48.10	7 Payee address; City; State; Zip Code 2225 Louisiana St. Houston TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Dwight Boykins		3 Filer ID (Ethics Commission filers)
	Food/Beverage Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense council office food
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 10/5/2015	5 Payee name Pappa's Bar-B-Q		
6 Amount (\$) 62.89	7 Payee address; City; State; Zip Code 8777 Main St. Houston TX 77002		
8 PURPOSE OF EXPENDITURE	(a) Category Food/Beverage Expense	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder meeting
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Dwight Boykins	3 Filer ID (Ethics Commission filers)
4 Date 10/6/2015	5 Payee name Four Seasons	
6 Amount (\$) 179.39	7 Payee address; City; State; Zip Code 1300 Lamar St. Houston TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category Food/Beverage 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 officeholder meeting
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 10/6/2015	5 Payee name Davis Street at Hermann Park	
6 Amount (\$) 135.93	7 Payee address; City; State; Zip Code 5925 Almeda Houston TX 77004	
8 PURPOSE OF EXPENDITURE	(a) Category Food/Beverage 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 officeholder meeting
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 10/7/2015	5 Payee name Houston Center	
6 Amount (\$) 6.00	7 Payee address; City; State; Zip Code 1200 McKinney Houston TX 77010	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Dwight Boykins		3 Filer ID (Ethics Commission filers)
	Travel in District	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense parking fee
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 10/7/2015	5 Payee name Grace's on Kirby		
6 Amount (\$) 255.55	7 Payee address; City; State; Zip Code 3111 Kirby Dr. Houston TX 77098		

8 PURPOSE OF EXPENDITURE	(a) Category Food/Beverage Expense	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder meeting
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9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Dwight Boykins	3 Filer ID (Ethics Commission filers)
4 Date 10/7/2015	5 Payee name Cyclone Anaya's	
6 Amount (\$) 121.55	7 Payee address; City; State; Zip Code 309 Gray St. Houston TX 77006	
8 PURPOSE OF EXPENDITURE	(a) Category Food/Beverage 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 officeholder meeting
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 10/9/2015	5 Payee name Single Source Events	
6 Amount (\$) 568.50	7 Payee address; City; State; Zip Code 2301 McAllister Rd. Houston TX 77092	
8 PURPOSE OF EXPENDITURE	(a) Category 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 event supply rentals
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 10/13/2015	5 Payee name Carrabbas	
6 Amount (\$) 139.71	7 Payee address; City; State; Zip Code 3115 Kirby Dr. Houston TX 77098	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Dwight Boykins		3 Filer ID (Ethics Commission filers)
	Food/Beverage Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder meeting
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		

4 Date 10/13/2015	5 Payee name Kroger		
6 Amount (\$) 80.27	7 Payee address; City; State; Zip Code 1440 Studemont Houston TX 77007		

8 PURPOSE OF EXPENDITURE	(a) Category Food/Beverage Expense	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense council office food
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9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Dwight Boykins	3 Filer ID (Ethics Commission filers)
4 Date 10/16/2015	5 Payee name Grace's on Kirby	
6 Amount (\$) 162.48	7 Payee address; City; State; Zip Code 3111 Kirby Dr. Houston TX 77098	
8 PURPOSE OF EXPENDITURE	(a) Category Food/Beverage 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 officeholder meeting
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 10/16/2015	5 Payee name Nation Waste	
6 Amount (\$) 350.00	7 Payee address; City; State; Zip Code 12006 Proctor St. Houston TX 77038	
8 PURPOSE OF EXPENDITURE	(a) Category 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 garbage collection for event
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 10/20/2015	5 Payee name Elite Change	
6 Amount (\$) 190.02	7 Payee address; City; State; Zip Code 315 W. Alabama Houston TX 77006	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Dwight Boykins		3 Filer ID (Ethics Commission filers)
	OTHER	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense survey expense
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 10/22/2015	5 Payee name Rally.org		
6 Amount (\$) 188.50	7 Payee address; City; State; Zip Code 649 Mission Street, #204 San Francisco CA 94105		

8 PURPOSE OF EXPENDITURE	(a) Category Office Overhead/Rental Expense	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense online fundraising platform
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9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Dwight Boykins	3 Filer ID (Ethics Commission filers)
4 Date 10/23/2015	5 Payee name Artista	
6 Amount (\$) 165.65	7 Payee address; City; State; Zip Code 800 Bagby Houston TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category Food/Beverage 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 officeholder meeting
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 10/7/2015	5 Payee name Harris County Young Democrats	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code PO Box 131672 Houston TX 77219	
8 PURPOSE OF EXPENDITURE	(a) Category Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 10/12/2015	5 Payee name Sharon Mayberry	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code PO Box 88025 Houston TX 77288	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Dwight Boykins		3 Filer ID (Ethics Commission filers)
	Salaries/Wages/Contract Labor	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense contract labor
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		

4 Date 10/20/2015	5 Payee name Northeast Ministerial Alliances		
6 Amount (\$) 1,000.00	7 Payee address; City; State; Zip Code 2916 W. TC Jester Blvd., #200 Houston TX 77018		

8 PURPOSE OF EXPENDITURE	(a) Category Contributions/Donations Made By Candidate/Officeholder/Political Committee	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation
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9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Dwight Boykins	3 Filer ID (Ethics Commission filers)
4 Date 10/5/2015	5 Payee name Black Male Summit	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 3930 Porter Houston TX 77021	
8 PURPOSE OF EXPENDITURE	(a) Category Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense event sponsorship
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 10/5/2015	5 Payee name Thyra Burks	
6 Amount (\$) 1,000.00	7 Payee address; City; State; Zip Code 5606 Beldart Houston TX 77033	
8 PURPOSE OF EXPENDITURE	(a) Category Salaries/Wages/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 canvassing
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 10/7/2015	5 Payee name Advantage Communication	
6 Amount (\$) 3,000.00	7 Payee address; City; State; Zip Code 8011 Ashley Cir Dr N Houston TX 77071	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Dwight Boykins		3 Filer ID (Ethics Commission filers)
	Advertising Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense ad
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 10/15/2015	5 Payee name Hillary for America		
6 Amount (\$) 1,000.00	7 Payee address; City; State; Zip Code PO Box 1700 Merrifield VA 22116		
8 PURPOSE OF EXPENDITURE	(a) Category Contributions/Donations Made By Candidate/Officeholder/Political Committee	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Dwight Boykins	3 Filer ID (Ethics Commission filers)
4 Date 10/20/2015	5 Payee name John Smith	
6 Amount (\$) 400.00	7 Payee address; City; State; Zip Code 4814 Edfield Houston TX 77033	
8 PURPOSE OF EXPENDITURE	(a) Category Salaries/Wages/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 canvassing
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 10/20/2015	5 Payee name Richard Rideaux	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 4814 Edfield Houston TX 77033	
8 PURPOSE OF EXPENDITURE	(a) Category Salaries/Wages/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 canvassing
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 10/20/2015	5 Payee name Houstonfirst	
6 Amount (\$) 325.00	7 Payee address; City; State; Zip Code 1001 Avenida de las American Houston TX 77010	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Dwight Boykins		3 Filer ID (Ethics Commission filers)
	Event Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder event
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 10/23/2015	5 Payee name Davetta Daniels Campaign		
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code PO Box 8291 Houston TX 77288		
8 PURPOSE OF EXPENDITURE	(a) Category Contributions/Donations Made By Candidate/Officeholder/Political Committee	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED