CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	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 ABEL NICKNAME LAST DAVICE	MI	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	221 ST CharlES H		RECEIVED JUL 1 4 2015 CITY SECRET
5 CANDIDATE/ OFFICEHOLDER PHONE	(713) 992 6680	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	NICKNAME LAST DAVICA	DIANA SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL		77103
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (73) 353 46 4	EXTENSION	
9 REPORT TYPE	July 15 30th day before electric and a strain and a strai		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	THROUGH 7/	Day Year
11 ELECTION	Month Day Year Primary 11 / 3 / 15 General	Runoff Other Description Special	
12 OFFICE	HELS TRUSTEE DIST	8 PITY COUR	ncil Dist. H
	GO ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	5 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	DTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITI IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WIT INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS JRES.	HOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	f	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	1 1
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6500.00
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 9046.26
CONTRIBUTION BALANCE	1	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST (ORTING PERIOD	\$ 9046.26 SAY \$ 17,453.74 HE \$ 20,000.00
OUTSTANDING LOAN TOTALS	1	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	\$ 20,000.00
18 AFFIDAVIT	ARIA JESSICA RAMI Y COMMISSION EXP November 27, 201	true and correct and includes all information under Title 15, Election Code. IRES	erjury, that the accompanying report is rmation required to be reported by me
225111		Signature of Cand	idate or Officeholder
Sworn to and subsc	ribed before me, I	by the said Maria Aumivato certify which, witness my hand and seal of office.	, this the
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - COH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co	mmission Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 6500
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$ 20,000
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUT	ions	\$ 9046.36
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIB	UTIONS	\$
8.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
9.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINE	SS OF C/OH	\$
10.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
11.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION RETURNED TO FILER	NS	\$

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 (\$) JOSEPH A Johnston JR 6 Contributor address; City; State \$5000,00 City; State; Zip Code HOSTON TY TUST 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of contribution (\$) City; State; Zip Code HUSTON TX 77836 Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) City; State; Contributor address; Zip Code

Date Full name of contributor ____out-of-state PAC (ID#:______) Amount of contribution (\$)

City; State; Zip Code

NO SECTION AND ADDRESS OF THE SECTION ADDRESS OF THE SE

Contributor address:

Principal occupation / Job title (See Instructions)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) \$ 20,000 4 TOTAL OF UNITEMIZED LOANS out-of-state PAC (ID#:_ a financial 21 ST CharlES HUSTON TX 77003 Institution? 11 Maturity date 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 15 Check if personal funds were deposited into political 14 Description of Collateral account (See Instructions) none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Loan Amount (\$) Name of lender out-of-state PAC (ID#: Interest rate Is lender City; State; Zip Code Lender address: a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none **GUARANTOR** Name of guarantor Amount Guaranteed (\$) INFORMATION State; Zip Code Guarantor address; not applicable Principal Occupation (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Loan Repayment/Neimbursement 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)	A POTENTIAL PROPERTY OF THE PR
	The Instruction Guide explain	ns how to complete this form.		Monte e de constante de constan
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date ///5-)UNI	5 Payee name US Postal Se	rvice		
6 Amount (\$)	7 Payee address; City; State; 2	Zip Code		an Document Office of the Control of
¥4390	Houst T	X		
8	(a) Category (See categories listed at the top of this s			
PURPOSE	1	[I outside of Texas, complete Schedule T	state of the state
OF EXPENDITURE	Advertising	L	n, TX, officeholder living expense	No.
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Abel Davila	City (VINCI)	IST H HUS TRUSTEEL	ust 8
Date	Payee name			
3/1-2/14/10	Alva Graphics			
Amount (\$)	Payee address; City; State; 2	Zip Code		
\$1545	910 N Durha	am HOUSTON	TX 77008	
PO	Category (See categories listed at the top of this s	postural particular pa		SPECIAL SPECIA
PURPOSE OF	11.4000		outside of Texas, complete Schedule T	
EXPENDITURE	Advirtising	Liming Sheck it Austr	n, TX, officeholder living expense	Marie Constitution of the
in the state of th		deline e relativamente.		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Abl Davila	Office sought	DIST H HOS TRUSTEEL	SIF
Date	Payee name			
2/01/15	BISON SIGNS	: 		
Amount (\$)	Payee address; City; State; Z	Zip Code		
\$1,439.72	10100 Clay Rd	StE G Hast	on Ty 77080	
photos and a second	Category (See categories listed at the top of this s	schedule) Description		
PURPOSE OF	4 /	principal	outside of Texas, complete Schedule T	vince (market property)
EXPENDITURE	Advartising	Ll Check if Austi	n, TX, officeholder living expense	
### ### ##############################	Candidate / Officeholder name	Office sought	, Office held	
Complete ONLY if direct expenditure to benefit C/OH		Chy Council	DOTH HOUS Truster DIS	15
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED	No.

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Contributions/Donations Made By Polling Expense Printing Expense Travel In District Travel Out Of District Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name 7 Pavee address: (a) Category (See categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas, complete Schedule T PURPOSE Advertising Check if Austin, TX, officeholder living expense EXPENDITURE 9 Complete ONLY if direct MITINSTER DUST expenditure to benefit C/OH DAVII Payee name Amount (\$) Payee address; City; State; Zip Code 136.06 Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T **PURPOSE** Advertising OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Payee address; State; Zip Code 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 EXPENDITURE Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Consulting Expense
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (external year)

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/M	pense Travel Out Of District (ages/Contract Labor Other (enter a category not listed above)
	The Instruction Guide explains how to c	omplete this form.
Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 6/09 15	5 Payee name Shan T-Shirts	
3 Amount (\$)	7 Payee address; City; State; Zip Code	
# 488	Houston TX	
8	(a) Category (See categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Advertising	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
Gomplete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought TY (WN) DISTH HUS TRUSTED
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held