

**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	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST	SUFFIX			
		Mike		Date Received		
		Laster		10/26/2015		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of address	ADDRESS / PO BOX;	APT/SUITE #;	CITY;	STATE;	ZIP CODE	
	P.O. Box 56386 Houston TX 77256					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked		
	(713) 942-5816					
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	Receipt #	Amount	
	NICKNAME	LAST	SUFFIX	Date Processed		
		Kenneth		Date Imaged		
		Li				
7 CAMPAIGN TREASURER ADDRESS (Business)	STREET ADDRESS (No PO Box Please);	APT/SUITE #;	CITY;	STATE;	ZIP CODE	
	6918 Corporate Drive Suite A-5 Houston TX 77036					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(713) 942-5803					
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	<input checked="" type="checkbox"/> General
	11/3/2015					
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
	City Council - District J			City Council - District J		

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

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

14 FILER NAME Mike Laster 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	\$0.00
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$15,677.00
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$0.00
	4	TOTAL POLITICAL EXPENDITURES	\$29,585.09
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$154,707.22
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0.00

18 AFFIDAVIT

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

Mike Laster

\_\_\_\_\_  
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 Mike Laster		20 Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS	SUBTOTAL
	NAME OF SCHEDULE	AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	11805
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	3872
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	0
4.	SCHEDULE E: LOANS	0
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	29585.09
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	0
8.	SCHEDULE F4: EXPENDITURES MADE FROM CREDIT CARD	0
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	0
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	0

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

**FORM C/OH  
ADDENDUM**

C/OH NAME Mike Laster

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 Mike Laster			3	Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Jess Brownfield	7	Amount of contributions (\$)
	10/01/2015	6 Contributor address; City; State; Zip Code Houston TX 77074-4903		30
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# ) Chin-Liang Chen	7	Amount of contributions (\$)
	10/01/2015	6 Contributor address; City; State; Zip Code Houston TX 77077-1145		500
8	Principal occupation / Job title (See Instructions) Owner		9	Employer (See Instructions) National Motels
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) James Hernandez	7	Amount of contributions (\$)
	10/02/2015	6 Contributor address; City; State; Zip Code Houston TX 77008		100
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# ) Sheba Ali	7	Amount of contributions (\$)
	10/05/2015	6 Contributor address; City; State; Zip Code Sugar Land TX 77479		100
8	Principal occupation / Job title (See Instructions) Superintendent		9	Employer (See Instructions) KIPP
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 Mike Laster		3	Filer ID (Ethics Commission filers)
10/05/2015	Anne Whitlock ----- 6 Contributor address; City; State; Zip Code Houston TX 77003	7	Amount of contributions (\$) 200
8	Principal occupation / Job title (See Instructions) Community Development	9	Employer (See Instructions) Legacy Community Health Services
10/07/2015	Paul McEntire ----- 6 Contributor address; City; State; Zip Code Houston TX 77019	7	Amount of contributions (\$) 250
4	Date	5	Full name of contributor <input type="checkbox"/> out of state PAC(ID# )
8	Principal occupation / Job title (See Instructions) Executive Vice President/COO	9	Employer (See Instructions) YMCA
10/07/2015	Jeff Watkins ----- 6 Contributor address; City; State; Zip Code Stafford TX 77477	7	Amount of contributions (\$) 250
4	Date	5	Full name of contributor <input type="checkbox"/> out of state PAC(ID# )
8	Principal occupation / Job title (See Instructions)	9	Employer (See Instructions)
10/08/2015	Sheetmetal Workers LU # 54 PAC Fund ----- 6 Contributor address; City; State; Zip Code Houston TX 77018-6319	7	Amount of contributions (\$) 500
4	Date	5	Full name of contributor <input type="checkbox"/> out of state PAC(ID# )
8	Principal occupation / Job title (See Instructions)	9	Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A1:
2 FILER NAME Mike Laster		3	Filer ID (Ethics Commission filers)
10/08/2015	Bernice Arceneaux ----- 6 Contributor address; City; State; Zip Code Houston TX 77036	7	Amount of contributions (\$) 50
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10/08/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Joseph Kaye ----- 6 Contributor address; City; State; Zip Code Houston TX 77036	7	Amount of contributions (\$) 25
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10/08/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Wesley Hart ----- 6 Contributor address; City; State; Zip Code Houston TX 77018	7	Amount of contributions (\$) 100
8 Principal occupation / Job title (See Instructions) Transportation/Limo		9 Employer (See Instructions) Self-employed	
10/13/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Angela Blanchard ----- 6 Contributor address; City; State; Zip Code Houston TX 77004-5038	7	Amount of contributions (\$) 250
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) NCI	
	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Christopher Akbari	7	Amount of contributions (\$)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A1:
2 FILER NAME Mike Laster		3	Filer ID (Ethics Commission filers)
10/15/2015	6 Contributor address; City; State; Zip Code Nederland TX 77627-1363		250
8 Principal occupation / Job title (See Instructions) Real Estate Investment		9 Employer (See Instructions) The Itex Group, LLC	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Ricky Kamins	7	Amount of contributions (\$)
10/15/2015	6 Contributor address; City; State; Zip Code Houston TX 77055		1250
8 Principal occupation / Job title (See Instructions) Chief Operating Officer		9 Employer (See Instructions) Lone Star Cab	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Solomon Ephrem	7	Amount of contributions (\$)
10/15/2015	6 Contributor address; City; State; Zip Code Katy TX 77494-2431		500
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Central Cab Co	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) David Spears	7	Amount of contributions (\$)
10/15/2015	6 Contributor address; City; State; Zip Code Kingwood TX 77345-1845		1000
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Self-employed	



# 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 Mike Laster	3 Filer ID (Ethics Commission filers)
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4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# )	7 Amount of contributions (\$)
	Texas Taxi PAC	
9/29/2015	6 Contributor address; City; State; Zip Code	
	Austin TX 78701-2156	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# )	7 Amount of contributions (\$)
	Roman Martinez	
10/15/2015	6 Contributor address; City; State; Zip Code	
	Houston TX 77007-5067	2000

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
President and CEO	Texas Taxi, Inc.

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# )	7 Amount of contributions (\$)
	Duane Kamins	
10/15/2015	6 Contributor address; City; State; Zip Code	
	Bellaire TX 77401	1250

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
President	Houston Transportation Services, LLC

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# )	7 Amount of contributions (\$)
	Texas Taxi PAC	
10/15/2015	6 Contributor address; City; State; Zip Code	
	Austin TX 78701-2156	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# )	
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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A1:
2 FILER NAME Mike Laster		3	Filer ID (Ethics Commission filers)
10/17/2015	Thomas Seymour ----- 6 Contributor address; City; State; Zip Code Houston TX 77008-3912	7	Amount of contributions (\$)  100
8	Principal occupation / Job title (See Instructions) Project Manager	9	Employer (See Instructions) ExxonMobil
10/19/2015	Greater Houston Restaurant Association PAC ----- 6 Contributor address; City; State; Zip Code Houston TX 77007-5067	7	Amount of contributions (\$)  500
8	Principal occupation / Job title (See Instructions)	9	Employer (See Instructions)
10/21/2015	Scott Hochberg Campaign ----- 6 Contributor address; City; State; Zip Code Houston TX 77036	7	Amount of contributions (\$)  500
8	Principal occupation / Job title (See Instructions)	9	Employer (See Instructions)
10/24/2015	Susan Christian ----- 6 Contributor address; City; State; Zip Code Houston TX 77006	7	Amount of contributions (\$)  100.00
8	Principal occupation / Job title (See Instructions)	9	Employer (See Instructions)

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule A1:

2 FILER NAME Mike Laster

3 Filer ID (Ethics Commission filers)

**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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Mike Laster	<b>3</b> Filer ID (Ethics Commission filers)
<b>4</b> Date 9/30/2015	<b>5</b> Payee name Piryx, Inc.	
<b>6</b> Amount (\$) 25.8	<b>7</b> Payee address; City; State; Zip Code 649 Mission St. #204 San Francisco CA 94105	
<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category  Fees	(b) Description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online donation fees
	<b>9</b> Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

<b>4</b> Date 10/2/2015	<b>5</b> Payee name Neighborhood Centers, Inc.	
<b>6</b> Amount (\$) 225	<b>7</b> Payee address; City; State; Zip Code P.O. Box 271389  Houston TX 77277	
<b>8 PURPOSE OF EXPENDITURE</b>	(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 Meeting room rental
	<b>9</b> Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

<b>4</b> Date 10/5/2015	<b>5</b> Payee name Burt Levine	
<b>6</b> Amount (\$) 300	<b>7</b> Payee address; City; State; Zip Code 9600 Glenfield Ct. Suite 148 Houston TX 77096	
<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category	(b) Description
	<b>9</b> 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 Mike Laster		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 Outreach services
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 Sharpstown Democrats		
6 Amount (\$) 450	7 Payee address; City; State; Zip Code P.O. Box 2053 Bellaire TX 77402		
8 PURPOSE OF EXPENDITURE	(a) Category Contributions/Donations Made By Candidate/Officeholder/Political Committee	<input type="checkbox"/>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tickets to Johnson Rayburn Richards Dinner
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 Mike Laster	3 Filer ID (Ethics Commission filers)
4 Date 10/10/2015	5 Payee name Tejano Democrats	
6 Amount (\$) 300	7 Payee address; City; State; Zip Code 3715 North Main St.  Houston TX 77009	
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  Advertisement and tickets for Roast & Toast Event
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 10/11/2015	5 Payee name Office Depot	
6 Amount (\$) 43.71	7 Payee address; City; State; Zip Code 10960 Westheimer  Houston TX 77042	
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  Supplies for campaign mailing
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 10/11/2015	5 Payee name Dalton DeHart	
6 Amount (\$) 200	7 Payee address; City; State; Zip Code 2829 Timmons Lane #201 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 Mike Laster		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 Campaign photos
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 Campaign Strategies, Inc.		
6 Amount (\$) 8382.97	7 Payee address; City; State; Zip Code P.O. Box 3308  Houston TX 77253		

8 PURPOSE OF EXPENDITURE	(a) Category  Printing 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 Campaign mailings
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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 Mike Laster	3 Filer ID (Ethics Commission filers)
4 Date 10/13/2015	5 Payee name Campaign Strategies, Inc.	
6 Amount (\$) 5000	7 Payee address; City; State; Zip Code P.O. Box 3308 Houston TX 77253	
8 PURPOSE OF EXPENDITURE	(a) Category  Consulting	(b) Description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense General consulting services
	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 United States Postal Service	
6 Amount (\$) 147	7 Payee address; City; State; Zip Code 11936 Bellaire Blvd. Alief TX 77411	
8 PURPOSE OF EXPENDITURE	(a) Category  Printing 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 Postage for campaign mailing
	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 FireWatch Custom Tees & Apparel	
6 Amount (\$) 330	7 Payee address; City; State; Zip Code 12219 Alief Clodine Houston TX 77083	
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 Mike Laster		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 T-Shirts for campaign volunteers
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 10/19/2015	5 Payee name Burt Levine		
6 Amount (\$) 300	7 Payee address; City; State; Zip Code 9600 Glenfield Ct. Suite 148 Houston TX 77096		
8 PURPOSE OF EXPENDITURE	(a) Category  Salaries/Wages/Contract Labor	<input type="checkbox"/>	(b) Description  Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Outreach services
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 Mike Laster	3 Filer ID (Ethics Commission filers)
4 Date 10/20/2015	5 Payee name Sam's Club	
6 Amount (\$) 215.73	7 Payee address; City; State; Zip Code 5320 S. Rice Ave. Houston TX 77081	
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 Refreshments for Sharpstown Parks meeting
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 Campaign Strategies, Inc.	
6 Amount (\$) 3893.72	7 Payee address; City; State; Zip Code P.O. Box 3308 Houston TX 77253	
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign mailing
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 Campaign Strategies, Inc.	
6 Amount (\$) 4760.28	7 Payee address; City; State; Zip Code P.O. Box 3308 Houston TX 77253	
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 Mike Laster		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 Campaign mailing
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 Campaign Strategies, Inc.		
6 Amount (\$) 1725.9	7 Payee address; City; State; Zip Code P.O. Box 3308  Houston TX 77253		
8 PURPOSE OF EXPENDITURE	(a) Category  Advertising 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 Campaign mailing
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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Mike Laster		<b>3</b> Filer ID (Ethics Commission filers)
<b>4</b> Date 10/23/2015	<b>5</b> Payee name InFocus Campaigns LLC		
<b>6</b> Amount (\$) 1510.66	<b>7</b> Payee address; City; State; Zip Code P.O. Box 10726 Fort Worth TX 77236		
<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category  Consulting	(b) Description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter contact services	
	<b>9</b> Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held		

<b>4</b> Date 10/23/2015	<b>5</b> Payee name Strong Strategies, LLC		
<b>6</b> Amount (\$) 1715.22	<b>7</b> Payee address; City; State; Zip Code 5100 San Felipe #117E Houston TX 77056		
<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category  Consulting	(b) Description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising & consulting services	
	<b>9</b> Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held		

<b>4</b> Date 10/23/2015	<b>5</b> Payee name Piryx, Inc.		
<b>6</b> Amount (\$) 59.1	<b>7</b> Payee address; City; State; Zip Code 649 Mission St. #204 San Francisco CA 94105		
<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category	(b) Description	
	<b>9</b> 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 Mike Laster		3 Filer ID (Ethics Commission filers)
	Fees	<input type="checkbox"/> <input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Online donation fees
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**