CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT The C/OH Instruction Guide explains how to complete this form 1 ACCOUNT #(Ethics Commission filers) 2 Total pages filed MS/MRS/MR FIRST 3 CANDIDATE / **OFFICE USE ONLY OFFICEHOLDER** Rogene G Date Received LAST NICKNAME SUFFIX 7/15/2013 NAME Calvert ADDRESS / PO BOX: APT/SUITE #: CITY: STATE: ZIP CODE 4 CANDIDATE / **OFFICEHOLDER** 10850 Richmond Avenue Date Hand-delivered or Date Postmarked **MAILING** Suite 100 **ADDRESS** Houston TX 77042 Change of address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE / **OFFICEHOLDER** (832) 266-0561 **PHONE** MS/MRS/MR FIRST 6 CAMPAIGN Receipt # **Amount TREASURER** John L **Date Processed** NICKNAME LAST SUFFIX NAME Date Imaged Guess, III STREET ADDRESS (No PO Box Please); APT/SUITE #; STATE; ZIP CODE 7 CAMPAIGN **TREASURER** 6648 Marquart St. **ADDRESS** Suite 200 (Business) Houston TX 77027 AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN TREASURER PHONE (713) 660-7003 Exceeded \$500 limit January 15 30th day before election Final repport (Attach C/OH - FR) 9 REPORT TYPE X July 15 8th day before election Runoff 15th day after campaign treasurer appointment(officeholder only) Month Day Month Year 10 PERIOD **THROUGH COVERED** 2/25/2013 6/30/2013 ELECTION TYPE ELECTION DATE 11 ELECTION Month Day Year Primary Runoff General Special 11/5/2013 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE City Council - At Large Position 3

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Rogen	e G	Calvert		15 ACCOUNT # (Ethic	s Commission Filers)
		expenditures may have	f political contributions accepted or political expenditures me been made without the candidate's or officeholder's know receive notice of such expenditures.	nade by political committees to support the dedge or consent. Candidates and office and	ne candidate / officeholder. These sholders are required to report this
16 NOTICE	CON	MMITTEE TYPE	COMMITTEE NAME		
FROM	l _	_			
POLITICAL		GENERAL	COMMITTEE ADDRESS		
COMMITTEE(S)	_ ا	_			
	L	SPECIFIC			
			COMMITTEE CAMPAIGN TREASURER NAME		
additional pages COMMITTEE CAMPAIGN TREASURER ADDRESS					,
additional pages					
17 CONTRIBUTION	1		CAL CONTRIBUTIONS OF \$50 OR LESS (C		
TOTALS		PLEDGES, LOA	NS, OR GUARANTEES OF LOANS), UNLE	SS ITEMIZED	\$
	2	TOTAL POLITIC	CAL CONTRIBUTIONS		¢92 006 50
		(OTHER THAN	PLEDGES, LOANS, OR GUARANTEES OF	LOANS)	\$83,906.50
EXPENDITURE	3	-	CAL EXPENDITURES OF \$100 OR LESS, U		
TOTALS	ľ				\$
	4	TOTAL POLITIC	CAL EXPENDITURES		
					\$18,587.63
CONTRIBUTION	5	TOTAL POLITIC	CAL CONTRIBUTIONS MAINTAINED AS OF	THE LAST DAY	
BALANCE	ľ	OF REPORTING			\$75,318.87
OUTSTANDING LOAN	6	TOTAL PRINCIF	PAL AMOUNT OF ALL OUTSTANDING LOA	ANS AS OF THE	
TOTALS	٥		HE REPORTING PERIOD		\$10,000.00
18 AFFIDAVIT					
			I swear, or affi	rm, under penalty of perjury, th	at the accompanying
				nd correct and includes all info e under Title 15, Election Code	
				Rogene Calver	t
				Signature of Candidate or	Officeholder
AFFIX NOT STAMP / SE	AL	ABOVE			
Sworn to and subscribed	l bef	ore me, by the said	d	, this the	day
of		, 20	, to certify which, witness my ha	and and seal of office.	
Signature of officer admi	niste	ering oath	Print name of officer administering o	ath Title of officer	administering oath

1	CANDIDATE / OFFICEHOLDER REPORT: NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS					
C/OH NAME Roge	C/OH NAME Rogene G Calvert					
	Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.					

CANDIDATE / OF	FORM C/OH					
NOTICE FROM PO	NOTICE FROM POLITICAL COMMITTEE(S) ADDENDU					
C/OH NAME Rogene G Calvert ACCOUNT # (Ethics Commission filers)						
	This box is for notice of political contributions accepted or political expenditures made by expenditures may have been made without the candidate's or officeholder's knowledge of information only if they receive notice of such expenditures.					

		CONTRIBUTIONS				SCHEDULE A
		AN PLEDGES OR LO uide explains how to complete			1 Total Pages Sc	hedule A:
1111	e mstruction o	idide explains now to complete	e uns ioini.		1 Total Lages Sc	inedule A.
2 F	FILER NAME F	Rogene G Calvert			3 ACCOUNT # (Ethics C	Commission filers)
4	Date	5 Full name of contributor	out of state F	PAC(ID#)		:
		Judy G Chong			7 Amount of	8. In-kind contribution
					contributions (\$)	description (if applicable)
		6 Contributor address;	City;	State; Zip Code		:
	3/3/2013		Sugar Land	TX 77478	500.00	
					(If travel outside of 1	Texas, Complete Schedule T)
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instru	uctions)	
	Accountant			MD Anderson Cancer C	enter	
4	Date	5 Full name of contributor	out of state F	PAC(ID#)		:
		Peter Chang			7 Amount of	8. In-kind contribution
					contributions (\$)	description (if applicable)
		6 Contributor address;	City;	State; Zip Code		:
	5/3/2013		Houston	TX 77024	1,000.00	
					(If travel outside of 1	Texas, Complete Schedule T)
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instru	uctions)	
	Physician			Self		
4	Date	5 Full name of contributor	out of state F	PAC(ID#)		:
		Christopher N Calvert			7 Amount of	In-kind contribution description
					contributions (\$)	(if applicable)
		6 Contributor address;	City;	State; Zip Code		! !
	5/20/2013		Santa Fe	NM 87501	500.00	
						Texas, Complete Schedule T)
9		pation / Job title (See Instructions)		10 Employer (See Instru	uctions)	
	Postal worker			US Postal Dept.		
4	Date	5 Full name of contributor	out of state F	PAC(ID#)		:
		William Jee	_		7 Amount of	In-kind contribution description
					contributions (\$)	(if applicable)
		6 Contributor address;	City;	State; Zip Code		
	5/29/2013		Houston	TX 77036	20.00	<u>:</u>
				1		Texas, Complete Schedule T)
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instru	ictions)	

		CONTRIBUTIONS AN PLEDGES OR L O	ANS			SCHEDULE A
		iuide explains how to complet			1 Total Pages Sc	hedule A:
2 F	ILER NAME F	Rogene G Calvert			3 ACCOUNT # (Ethics C	Commission filers)
4	Date	5 Full name of contributor	out of state	PAC(ID#)		<u>. </u>
		John Hendricks			7 Amount of	8. In-kind contribution
					contributions (\$)	description (if applicable)
		6 Contributor address;	City;	State; Zip Code		(ii applicasio)
	5/30/2013	,	Plano	TX 75704	100.00	
						¦ 「exas, Complete Schedule T)
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instru	Luctions)	
		I (•
4	Date	5 Full name of contributor	out of state	PAC(ID#)		
		Alan Helfman			7 Amount of	In-kind contribution description
					contributions (\$)	(if applicable)
		6 Contributor address;	City;	State; Zip Code		i !
	4/12/2013		Houston	TX 77024	250.00	:
				<u> </u>		Texas, Complete Schedule T)
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instru	ictions)	
4	Date	5 Full name of contributor	out of state	PAC(ID#)		
		Bill Imada	_		7 Amount of	In-kind contribution description
					contributions (\$)	(if applicable)
		6 Contributor address;	City;	State; Zip Code		:
	5/28/2013		West	CA 90069	500.00	:
			Hollywood		(If travel outside of 1	: Fexas, Complete Schedule T)
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instru	uctions)	
	Chairman/Chi	ef Collaborating Officer		IW Group Inc		
4	Date	5 Full name of contributor	out of state	PAC(ID#)		1
		C. C. Lee			7 Amount of	8. In-kind contribution
					contributions (\$)	description (if applicable)
		6 Contributor address;	City;	State; Zip Code	•	,
	3/22/2013		Houston	TX 77057	500.00	<u> </u>
					(If travel outside of 1	rexas, Complete Schedule T)

		CONTRIBUTIONS				SCHEDULE A
		AN PLEDGES OR LO				
The	e Instruction G	uide explains how to complete	1 Total Pages Sc	hedule A:		
2 F	ILER NAME R	ogene G Calvert		3 ACCOUNT # (Ethics C	Commission filers)	
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instru	ctions)	
	Architect			STOA International		
4	Date	5 Full name of contributor	out of state F	PAC(ID#)		
		Andrea White			7 Amount of	8. In-kind contribution
					contributions (\$)	description (if applicable)
		6 Contributor address;	City;	State; Zip Code	(",	
	5/1/2013		Houston	TX 77024	5,000.00	
						; exas, Complete Schedule T)
9	Principal occu	Pation / Job title (See Instructions)		10 Employer (See Instru	L ctions)	
	Author			Self		
4	Date	5 Full name of contributor	out of state F	PAC(ID#)		
		Glen Gondo			7 Amount of	In-kind contribution description
					contributions (\$)	(if applicable)
		6 Contributor address;	City;	State; Zip Code		:
	5/7/2013		Houston	TX 77082	5,000.00	: :
					(If travel outside of T	exas, Complete Schedule T)
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instru	ctions)	
	Business own	er		Self		
4	Date	5 Full name of contributor	out of state F	PAC(ID#)		:
		Marilyn Goff			7 Amount of	In-kind contribution description
					contributions (\$)	(if applicable)
		6 Contributor address;	City;	State; Zip Code		:
	5/20/2013		Pearland	TX 77584	20.00	:
					(If travel outside of T	exas, Complete Schedule T)
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instru	ctions)	
4	Date	5 Full name of contributor	out of state F	PAC(ID#)		
		Nelvin Adriatico	_		7 Amount of	In-kind contribution description
					contributions (\$)	(if applicable)
		6 Contributor address;	City;	State; Zip Code		
	5/19/2013		Sugar Land	TX 77429-2450	50.00	i :

		. CONTRIBUTIONS I AN PLEDGES OR L O	OANS			SCHEDULE A
		Guide explains how to comple			1 Total Pages Sc	hedule A:
2 F	ILER NAME	Rogene G Calvert		3 ACCOUNT # (Ethics C	Commission filers)	
					(If travel outside of 1	Texas, Complete Schedule T)
9	Principal occupation / Job title (See Instructions)			10 Employer (See Inst	ructions)	
	Data	5 Full name of contributor	L out of state	DAC(ID#)	T	.
4	Date	John Chan	out of state	FAC(ID#)	7 Amount of	8. In-kind contribution description
		6 Contributor address;	City;	State; Zip Code	contributions (\$)	(if applicable)
	5/9/2013		San Mateo	CA 94403	50.00	
					(If travel outside of 1	Texas, Complete Schedule T)
9	9 Principal occupation / Job title (See Instructions)			10 Employer (See Inst	ructions)	
	Retired			Retired		
4	Date	5 Full name of contributor	out of state	PAC(ID#)		:
		Donna Chow			7 Amount of	In-kind contribution description
					contributions (\$)	(if applicable)
		6 Contributor address;	City;	State; Zip Code	·· ·	!
	5/20/2013		Houston	TX 77066	50.00	!
					(If travel outside of 1	Texas, Complete Schedule T)
9	Principal oc	cupation / Job title (See Instructions)		10 Employer (See Inst	ructions)	
4	Date	5 Full name of contributor	out of state	PAC(ID#)		<u>:</u>
•		Saki Indakwa		, ,	7 Amount of	In-kind contribution description
					contributions (\$)	(if applicable)
		6 Contributor address;	City;	State; Zip Code		! !
	5/20/2013		Sugar Land	TX 77498	50.00	!
					(If travel outside of 1	Texas, Complete Schedule T)
9	Principal oc	cupation / Job title (See Instructions)		10 Employer (See Inst	ructions)	
4	Date	5 Full name of contributor	out of state	PAC(ID#)		:
		Moe-Kaiser Leslie	П		7 Amount of	8. In-kind contribution description
		0.000	0''	01-1 7' 0 '	contributions (\$)	(if applicable)
		6 Contributor address;	City;	State; Zip Code	1	

		CONTRIBUTIONS AN PLEDGES OR L	OANS			SCHEDULE A	
		Guide explains how to comple		1 Total Pages Schedule A:			
2 F	ILER NAME I	Rogene G Calvert			3 ACCOUNT # (Ethics C	commission filers)	
	5/12/2013		Peoria	IL 61615	50.00		
					(If travel outside of T	exas, Complete Schedule T)	
9	Principal occ	upation / Job title (See Instructions)		10 Employer (See Instru	uctions)		
	Public Affairs			State Farm			
4	Date	5 Full name of contributor	out of state	PAC(ID#)			
		June Liu			7 Amount of	8. In-kind contribution description	
					contributions (\$)	(if applicable)	
		6 Contributor address;	City;	State; Zip Code		! !	
	5/20/2013		Houston	TX 77054	50.00	 	
					(If travel outside of T	exas, Complete Schedule T)	
9	Principal occ	upation / Job title (See Instructions)		10 Employer (See Instructions)			
	Quality Proje	ct Manager		Community Health Choi	ce Inc.		
4	Date	5 Full name of contributor	out of state	PAC(ID#)		· ·	
		Thomas Reynolds	_		7 Amount of	In-kind contribution description	
					contributions (\$)	(if applicable)	
		6 Contributor address;	City;	State; Zip Code	-	! ! !	
	5/13/2013		Houston	TX 77031	50.00	! ! !	
					(If travel outside of T	exas, Complete Schedule T)	
9	Principal occ	upation / Job title (See Instructions)		10 Employer (See Instru	Luctions)		
4	Date	5 Full name of contributor	out of state	PAC(ID#)			
		Patricia Barry Rumble			7 Amount of	8. In-kind contribution	
					contributions (\$)	description (if applicable)	
		6 Contributor address;	City;	State; Zip Code	-	(3, p. 1	
	5/20/2013		Houston	TX 77035	50.00	! ! !	
						: exas, Complete Schedule T)	
9	Principal occ	upation / Job title (See Instructions)		10 Employer (See Instru	uctions)		
4	Date	5 Full name of contributor	out of state	PAC(ID#)			
		Rosalind Young	J		7 Amount of	In-kind contribution description	
					contributions (\$)	(if applicable)	

		CONTRIBUTIONS AN PLEDGES OR LO	DANS			SCHEDULE A
		Guide explains how to complete			1 Total Pages Sc	hedule A:
2 F	ILER NAME F	Rogene G Calvert			3 ACCOUNT # (Ethics C	Commission filers)
		6 Contributor address;	City;	State; Zip Code		:
	5/20/2013	·	Houston	TX 77005-2748	50.00	
					(If travel outside of 1	i exas, Complete Schedule T)
9	Principal occu	upation / Job title (See Instructions)		10 Employer (See Instr	ructions)	
4	Date	5 Full name of contributor	out of state I	PAC(ID#)		
		Lindsay G Calvert			7 Amount of	In-kind contribution description
					contributions (\$)	(if applicable)
		6 Contributor address;	City;	State; Zip Code		
	5/10/2013		Houston	TX 77056	100.00	<u>:</u>
					(If travel outside of 1	exas, Complete Schedule T)
9	Principal occu	upation / Job title (See Instructions)		10 Employer (See Instr	ructions)	
	Asst Director,	Gilman Scholarship Program		Institute of Internationa	l Education	
4	Date	5 Full name of contributor	out of state i	PAC(ID#)		:
		Janet Fricke			7 Amount of	8. In-kind contribution
					contributions (\$)	description (if applicable)
		6 Contributor address:	City;	State; Zip Code	- (w)	(ii applicable)
	5/16/2013	o contributor address,	San Bruno	CA 94066	100.00	
	3/10/2013		Jan Diulio	OA 94000		: Texas, Complete Schedule T)
_	Principal occu	upation / Job title (See Instructions)		10 Employer (See Instr		exas, complete conecate 17
9	•	,				-4:-4
	Dental Asst Ir	istructor		Only of the Pacific Arth	ur A. Dugoni School of Der	itist
4	Date	5 Full name of contributor	out of state i	PAC(ID#)		:
		Dana Heatherton			7 Amount of	8. In-kind contribution
					contributions (\$)	description (if applicable)
		6 Contributor address;	City;	State; Zip Code	-	1
	5/20/2013	ŕ	Houston	TX 77054	100.00	
						: Texas, Complete Schedule T)
9	Principal occu	upation / Job title (See Instructions)		10 Employer (See Instr	ructions)	
	,	· · · · · · · · · · · · · · · · · · ·			•	
4	Date	5 Full name of contributor	out of state I	PAC(ID#)		<u> </u>
Ī		Victor Huey		•	7 Amount of	8. In-kind contribution

		CONTRIBUTIONS AN PLEDGES OR LO	ANG			SCHEDULE A	
		uide explains how to complete		1 Total Pages Schedule A:			
2 F	ILER NAME F	Rogene G Calvert			3 ACCOUNT # (Ethics Comr		
					contributions (\$)	(if applicable)	
		6 Contributor address;	City;	State; Zip Code	-		
	5/20/2013		Missouri City	TX 77459	100.00	! !	
	5/25/2010		ccca c.i.y	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		: exas, Complete Schedule T)	
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instru	uctions)		
					_		
4	Date	5 Full name of contributor	out of state F	PAC(ID#)			
		B. B. Kendrick			7 Amount of	In-kind contribution description	
					contributions (\$)	(if applicable)	
		6 Contributor address;	City;	State; Zip Code	•	 	
	5/9/2013		La Center	KY 42056	100.00	 - -	
					(If travel outside of T	exas, Complete Schedule T)	
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instru	uctions)		
	Athletic Dir, C	oach		Community Christian Ad	cademy		
4	Date	5 Full name of contributor	out of state F	PAC(ID#)			
		Emil Khalikov			7 Amount of	In-kind contribution description	
					contributions (\$)	(if applicable)	
		6 Contributor address;	City;	State; Zip Code		; ; ;	
	5/20/2013		Houston	TX 77002	100.00	1 1 1	
					·	exas, Complete Schedule T)	
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instru	uctions)		
	Analyst			UBS Investment Bank			
4	Date	5 Full name of contributor	out of state F	PAC(ID#)		! !	
		Sylvia Louie			7 Amount of	In-kind contribution description	
					contributions (\$)	(if applicable)	
		6 Contributor address;	City;	State; Zip Code			
	5/20/2013		Houston	TX 77025	100.00	! ! !	
					(If travel outside of T	exas, Complete Schedule T)	
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instru	uctions)		
	Data	E Full name of contributes	out of otal - 5	AC(ID#)		<u> </u>	
4	Date	5 Full name of contributor	out of state F	AU(ID#)			

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS The Instruction Guide explains how to complete this form. Total Pages Schedule A: 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Rogene G Calvert Randolph McKinney, II Amount of 8. In-kind contribution description contributions (\$) (if applicable) 6 Contributor address; City; State; Zip Code 5/9/2013 Bellaire TX 77402 100.00 (If travel outside of Texas, Complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Marketing Self out of state PAC(ID#) Date 5 Full name of contributor 8. In-kind contribution Mari Okabayashi Amount of description contributions (\$) (if applicable) 6 Contributor address; City; State; Zip Code TX 77096 5/20/2013 100.00 Houston (If travel outside of Texas, Complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) 9 Date 5 Full name of contributor out of state PAC(ID#) Esther Quan Amount of 8. In-kind contribution description contributions (\$) (if applicable) 6 Contributor address; City; State; Zip Code 5/20/2013 Bellaire TX 77401-2502 100.00 (If travel outside of Texas, Complete Schedule T) 10 Employer (See Instructions) Principal occupation / Job title (See Instructions) 9 Retired Retired out of state PAC(ID#) Date 5 Full name of contributor 8. In-kind contribution Tito Refi Amount of description contributions (\$) (if applicable) 6 Contributor address; City; State; Zip Code 5/20/2013 Sugar Land TX 77498 100.00 (If travel outside of Texas, Complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) 9

	CAL CONTRIBUTIONS				SCHEDULE A
	THAN PLEDGES OR LO			1 Total Pages Sc	hedule A:
2 FILER N	AME Rogene G Calvert			3 ACCOUNT # (Ethics C	Commission filers)
4 Date	5 Full name of contributor	out of state	PAC(ID#)		:
	Jim Travlos			7 Amount of contributions (\$)	In-kind contribution description (if applicable)
	6 Contributor address;	City;	State; Zip Code	Contributions (ϕ)	(п аррпсаые)
5/20/20	13	Houston	TX 77062	100.00	:
				(If travel outside of T	exas, Complete Schedule T)
9 Princi Aeros	pal occupation / Job title (See Instructions) pace		10 Employer (See Instru Retired	ctions)	
4 Date	5 Full name of contributor	out of state	PAC(ID#)		
	William Lim	_		7 Amount of	In-kind contribution description
				contributions (\$)	(if applicable)
	6 Contributor address;	City;	State; Zip Code		: :
5/18/20	13	Houston	TX 77042-2312	200.00	i !
				(If travel outside of T	exas, Complete Schedule T)
9 Princi	pal occupation / Job title (See Instructions)		10 Employer (See Instru	ctions)	
4 Date	5 Full name of contributor	out of state	PAC(ID#)		
	Barbara McGinity	_		7 Amount of	In-kind contribution description
	6 Contributor address;	City;	State; Zip Code	contributions (\$)	(if applicable)
5/20/20		Houston	TX 77041	200.00	
				(If travel outside of T	exas, Complete Schedule T)
9 Princi	pal occupation / Job title (See Instructions)		10 Employer (See Instru	ctions)	
4 Date	5 Full name of contributor	out of state	PAC(ID#)		:
	Sharmagne Taylor	Ц		7 Amount of	In-kind contribution description
	6 Contributor address;	City;	State; Zip Code	contributions (\$)	(if applicable)
5/20/20	13	Houston	TX 77083	200.00	:
				(If travel outside of T	exas, Complete Schedule T)
9 Princi	pal occupation / Job title (See Instructions)		10 Employer (See Instru	ctions)	

		CONTRIBUTIONS AN PLEDGES OR LO	Δ	NS				SCHEDULE A	
		uide explains how to complete				1	1 Total Pages Schedule A:		
2 F	FILER NAME Rogene G Calvert					3 A	CCOUNT # (Ethics C	ommission filers)	
4	Date	5 Full name of contributor		out of state P	AC(ID#)				
		Jake Udris		J		7	Amount of	In-kind contribution description	
							contributions (\$)	(if applicable)	
		6 Contributor address;		City;	State; Zip Code				
	5/13/2013			Highland Ranch	CO 80126		200.00		
							(If travel outside of To	exas, Complete Schedule T)	
9	Principal occu	pation / Job title (See Instructions)			10 Employer (See Instru	ctior	ns)		
4	Date	5 Full name of contributor		out of state P	AC(ID#)				
		David Eng	_			7	Amount of	In-kind contribution description	
							contributions (\$)	(if applicable)	
		6 Contributor address;		City;	State; Zip Code				
	5/20/2013			Houston	TX 77018		250.00		
							(If travel outside of To	exas, Complete Schedule T)	
9	Principal occu	pation / Job title (See Instructions)			10 Employer (See Instru	ctior	ns)		
		I		1	100000	1			
4	Date	5 Full name of contributor	L	out of state P	AC(ID#)				
		Jeffrey Gee				7	Amount of	In-kind contribution description	
							contributions (\$)	(if applicable)	
		6 Contributor address;		City;	State; Zip Code				
	5/20/2013			Houston	TX 77057		250.00		
							(If travel outside of To	exas, Complete Schedule T)	
9	Principal occu	pation / Job title (See Instructions)			10 Employer (See Instru	ctior	ns)		
4	Date	5 Full name of contributor		out of state P	AC(ID#)				
		Donald Glenn	_	J		7	Amount of	In-kind contribution description	
							contributions (\$)	(if applicable)	
		6 Contributor address;		City;	State; Zip Code				
	5/20/2013			Houston	TX 77042		250.00		
							(If travel outside of To	exas, Complete Schedule T)	

		. CONTRIBUTIONS I AN PLEDGES OR LO	ANS			SCHEDULE A
		Guide explains how to complete			1 Total Pages Sc	hedule A:
2 F	ILER NAME	Rogene G Calvert			3 ACCOUNT # (Ethics C	Commission filers)
9	Principal occ	cupation / Job title (See Instructions)		10 Employer (See Instru	L ctions)	
4	Date	5 Full name of contributor	out of state P	AC(ID#)		
		Bernie Lee			7 Amount of contributions (\$)	8. In-kind contribution description (if applicable)
	F/40/0040	6 Contributor address;	City;	State; Zip Code	050.00	
	5/12/2013		San Francisco	CA 94122	250.00 (If travel outside of T	exas, Complete Schedule T)
9	Principal occ	cupation / Job title (See Instructions)		10 Employer (See Instru	ctions)	
	Retired, Dep	outy Chief of Operations		San Francisco Fire Dept		
4	Date	5 Full name of contributor	out of state P	AC(ID#)		:
		Chi Kin Pang			7 Amount of	In-kind contribution description
					contributions (\$)	(if applicable)
		6 Contributor address;	City;	State; Zip Code		
	5/9/2013		Houston	TX 77074	250.00	
					(If travel outside of T	exas, Complete Schedule T)
9	Principal occ	cupation / Job title (See Instructions)		10 Employer (See Instru Gensler	ctions)	
4	Date	5 Full name of contributor	out of state P	AC(ID#)		: :
		Victor Pang			7 Amount of	In-kind contribution description
		6 Contributor address;	City;	State; Zip Code	contributions (\$)	(if applicable)
	5/20/2013		Sugar Land	TX 77479-3218	250.00	:
					(If travel outside of T	exas, Complete Schedule T)
9	Principal occ	cupation / Job title (See Instructions)		10 Employer (See Instru	ctions)	
4	Date	5 Full name of contributor	out of state P	AC(ID#)		
		Daniel Wong			7 Amount of	In-kind contribution description
					contributions (\$)	(if applicable)
		6 Contributor address;	City;	State; Zip Code		:
	5/20/2013		Missouri City	TX 77459	250.00	!

		CONTRIBUTIONS AN PLEDGES OR LO	DANS			SCHEDULE A
		Guide explains how to complet			1 Total Pages So	hedule A:
2 F	FILER NAME F	Rogene G Calvert			3 ACCOUNT # (Ethics C	Commission filers)
					(If travel outside of 1	Texas, Complete Schedule T)
9	Principal occu	upation / Job title (See Instructions)		10 Employer (See Instru	uctions)	
4	Date	5 Full name of contributor Beng Ho	out of state	PAC(ID#)	7 Amount of	In-kind contribution description
		6 Contributor address;	City;	State; Zip Code	contributions (\$)	(if applicable)
	5/20/2013		Houston	TX 77025-2131	300.00	
						Texas, Complete Schedule T)
9	Principal occu	upation / Job title (See Instructions)		10 Employer (See Instru	uctions)	
4	Date	5 Full name of contributor	out of state	PAC(ID#)		:
		Mae Chan			7 Amount of	8. In-kind contribution
					contributions (\$)	description (if applicable)
		6 Contributor address;	City;	State; Zip Code	-	1
	5/20/2013		Houston	TX 77063-6219	500.00	1
					(If travel outside of 1	rexas, Complete Schedule T)
9	Principal occu	upation / Job title (See Instructions)		10 Employer (See Instru	uctions)	
	Retired			Retired		
4	Date	5 Full name of contributor	out of state	PAC(ID#)		:
		Wesley Eng	_		7 Amount of	In-kind contribution description
		6 Contributor address:	City	State; Zip Code	contributions (\$)	(if applicable)
	5/20/2013	o Continuator address,	City; Houston	TX 77096-1109	500.00	
	3/20/2013		Houston	17 77090-1109		: Fexas, Complete Schedule T)
9	Principal occu	Lupation / Job title (See Instructions)		10 Employer (See Instru	uctions)	
	Grocer			Self		
4	Date	5 Full name of contributor	out of state	PAC(ID#)		:
		Cecil Fong	Ш		7 Amount of	In-kind contribution description
		6 Contributor address;	City;	State; Zip Code	contributions (\$)	(if applicable)

P(OLITICAL	CONTRIBUTIONS				SCHEDULE A	
		AN PLEDGES OR LO			1 Total Pages Sc	hadula A	
1110	e mstruction G	uide explains how to complete	tilis loitii.		1 Total Pages Schedule A:		
2 F	FILER NAME F	logene G Calvert			3 ACCOUNT # (Ethics Co		
	5/20/2013		Houston	TX 77071-3627	500.00		
					(If travel outside of T	exas, Complete Schedule T)	
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instru	uctions)		
	Retired			Retired			
4	Date	5 Full name of contributor	out of state	PAC(ID#)			
		Paul Kwan			7 Amount of	In-kind contribution description	
					contributions (\$)	(if applicable)	
		6 Contributor address;	City;	State; Zip Code			
	5/20/2013		Houston	TX 77041	500.00		
					(If travel outside of T	exas, Complete Schedule T)	
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)				
	Engineer			Consultants Inc			
4	Date	5 Full name of contributor	out of state	PAC(ID#)			
		Joe Webb	_		7 Amount of	In-kind contribution description	
					contributions (\$)	(if applicable)	
		6 Contributor address;	City;	State; Zip Code	•		
	5/20/2013		Houston	TX 77006	500.00		
					(If travel outside of T	exas, Complete Schedule T)	
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instru	uctions)		
	Architect			Self			
4	Date	5 Full name of contributor	out of state	PAC(ID#)			
		Susannah Wong	_		7 Amount of	In-kind contribution description	
					contributions (\$)	(if applicable)	
		6 Contributor address;	City;	State; Zip Code		! !	
	5/20/2013		Houston	TX 77019-3641	500.00		
					(If travel outside of T	exas, Complete Schedule T)	
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instru	uctions)		
	Retired			Retired			
4	Date	5 Full name of contributor	out of state	PAC(ID#)			
		George Yang	J		7 Amount of	In-kind contribution description	
					contributions (\$)	(if applicable)	

		CONTRIBUTIONS AN PLEDGES OR LO) A NC				SCHEDULE A	
		Guide explains how to complet			1	1 Total Pages Schedule A:		
2 F	FILER NAME F	Rogene G Calvert			3	3 ACCOUNT # (Ethics Commission filers)		
		6 Contributor address;	City;	State; Zip Co	ode			
	5/20/2013		Houston	TX 77004		500.00		
						(If travel outside of T	exas, Complete Schedule T)	
9	Principal occu	upation / Job title (See Instructions)		10 Employer (See	Instruction	ons)		
	Business owr	ner		Asia Chemical				
4	Date	5 Full name of contributor	out of state	PAC(ID#)				
		Cynthia Gee			7	Amount of	8. In-kind contribution description	
						contributions (\$)	(if applicable)	
		6 Contributor address;	City;	State; Zip Co	ode			
	5/20/2013		Houston	TX 77057		750.00		
						(If travel outside of T	exas, Complete Schedule T)	
9	Principal occu	upation / Job title (See Instructions)		10 Employer (See	Instruction	ons)		
	Business owr	ner		Self				
4	Date	5 Full name of contributor	out of state	PAC(ID#)			1	
		Giorgio Borlenghi			7	Amount of	8. In-kind contribution	
						contributions (\$)	description (if applicable)	
		6 Contributor address;	City;	State; Zip Co	ode	, ,		
	5/10/2013		Houston	TX 77024		1,000.00		
						(If travel outside of T	exas, Complete Schedule T)	
9	Principal occu	upation / Job title (See Instructions)		10 Employer (See	Instruction	ons)		
	President			Interfin				
4	Date	5 Full name of contributor	out of state	PAC(ID#)				
		Coinstantine Caracostis			7	Amount of	8. In-kind contribution	
						contributions (\$)	description (if applicable)	
		6 Contributor address;	City;	State; Zip Co	ode	(.,	, , , ,	
	5/20/2013	ŕ	Houston	TX 77077-1962		1,000.00		
						(If travel outside of T	exas, Complete Schedule T)	
9	Principal occu	upation / Job title (See Instructions)		10 Employer (See	Instruction	ons)		
	Executive Dire	ector		AAHC / HOPE Clir	nic			
4	Date	5 Full name of contributor	out of state	PAC(ID#)				
		Ed Gor			7	Amount of	8. In-kind contribution description	

		CONTRIBUTIONS				SCHEDULE A	
		AN PLEDGES OR LO			4 Tatal Damas Cal	la a divila. A -	
ın	e instruction G	Guide explains how to complet	e this form.		1 Total Pages Sc	nedule A:	
2 F	FILER NAME F	Rogene G Calvert			3 ACCOUNT # (Ethics Commission filers)		
					contributions (\$)	(if applicable)	
		6 Contributor address;	City;	State; Zip Code			
	5/20/2013		Bellaire	TX 77401-2502	1,000.00		
					(If travel outside of T	exas, Complete Schedule T)	
9	Principal occu	upation / Job title (See Instructions)		10 Employer (See Instru	uctions)		
	Engineer			Self			
4	Date	5 Full name of contributor	out of state F	PAC(ID#)			
		David Lam			7 Amount of	8. In-kind contribution	
					contributions (\$)	description (if applicable)	
		6 Contributor address;	City;	State; Zip Code	•	` ''	
	5/20/2013		Sugar Land	TX 77498	1,000.00		
					(If travel outside of T	exas, Complete Schedule T)	
9	Principal occu	upation / Job title (See Instructions)		10 Employer (See Instru	uctions)		
	COO			AAHC / HOPE Clinic			
_	Data	E Full name of contributor	Out of state [200(10#)		:	
4	Date	5 Full name of contributor	out of state F	PAC(ID#)	7 Amount of	8. In-kind contribution	
		Gordon Quan			7 Amount of	description	
					contributions (\$)	(if applicable)	
		6 Contributor address;	City;	State; Zip Code			
	5/20/2013		Houston	TX 77007	1,000.00	! !	
					1	exas, Complete Schedule T)	
9	Principal occu	upation / Job title (See Instructions)		10 Employer (See Instru	uctions)		
	Attorney			Self			
4	Date	5 Full name of contributor	out of state F	PAC(ID#)			
		Macedonio Villarreal			7 Amount of	In-kind contribution description	
					contributions (\$)	(if applicable)	
		6 Contributor address;	City;	State; Zip Code			
	5/10/2013		Sugar Land	TX 77479	5,000.00	! !	
					(If travel outside of T	exas, Complete Schedule T)	
9	Principal occu	upation / Job title (See Instructions)		10 Employer (See Instru	uctions)		
	Business own	ner		Precision Task Group			
4	Date	5 Full name of contributor	out of state F	PAC(ID#)			

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS The Instruction Guide explains how to complete this form. Total Pages Schedule A: 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Rogene G Calvert Shiou-Huey Sophia Chang Amount of 8. In-kind contribution description contributions (\$) (if applicable) 6 Contributor address; City; State; Zip Code 5/21/2013 Sugar Land TX 77478 250.00 (If travel outside of Texas, Complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) **Asst Director** City of Houston out of state PAC(ID#) Date 5 Full name of contributor Richard Andrews 8. In-kind contribution Amount of description contributions (\$) (if applicable) 6 Contributor address; City; State; Zip Code 5/21/2013 TX 77006 100.00 Houston (If travel outside of Texas, Complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) 9 Physician Hope Clinic Date 5 Full name of contributor out of state PAC(ID#) Steven Gee Amount of 8. In-kind contribution description contributions (\$) (if applicable) 6 Contributor address; City; State; Zip Code 5/22/2013 Houston TX 77072 100.00 (If travel outside of Texas, Complete Schedule T) 10 Employer (See Instructions) Principal occupation / Job title (See Instructions) 9 Engineer **KBR** 5 Full name of contributor out of state PAC(ID#) Date 8. In-kind contribution Renouard Gee Amount of description contributions (\$) (if applicable) 6 Contributor address; City; State; Zip Code 5/22/2013 Brooklyn NY 11201 250.00 (If travel outside of Texas, Complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) 9 Health/Fitness Advisor Town Sports International

		CONTRIBUTIONS AN PLEDGES OR LO	DANS			SCHEDULE A	
		Guide explains how to complete			1 Total Pages Sc	hedule A:	
2 F	FILER NAME I	Rogene G Calvert			3 ACCOUNT # (Ethics Commission filers)		
4	Date	5 Full name of contributor	out of state I	PAC(ID#)			
		Owen C Wang			7 Amount of	8. In-kind contribution description	
		6 Contributor address;	City;	State; Zip Code	contributions (\$)	(if applicable)	
	5/22/2013	o Continuator address,	Sugar Land	TX 77478	5,000.00		
	3/22/2013		Sugai Lailu	17 77470		exas, Complete Schedule T)	
_	Dringing con	upation / Job title (See Instructions)		10 Employer (See Instru		exas, complete schedule 1)	
9				AutoRite Collision	Clions)		
	Automobile 3	Service & Repair		Autonite Collision			
4	Date	5 Full name of contributor	out of state I	PAC(ID#)			
		Grace Lynn			7 Amount of	In-kind contribution description	
					contributions (\$)	(if applicable)	
		6 Contributor address;	City;	State; Zip Code			
	5/22/2013		Houston	TX 77006	200.00		
					(If travel outside of T	exas, Complete Schedule T)	
9	Principal occi	upation / Job title (See Instructions)		10 Employer (See Instru	ctions)		
	Self			Self			
4	Date	5 Full name of contributor	out of state I	PAC(ID#)		1	
		Lyna Kit Lee Lim			7 Amount of	In-kind contribution description	
					contributions (\$)	(if applicable)	
		6 Contributor address;	City;	State; Zip Code			
	5/22/2013		Houston	TX 77056	100.00		
					(If travel outside of T	exas, Complete Schedule T)	
9	Principal occi	upation / Job title (See Instructions)		10 Employer (See Instru	ctions)		
	Physician			McGovern Allergy & Astl	hma Clinic		
4	Date	5 Full name of contributor	out of state I	PAC(ID#)		i i	
		Diana Morales Taylor	Ш		7 Amount of	In-kind contribution description	
					contributions (\$)	(if applicable)	
		6 Contributor address;	City;	State; Zip Code		i !	
	5/22/2013		Kingwood	TX 77339	150.00	:	
					(If travel outside of T	exas, Complete Schedule T)	
9	Principal occi	upation / Job title (See Instructions)		10 Employer (See Instru	ctions)		

		CONTRIBUTIONS AN PLEDGES OR LO		NC				SCHEDULE A
		uide explains how to complete				1	Total Pages Scl	nedule A:
2 F	FILER NAME R	ogene G Calvert				3 A	CCOUNT # (Ethics C	ommission filers)
	Retired				Retired			
4	Date	5 Full name of contributor		out of state F	PAC(ID#)			
		Rose Lim		J		7	Amount of	In-kind contribution description
							contributions (\$)	(if applicable)
		6 Contributor address;		City;	State; Zip Code			
	5/22/2013			Houston	TX 77057		100.00	
							(If travel outside of To	exas, Complete Schedule T)
9	Principal occu	pation / Job title (See Instructions)			10 Employer (See Instru	ction	is)	
	Banking				The Northern Trust Com	ipany	/	
4	Date	5 Full name of contributor		out of state F	PAC(ID#)			
		Charisse L Wan		•		7	Amount of	In-kind contribution description
							contributions (\$)	(if applicable)
		6 Contributor address;		City;	State; Zip Code			
	5/22/2013			Hercules	CA 94547		30.00	
							(If travel outside of T	exas, Complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)			10 Employer (See Instru	ction	ıs)	
	Speech-langua	age pathologist			Vallejo City Unified Scho	ool D	istrict	
4	Date	5 Full name of contributor		out of state F	PAC(ID#)			
		Laurie Kum		J		7	Amount of	8. In-kind contribution
							contributions (\$)	description (if applicable)
		6 Contributor address;		City;	State; Zip Code		(+)	(-4-1
	5/22/2013			Millbrae	CA 94030		50.00	
							(If travel outside of To	exas, Complete Schedule T)
9	Principal occu	pation / Job title (See Instructions)			10 Employer (See Instru	ction	ıs)	
	Exec Secretar	y Asst			SFPUC			
4	Date	5 Full name of contributor		out of state F	PAC(ID#)			
		Keiji Asakura		ı		7	Amount of	In-kind contribution description
							contributions (\$)	(if applicable)
		6 Contributor address;	- -	City;	State; Zip Code			
	5/23/2013			Houston	TX 77007		500.00	
							(If travel outside of To	exas, Complete Schedule T)

		CONTRIBUTIONS					SCHEDULE A	
		AN PLEDGES OR LO			1	1 Total Pages Schedule A:		
0.5		Jamana C Calvart			3 ACCOUNT # (Ethics Commission filers)			
2 F	ILER NAME F	Rogene G Calvert			3 A	CCCONT # (Littles C		
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instructions) Asakura Robinson Company				
	Landscape Ar	chitect						
4	Date	5 Full name of contributor	out of state	PAC(ID#)	Ī			
		Taili Keng			7	Amount of	8. In-kind contribution	
						contributions (\$)	description (if applicable)	
		6 Contributor address;	City;	State; Zip Code	-	(1)	(
	5/23/2013		Houston	TX 77082		100.00		
						(If travel outside of To	exas, Complete Schedule T)	
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instru	uction	s)		
	Management			Tanglewood Property M	lanag	ement Company		
4	Date	5 Full name of contributor	out of state	PAC(ID#)				
		Charlene Chuang			7	Amount of	In-kind contribution description	
						contributions (\$)	(if applicable)	
		6 Contributor address;	City;	State; Zip Code	-			
	5/28/2013		Houston	TX 77024		100.00		
						(If travel outside of To	exas, Complete Schedule T)	
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instru	uction	s)		
	Engineer			ВР				
4	Date	5 Full name of contributor	out of state	PAC(ID#)				
		Dian Chen			7	Amount of	In-kind contribution description	
						contributions (\$)	(if applicable)	
		6 Contributor address;	City;	State; Zip Code	-			
	6/12/2013		New York	NY 10036		50.00	1 1 1	
						(If travel outside of To	exas, Complete Schedule T)	
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instru	uction	s)		
	Dancer			HT Dance Company				
4	Date	5 Full name of contributor	out of state	PAC(ID#)				
		Charlene Kao	_		7	Amount of	In-kind contribution description	
						contributions (\$)	(if applicable)	
		6 Contributor address;	City;	State; Zip Code	-			
	6/9/2013		Houston	TX 77057		2,500.00		

		CONTRIBUTIONS AN PLEDGES OR LO)ANS			SCHEDULE A		
		Guide explains how to complete			1 Total Pages So	1 Total Pages Schedule A:		
2 F	ILER NAME F	Rogene G Calvert			3 ACCOUNT # (Ethics (Commission filers)		
					(If travel outside of	Texas, Complete Schedule T)		
9	Principal occi	upation / Job title (See Instructions)		10 Employer (See Instr	ructions)			
	Attorney			Solvay				
4	Date	5 Full name of contributor	out of state	PAC(ID#)		:		
		Paulina Loera Olivas			7 Amount of	In-kind contribution description		
		6 Contributor address;	City;	State; Zip Code	contributions (\$)	(if applicable)		
	6/3/2013		Houston	TX 77092	400.00			
					(If travel outside of	Гехаs, Complete Schedule T)		
9	Principal occi	upation / Job title (See Instructions)		10 Employer (See Instr	ructions)			
4	Date	5 Full name of contributor	out of state	PAC(ID#)		i		
		Warren Chan			7 Amount of	8. In-kind contribution description		
					contributions (\$)	(if applicable)		
		6 Contributor address;	City;	State; Zip Code	-			
	6/3/2013		Houston	TX 77079	200.00			
					(If travel outside of	Гехаs, Complete Schedule T)		
9	Principal occi	upation / Job title (See Instructions)		10 Employer (See Instr	ructions)			
4	Date	5 Full name of contributor	out of state	PAC(ID#)				
		Beverly Kaufman	_		7 Amount of	In-kind contribution description		
		6 Contributor address:	City;	State; Zip Code	contributions (\$)	(if applicable)		
	6/14/2013	,	Houston	TX 77036	100.00			
					(If travel outside of	¦ 「exas, Complete Schedule T)		
9	Principal occi	upation / Job title (See Instructions)		10 Employer (See Instr	ructions)			
	Retired			Harris County				
4	Date	5 Full name of contributor	out of state	PAC(ID#)		:		
		Matthew Barnes			7 Amount of	8. In-kind contribution description		
		6 Contributor address;	City;	State; Zip Code	contributions (\$)	(if applicable)		

P	DLITICAL	CONTRIBUTIONS				SCHEDULE A	
		AN PLEDGES OR LO					
Th	e Instruction G	uide explains how to complete	this form.		1 Total Pages Schedule A:		
2 F	ILER NAME F	Rogene G Calvert			3 ACCOUNT # (Ethics C	commission filers)	
	6/18/2013		Houston	TX 77004	50.00	· ·	
					(If travel outside of T	exas, Complete Schedule T)	
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instru	uctions)		
	Consulting			Barnes Consulting			
4	Date	5 Full name of contributor	out of state	PAC(ID#)		1	
		Ramey Ko			7 Amount of	In-kind contribution description	
					contributions (\$)	(if applicable)	
1		6 Contributor address;	City;	State; Zip Code			
	6/19/2013		Austin	TX 78759	250.00	1 1 1	
					(If travel outside of T	exas, Complete Schedule T)	
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)				
	Attorney			Jung Ko PLLC			
4	Date	5 Full name of contributor	out of state	PAC(ID#)			
		Nancy L Wilson			7 Amount of	8. In-kind contribution description	
					contributions (\$)	(if applicable)	
		6 Contributor address;	City;	State; Zip Code		! !	
	6/20/2013		Houston	TX 77025	50.00	, 	
					(If travel outside of T	exas, Complete Schedule T)	
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instru	uctions)		
	Faculty			Baylor			
4	Date	5 Full name of contributor	out of state	PAC(ID#)		· ·	
		Madeline Hsu	_		7 Amount of	In-kind contribution description	
					contributions (\$)	(if applicable)	
		6 Contributor address;	City;	State; Zip Code		1 1 1	
	6/20/2013		Austin	TX 78704	50.00	1 1 1	
					(If travel outside of T	exas, Complete Schedule T)	
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instru	uctions)		
	Professor			UT Austin			
4	Date	5 Full name of contributor	out of state	PAC(ID#)			
		Mary Calvert	J		7 Amount of	8. In-kind contribution description	
					contributions (\$)	(if applicable)	

		CONTRIBUTIONS				SCHEDULE A		
		AN PLEDGES OR LO			1 Total Pages So	1 Total Pages Schedule A:		
2 F	ILER NAME R	dogene G Calvert			3 ACCOUNT # (Ethics 0	Commission filers)		
		T						
		6 Contributor address;	City;	State; Zip Code		:		
	6/8/2013		San Antonio	TX 78222	100.00	:		
					(If travel outside of	Texas, Complete Schedule T)		
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Ins	tructions)			
4	Date	5 Full name of contributor	out of state F	PAC(ID#)		<u>. </u>		
		Mae Fong Chin			7 Amount of	8. In-kind contribution description		
					contributions (\$)	(if applicable)		
		6 Contributor address;	City;	State; Zip Code				
	6/12/2013		San Antonio	TX 78249	500.00			
					(If travel outside of	Гехаs, Complete Schedule T)		
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Ins	tructions)			
	Retired			Retired				
4	Date	5 Full name of contributor	out of state F	PAC(ID#)		:		
		Hannah Chow	_		7 Amount of	In-kind contribution description		
					contributions (\$)	(if applicable)		
		6 Contributor address;	City;	State; Zip Code	•			
	6/15/2013		Houston	TX 77046	250.00			
					(If travel outside of	Гехаs, Complete Schedule T)		
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Ins	structions)			
4	Date	5 Full name of contributor	out of state F	PAC(ID#)		:		
		Jane Bavineau			7 Amount of	8. In-kind contribution		
					contributions (\$)	description (if applicable)		
		6 Contributor address;	City;	State; Zip Code)			
	6/14/2013		Katy	TX 77493	200.00			
					(If travel outside of	Гехаs, Complete Schedule T)		
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Ins	tructions)			
4	Date	5 Full name of contributor	out of state F	PAC(ID#)		:		
		Jeanette Kew			7 Amount of	8. In-kind contribution description		

P	OLITICAL	CONTRIBUTIONS				SCHEDULE A	
		AN PLEDGES OR LO					
Th	e Instruction G	Guide explains how to complet	e this form.		1 Total Pages Sci	nedule A:	
2 F	FILER NAME F	Rogene G Calvert			3 ACCOUNT # (Ethics Commission filers)		
					contributions (\$)	(if applicable)	
		6 Contributor address;	City;	State; Zip Code			
	6/14/2013		Houston	TX 77036	100.00		
					(If travel outside of T	exas, Complete Schedule T)	
9	Principal occu	upation / Job title (See Instructions)		10 Employer (See Instru	uctions)		
4	Date	5 Full name of contributor	out of state	PAC(ID#)			
		Honey Leveen			7 Amount of	8. In-kind contribution	
					contributions (\$)	description (if applicable)	
		6 Contributor address;	City;	State; Zip Code		,	
	5/20/2013		Houston	TX 77036	50.00		
					(If travel outside of T	exas, Complete Schedule T)	
9	Principal occu	upation / Job title (See Instructions)		10 Employer (See Instru	uctions)		
4	 Date	5 Full name of contributor	out of state	PAC(ID#)	T		
4	Date	Judy Jade Lee	U out or state	1 AO(ID#)	7 Amount of	8. In-kind contribution	
		oudy sadd 100				description	
					contributions (\$)	(if applicable)	
		6 Contributor address;	City;	State; Zip Code			
	5/20/2013		Houston	TX 77005	500.00		
_		<u> </u>		T		exas, Complete Schedule T)	
9	•	upation / Job title (See Instructions)		10 Employer (See Instru	ictions)		
	Attorney			Foster Quan LLP			
4	Date	5 Full name of contributor	out of state	PAC(ID#)			
		Karen Tso			7 Amount of	In-kind contribution description	
					contributions (\$)	(if applicable)	
		6 Contributor address;	City;	State; Zip Code			
	5/20/2013		Houston	TX 77025	500.00		
					(If travel outside of T	exas, Complete Schedule T)	
9	Principal occu	upation / Job title (See Instructions)		10 Employer (See Instru	uctions)		
	Dietician			Options			
4	Date	5 Full name of contributor	out of state	PAC(ID#)			

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS The Instruction Guide explains how to complete this form. Total Pages Schedule A: 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Rogene G Calvert Ronald Chow Amount of 8. In-kind contribution description contributions (\$) (if applicable) 6 Contributor address; City; State; Zip Code 5/20/2013 Houston TX 77071 250.00 (If travel outside of Texas, Complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) **Business Owner** Hairwaves Inc out of state PAC(ID#) Date 5 Full name of contributor James Binkley 8. In-kind contribution Amount of description contributions (\$) (if applicable) 6 Contributor address; City; State; Zip Code 6/25/2013 TX 77041 250.00 Houston (If travel outside of Texas, Complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) 9 Date 5 Full name of contributor out of state PAC(ID#) John Guess Amount of 8. In-kind contribution description contributions (\$) (if applicable) 6 Contributor address; City; State; Zip Code 6/25/2013 Houston TX 77096 1,000.00 (If travel outside of Texas, Complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) 9 Director Houston Museum of African American Culture out of state PAC(ID#) Date 5 Full name of contributor Radford Gee Amount of 8. In-kind contribution description contributions (\$) (if applicable) 6 Contributor address; City; State; Zip Code 6/25/2013 Stafford TX 77477 1,000.00 (If travel outside of Texas, Complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) 9 Maintenance Engineer Memorial Hermann SW

P	OLITICAL	CONTRIBUTIONS				SCHEDULE A
		AN PLEDGES OR LC			T	
Th	e Instruction G	uide explains how to complete	e this form.		1 Total Pages Sc	hedule A:
2 F	FILER NAME R	Rogene G Calvert			3 ACCOUNT # (Ethics C	commission filers)
4	Date	5 Full name of contributor	out of state	PAC(ID#)		1
		Sunila Sahni			7 Amount of	In-kind contribution description
					contributions (\$)	(if applicable)
		6 Contributor address;	City;	State; Zip Code		
	6/25/2013		Houston	TX 77024	1,000.00	; ; ;
					(If travel outside of T	exas, Complete Schedule T)
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instru	ictions)	
	Homemaker			Homemaker		
4	Date	5 Full name of contributor	out of state	PAC(ID#)		
		Michele Pola	_		7 Amount of	In-kind contribution description
					contributions (\$)	(if applicable)
		6 Contributor address;	City;	State; Zip Code		
	6/25/2013		Houston	TX 77008	50.00	i !
					(If travel outside of T	exas, Complete Schedule T)
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instru	ctions)	
4	Date	5 Full name of contributor	out of state	PAC(ID#)		
		Mary Koch			7 Amount of	In-kind contribution description
					contributions (\$)	(if applicable)
		6 Contributor address;	City;	State; Zip Code		i !
	6/25/2013		Houston	TX 77025	100.00	i !
					(If travel outside of T	exas, Complete Schedule T)
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instru	ictions)	
4	Date	5 Full name of contributor	out of state	PAC(ID#)		
		Paul Colbert			7 Amount of	In-kind contribution description
					contributions (\$)	(if applicable)
		6 Contributor address;	City;	State; Zip Code		
	6/25/2013		Houston	TX 77035	250.00	, , ,
					(If travel outside of T	exas, Complete Schedule T)
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instru	ections)	

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-		Guide explains how to complete			1 Total Pages Sc	chedule A:
 2 F	ILER NAME	Rogene G Calvert			3 ACCOUNT # (Ethics C	Commission filers)
						_
4	Date	5 Full name of contributor	out of state	PAC(ID#)		:
		Maria A Moreno			7 Amount of	In-kind contribution description
					contributions (\$)	(if applicable)
		6 Contributor address;	City;	State; Zip Code		
	6/25/2013		Houston	TX 77005	100.00	i i i
					(If travel outside of 1	Texas, Complete Schedule T)
9	Principal oc	cupation / Job title (See Instructions)		10 Employer (See Instru	ctions)	
4	Date	5 Full name of contributor	out of state	PAC(ID#)		
		Nancy George			7 Amount of	8. In-kind contribution
					contributions (\$)	description (if applicable)
		6 Contributor address;	City;	State; Zip Code		
	6/25/2013		Houston	TX 77023	100.00	
					(If travel outside of 1	Гехаs, Complete Schedule T)
9 Principal occupat		cupation / Job title (See Instructions)		10 Employer (See Instru	ctions)	
4	Date	5 Full name of contributor	out of state	PAC(ID#)		1
		Theodore Louie			7 Amount of	8. In-kind contribution
					contributions (\$)	description (if applicable)
		6 Contributor address;	City;	State; Zip Code		
	6/24/2013		Houston	TX 77025	100.00	
					(If travel outside of 1	i Texas, Complete Schedule T)
9	Principal oc	cupation / Job title (See Instructions)		10 Employer (See Instru	ctions)	
	VP Finance			Texas Medical Center		
4	Date	5 Full name of contributor	out of state	PAC(ID#)		1
		Les Cave			7 Amount of	8. In-kind contribution
					contributions (\$)	description (if applicable)
		6 Contributor address;	City;	State; Zip Code	.,,	
	6/24/2013		Houston	TX 77007	250.00	!
					(If travel outside of 1	: Fexas, Complete Schedule T)

		CONTRIBUTIONS AN PLEDGES OR LO	ANC			SCHEDULE A	
		uide explains how to complete			1 Total Pages Sc	hedule A:	
2 FILER NAME Rogene G Calvert					3 ACCOUNT # (Ethics Commission filers)		
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instru	Luctions)		
	Administration			Christus Health	,		
4	Date	5 Full name of contributor	out of state P	AC(ID#)		:	
		Deborah Chen			7 Amount of	8. In-kind contribution description	
					contributions (\$)	(if applicable)	
		6 Contributor address;	City;	State; Zip Code			
	6/24/2013		Houston	TX 77036	25.00		
					·	Texas, Complete Schedule T)	
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instru	uctions)		
	Business Con	sultant		Self			
4	Date	5 Full name of contributor	out of state P	AC(ID#)			
		Quynh-Anh McMahan			7 Amount of	In-kind contribution description	
					contributions (\$)	(if applicable)	
		6 Contributor address;	City;	State; Zip Code			
	6/25/2013		Missouri City	TX 77459	250.00	:	
					(If travel outside of 1	Texas, Complete Schedule T)	
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instru	uctions)		
	Philanthropy			Rockwell			
4	Date	5 Full name of contributor	out of state P	AC(ID#)		: :	
		Chuck Randall			7 Amount of	In-kind contribution description	
					contributions (\$)	(if applicable)	
		6 Contributor address;	City;	State; Zip Code		: :	
	6/25/2013		Houston	TX 77019	500.00		
					(If travel outside of 1	exas, Complete Schedule T)	
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instru	actions)		
	Managing Dire	ector & Senior Relationship Manager		Wells Fargo			
4	Date	5 Full name of contributor	out of state P	AC(ID#)		:	
		Lynda Collins			7 Amount of	8. In-kind contribution	
					contributions (\$)	description (if applicable)	
		6 Contributor address;	City;	State; Zip Code		(applicable)	
	6/25/2013		Houston	TX 77025	100.00	i !	

		CONTRIBUTIONS AN PLEDGES OR LO	DANS			SCHEDULE A	
		uide explains how to complet			1 Total Pages So	hedule A:	
2 F	ILER NAME R	Rogene G Calvert			3 ACCOUNT # (Ethics Commission filers)		
					(If travel outside of 1	Texas, Complete Schedule T)	
9	Principal occupation / Job title (See Instructions)			10 Employer (See Instru	uctions)		
	Social Worker			Retired			
4	Date	5 Full name of contributor	out of state	PAC(ID#)		:	
		Linda Clarke			7 Amount of	In-kind contribution description	
		6 Contributor address;	City;	State; Zip Code	contributions (\$)	(if applicable)	
	6/25/2013		Houston	TX 77041	100.00	:	
					(If travel outside of 7	Texas, Complete Schedule T)	
9	Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)			
	Consultant			Clarke Global			
4	Date	5 Full name of contributor	out of state	PAC(ID#)		-	
		John Meredith	_		7 Amount of	In-kind contribution description	
					contributions (\$)	(if applicable)	
		6 Contributor address;	City;	State; Zip Code	•	:	
	6/26/2013		Houston	TX 77024	50.00	:	
					(If travel outside of 1	Texas, Complete Schedule T)	
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instru	uctions)		
	Business direc	ctor		Greenberg Traurig			
4	Date	5 Full name of contributor	out of state	PAC(ID#)		:	
		Linda Bates			7 Amount of	In-kind contribution description	
		6 Contributor address;	City;	State; Zip Code	contributions (\$)	(if applicable)	
	6/26/2013		Houston	TX 77018	25.00	:	
					(If travel outside of 1	Texas, Complete Schedule T)	
9	Principal occupation / Job title (See Instructions)		10 Employer (See Instru	uctions)			
	Development			Rice University			
4	Date	5 Full name of contributor	out of state	PAC(ID#)		:	
		Anthony de Cristofaro			7 Amount of	In-kind contribution description	
		6 Contributor address;	City;	State; Zip Code	contributions (\$)	(if applicable)	

		CONTRIBUTIONS	NA NO			SCHEDULE A	
		AN PLEDGES OR LO			1 Total Pages So	chedule A:	
2 F	FILER NAME R	Rogene G Calvert			3 ACCOUNT # (Ethics Commission filers)		
	6/27/2013		 Fairfax	VA 22032	249.00	:	
	6/27/2013		ramax	VA 22032		Texas, Complete Schedule T)	
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instru	uctions)		
		Campaign Mgmt Office		Washington Headquarte			
4	Date	5 Full name of contributor	out of state	PAC(ID#)	T	<u>:</u>	
•		Reagan Flowers		,	7 Amount of	8. In-kind contribution description	
					contributions (\$)	(if applicable)	
		6 Contributor address;	City;	State; Zip Code	•	1	
	6/27/2013		Houston	TX 77288	50.00	1	
					(If travel outside of	Texas, Complete Schedule T)	
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instru	 uctions)		
	CEO			C-Stem			
4	Date	5 Full name of contributor	out of state	PAC(ID#)		i	
		Sue Habib			7 Amount of	8. In-kind contribution	
					contributions (\$)	description (if applicable)	
		6 Contributor address;	City;	State; Zip Code	-	(344) 3333 2/	
	5/20/2013		Houston	TX 77057	400.00	Roses for Kick off event	
						Texas, Complete Schedule T)	
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instru		, , ,	
9	Business own	,		Self	30.10.10)		
	Baomoco own	.					
4	Date	5 Full name of contributor	out of state	PAC(ID#)			
		Tri La	_		7 Amount of	In-kind contribution description	
					contributions (\$)	(if applicable)	
		6 Contributor address;	City;	State; Zip Code	-	:	
	5/20/2013		Houston	TX 77003	1,487.50	Food for Kick off event	
					(If travel outside of	; Texas, Complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instru	 uctions)				
	Business own	er		Kim Son			
4	Date	5 Full name of contributor	out of state	PAC(ID#)		:	
		Judy G Chong			7 Amount of	In-kind contribution description	
					contributions (\$)	(if applicable)	

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS The Instruction Guide explains how to complete this form. Total Pages Schedule A: 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Rogene G Calvert 6 Contributor address; City; Zip Code State; 5/20/2013 Sugar Land TX 77478 500.00 (If travel outside of Texas, Complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) 9 MD Anderson Cancer Center 5 Full name of contributor out of state PAC(ID#) Date Ronald Chow 8. In-kind contribution Amount of description (if applicable) contributions (\$) 6 Contributor address; City; Zip Code State: 5/20/2013 Houston TX 77096 250.00 (If travel outside of Texas, Complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) 9 Hairwaves Inc **Business Owner** out of state PAC(ID#) Date 5 Full name of contributor William Chu 8. In-kind contribution Amount of description contributions (\$) (if applicable) 6 Contributor address; City; State; Zip Code 6/1/2013 Sugar Land TX 77479 1,000.00 (If travel outside of Texas, Complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Supermarket Welcome Food Center out of state PAC(ID#) Date 5 Full name of contributor 4 Donna Cole 8. In-kind contribution Amount of description contributions (\$) (if applicable) 6 Contributor address; City; Zip Code State: 4/26/2013 TX 77077 5,000.00 Houston (If travel outside of Texas, Complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) 9 CEO Cole Chemical and Distributing Inc. Date 5 Full name of contributor out of state PAC(ID#) Joyce Kao Soliman Amount of 8. In-kind contribution description

		CONTRIBUTIONS AN PLEDGES OR LO	ANC			SCHEDULE A	
		uide explains how to complete			1 Total Pages Sci	hedule A:	
2 F	FILER NAME F	Rogene G Calvert			3 ACCOUNT # (Ethics Commission filers)		
					contributions (\$)	(if applicable)	
		6 Contributor address;	City;	State; Zip Code	•		
	6/30/2013		Houston	TX 77025	250.00		
					(If travel outside of T	: exas, Complete Schedule T)	
9	Principal occu	upation / Job title (See Instructions)		10 Employer (See Instru	uctions)		
4	Date	5 Full name of contributor	out of state i	PAC(ID#)		! !	
		Timothy Eng			7 Amount of	In-kind contribution description	
					contributions (\$)	(if applicable)	
		6 Contributor address;	City;	State; Zip Code		i !	
	6/25/2013		Sugar Land	TX 77479	200.00		
					(If travel outside of T	exas, Complete Schedule T)	
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instru	uctions)		
4	Date	5 Full name of contributor	out of state I	PAC(ID#)			
		Guy Hagstette			7 Amount of	In-kind contribution description	
					contributions (\$)	(if applicable)	
		6 Contributor address;	City;	State; Zip Code			
	6/28/2013		Houston	TX 77002	500.00	! !	
					(If travel outside of T	exas, Complete Schedule T)	
9	Principal occu	upation / Job title (See Instructions)		10 Employer (See Instru	uctions)		
	Architect			Self			
4	Date	5 Full name of contributor	out of state I	PAC(ID#)			
		Kim Szeto			7 Amount of	In-kind contribution description	
					contributions (\$)	(if applicable)	
		6 Contributor address;	City;	State; Zip Code		1 1 1	
	6/29/2013		Houston	TX 77025	2,000.00	1 1 1	
					(If travel outside of T	exas, Complete Schedule T)	
9	Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)			
CEO			Asian-American Family Services				
4	Date	5 Full name of contributor	out of state I	PAC(ID#)		! !	

SCHEDULE A POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS The Instruction Guide explains how to complete this form. Total Pages Schedule A: 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Rogene G Calvert Katharine Lord Amount of 8. In-kind contribution description contributions (\$) (if applicable) 6 Contributor address; City; State; Zip Code 6/30/2013 Houston TX 77030 50.00 (If travel outside of Texas, Complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) **Executive Director** Bayou Preservation Association out of state PAC(ID#) Date 5 Full name of contributor Corinne Venit 8. In-kind contribution Amount of description contributions (\$) (if applicable) 6 Contributor address; City; State; Zip Code 6/30/2013 Pasadena CA 91107 50.00 (If travel outside of Texas, Complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) 9 Retired Retired Date 5 Full name of contributor out of state PAC(ID#) Kelley Moseley Amount of 8. In-kind contribution description contributions (\$) (if applicable) City; 6 Contributor address; State; Zip Code 6/30/2013 Sugar Land TX 77479 50.00 (If travel outside of Texas, Complete Schedule T) 10 Employer (See Instructions) Principal occupation / Job title (See Instructions) 9 Retired Retired out of state PAC(ID#) Date 5 Full name of contributor Rose Lim Amount of 8. In-kind contribution description contributions (\$) (if applicable) 6 Contributor address; City; State; Zip Code 6/30/2013 TX 77057 400.00 Houston (If travel outside of Texas, Complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) 9 Private Banking The Northern Trust Company

SCHEDULE A POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS The Instruction Guide explains how to complete this form. Total Pages Schedule A: 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Rogene G Calvert 5 Full name of contributor out of state PAC(ID#) Date Pamela Castleman Amount of 8. In-kind contribution description contributions (\$) (if applicable) 6 Contributor address; City; State; Zip Code 6/30/2013 TX 77056 Houston 1,000.00 (If travel outside of Texas, Complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) 9 Broker Victory Realty Solutions 5 Full name of contributor out of state PAC(ID#) Date L. Max Buja Amount of 8. In-kind contribution description (if applicable) contributions (\$) 6 Contributor address; City; Zip Code State: 6/30/2013 TX 77005 50.00 Houston (If travel outside of Texas, Complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) 9 Univ of Texas Health Science Ctr Houston Professor / Physician 4 Date 5 Full name of contributor out of state PAC(ID#) Rukmini Timmariaju Amount of 8. In-kind contribution description (if applicable) contributions (\$) 6 Contributor address; City; State; Zip Code Washington DC 20003 6/30/2013 50.00 (If travel outside of Texas, Complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Chief of Staff Congressman Ami Bera Date 5 Full name of contributor out of state PAC(ID#) Colleen Morimoto Amount of 8. In-kind contribution description contributions (\$) (if applicable) 6 Contributor address; City; State; Zip Code 6/30/2013 TX 77005 50.00 Houston (If travel outside of Texas, Complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

		CONTRIBUTIONS AN PLEDGES OR LO)Δ	NS				SCHEDULE A
		Guide explains how to complete				1	Total Pages Sch	nedule A:
2 F	ILER NAME I	Rogene G Calvert				3 A	CCOUNT # (Ethics C	ommission filers)
	Administrator	r			Rice University			
4	Date	5 Full name of contributor	Τ	out of state F	PAC(ID#)			
		Wendy Chung		J		7	Amount of	8. In-kind contribution description
							contributions (\$)	(if applicable)
		6 Contributor address;		City;	State; Zip Code			
	6/30/2013			Houston	TX 77096		100.00	
							(If travel outside of To	exas, Complete Schedule T)
9	Principal occ	upation / Job title (See Instructions)			10 Employer (See Instru	ctior	ns)	
	Technology				Michael Wendy Group			
4	Date	5 Full name of contributor		out of state F	PAC(ID#)			
		Juanna Shin	_	,		7	Amount of	In-kind contribution description
							contributions (\$)	(if applicable)
		6 Contributor address;		City;	State; Zip Code			
	6/30/2013			Houston	TX 77096		25.00	
							(If travel outside of To	exas, Complete Schedule T)
9	Principal occ	supation / Job title (See Instructions)			10 Employer (See Instru	ctior	ns)	
	Librarian				HCC			
4	Date	5 Full name of contributor	T	out of state F	PAC(ID#)			
		Richard Jennings	_	,		7	Amount of	8. In-kind contribution
							contributions (\$)	description (if applicable)
		6 Contributor address:		City;	State; Zip Code		σοιιαισσαστισ (φ)	(appeas.e)
	6/30/2013	o Continuator address,		Houston			100.00	
	6/30/2013			Houston	TX 77055		100.00	i
						<u>.</u>		exas, Complete Schedule T)
9	•	supation / Job title (See Instructions)			10 Employer (See Instru		,	
	Director				The Methodist Hospital F	-our	dation	
4	Date	5 Full name of contributor	T	out of state F	PAC(ID#)			
		Peggy Nagae		,		7	Amount of	8. In-kind contribution description
							contributions (\$)	(if applicable)
		6 Contributor address;		City;	State; Zip Code			
	6/30/2013			Portland	OR 97211		1,000.00	
							(If travel outside of To	exas, Complete Schedule T)

SCHEDULE A POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS The Instruction Guide explains how to complete this form. Total Pages Schedule A: 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Rogene G Calvert 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Consultant, coach Peggy Nagae Consulting 4 5 Full name of contributor out of state PAC(ID#) Date Betty Eng Amount of 8. In-kind contribution description contributions (\$) (if applicable) 6 Contributor address; City; State; Zip Code 6/30/2013 Houston TX 77096 100.00 (If travel outside of Texas, Complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) System analyst St. Luke's Health System 5 Full name of contributor out of state PAC(ID#) 4 Date 8. In-kind contribution Deanna Lau Amount of description (if applicable) contributions (\$) 6 Contributor address; City; State; Zip Code 6/30/2013 TX 77082 Houston 25.00 (If travel outside of Texas, Complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) 9 Insurance analyst PharmServ Date 5 Full name of contributor out of state PAC(ID#) Mary Bange Amount of 8. In-kind contribution description contributions (\$) (if applicable) 6 Contributor address; Zip Code City; State; 6/30/2013 Houston TX 77007 25.00 (If travel outside of Texas, Complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Pilates studio owner Self Date 5 Full name of contributor out of state PAC(ID#) 8. In-kind contribution Molly Gee Amount of description contributions (\$) (if applicable) 6 Contributor address; City; State; Zip Code 6/30/2013 TX 77235 100.00 Houston

		CONTRIBUTIONS AN PLEDGES OR L	OANS			SCHEDULE A		
		Guide explains how to comple			1 Total Pages Sc	1 Total Pages Schedule A:		
2 F	ILER NAME	Rogene G Calvert			3 ACCOUNT # (Ethics Commission filers)			
					(If travel outside of	Texas, Complete Schedule T)		
9	Principal occ	upation / Job title (See Instructions)		10 Employer (See Ins	tructions)			
	Manager			Baylor College of Medicine				
4	Date	5 Full name of contributor	out of state	PAC(ID#)		:		
		Yuen-Yee Ma			7 Amount of	In-kind contribution description		
		6 Contributor address;	City;	State; Zip Code	contributions (\$)	(if applicable)		
	6/30/2013		Houston	TX 77069	200.00	:		
					(If travel outside of	Texas, Complete Schedule T)		
9	Principal occ	upation / Job title (See Instructions)		10 Employer (See Ins	tructions)			
	Financial pla	nning		Prudential Financial				
4	Date	5 Full name of contributor	out of state	PAC(ID#)				
		Hsi Chou			7 Amount of	8. In-kind contribution description		
					contributions (\$)	(if applicable)		
		6 Contributor address;	City;	State; Zip Code		1		
	6/30/2013		Houston	TX 77024	100.00			
					(If travel outside of	Texas, Complete Schedule T)		
9	Principal occ	upation / Job title (See Instructions)		10 Employer (See Ins	tructions)			
	Engineer			Clean Air Task Force				
4	Date	5 Full name of contributor	out of state	PAC(ID#)		:		
		Dorothy Caram			7 Amount of	In-kind contribution description		
					contributions (\$)	(if applicable)		
		6 Contributor address;	City;	State; Zip Code				
	6/30/2013		Houston	TX 77025	25.00			
					`	Texas, Complete Schedule T)		
9	-	upation / Job title (See Instructions)		10 Employer (See Ins	tructions)			
	Educator / Ad	dministrator		Retired				
4	Date	5 Full name of contributor	out of state	PAC(ID#)				
		Julia Gee	_		7 Amount of	8. In-kind contribution description		
		6 Contributor address;	City;	State; Zip Code	contributions (\$)	(if applicable)		

		CONTRIBUTIONS	NANO			SCHEDULE A	
		AN PLEDGES OR LO			1 Total Pages Schedule A:		
2 F	FILER NAME R	Rogene G Calvert			3 ACCOUNT # (Ethics C	(Ethics Commission filers)	
	6/30/2013		Houston	TX 77074	100.00	:	
	0,00,00					¦ Γexas, Complete Schedule Τ)	
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instru	Luctions)		
	Staff analyst			City of Houston			
4	Date	5 Full name of contributor	out of state	PAC(ID#)		:	
		Mariam Issa			7 Amount of	8. In-kind contribution description	
					contributions (\$)	(if applicable)	
		6 Contributor address;	City;	State; Zip Code	•		
	6/30/2013		Houston	TX 77063	250.00	:	
					(If travel outside of	Texas, Complete Schedule T)	
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instru	uctions)		
	Owner			Design by Maryam			
4	Date	5 Full name of contributor	out of state	PAC(ID#)			
		Paula Arnold			7 Amount of	8. In-kind contribution	
					contributions (\$)	description (if applicable)	
		6 Contributor address;	City;	State; Zip Code	•		
	6/30/2013		Houston	TX 77008	250.00		
					(If travel outside of	: Texas, Complete Schedule T)	
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instru	uctions)		
	Director of Co	mmunications		Conference of United M	ethodist Church		
4	Date	5 Full name of contributor	out of state	PAC(ID#)		:	
		Cynthia Briggs			7 Amount of	8. In-kind contribution	
					contributions (\$)	description (if applicable)	
		6 Contributor address;	City;	State; Zip Code			
	6/30/2013	,	Houston	TX 77091	100.00		
					(If travel outside of	: Texas, Complete Schedule T)	
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instru	uctions)		
	CEO			Communities in School	of Houston		
4	Date	5 Full name of contributor	out of state	PAC(ID#)			
		Raymond Chong			7 Amount of	In-kind contribution description	
					contributions (\$)	(if applicable)	

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS The Instruction Guide explains how to complete this form. Total Pages Schedule A: 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Rogene G Calvert 6 Contributor address; City; Zip Code State; 6/30/2013 Sugar Land TX 77479 50.00 (If travel outside of Texas, Complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) 9 Civil Engineer SP Engineering 5 Full name of contributor out of state PAC(ID#) Date Farhan Shamsi Amount of 8. In-kind contribution description (if applicable) contributions (\$) 6 Contributor address; City; Zip Code State: 6/30/2013 Katy TX 77450 250.00 (If travel outside of Texas, Complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) 9 CEO Diwan Enceoterprises Inc out of state PAC(ID#) Date 5 Full name of contributor Mark Cowles 8. In-kind contribution Amount of description contributions (\$) (if applicable) 6 Contributor address; City; State; Zip Code 6/30/2013 TX 77092 Houston 50.00 (If travel outside of Texas, Complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Retired Retired out of state PAC(ID#) Date 5 Full name of contributor 4 8. In-kind contribution May Shen Amount of description contributions (\$) (if applicable) 6 Contributor address; Zip Code City; State: 6/30/2013 TX 77494 100.00 Katy (If travel outside of Texas, Complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) 9 Retired Homemaker Date 5 Full name of contributor out of state PAC(ID#) Harry Gee Amount of 8. In-kind contribution description

P	OLITICAL	CONTRIBUTIONS				SCHEDULE A	
0	THER THA	AN PLEDGES OR LO	ANS				
The	e Instruction G	uide explains how to complete	e this form.		1 Total Pages Schedule A:		
2 F	FILER NAME F	Rogene G Calvert			3 ACCOUNT # (Ethics C	commission filers)	
					contributions (\$)	(if applicable)	
		6 Contributor address;	City;	State; Zip Code			
	6/30/2013		Houston	TX 77024	1,000.00		
					(If travel outside of T	exas, Complete Schedule T)	
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instru	ctions)		
	Attorney			Harry Gee & Associates	PLLC		
4	Date	5 Full name of contributor	out of state	PAC(ID#)			
		Sanjay Ramabhadran			7 Amount of	In-kind contribution description	
					contributions (\$)	(if applicable)	
		6 Contributor address;	City;	State; Zip Code			
	6/30/2013		Houston	TX 77077	100.00	 - -	
					(If travel outside of T	exas, Complete Schedule T)	
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instru	ictions)		
	Engineer			CP&Y			
4	Date	5 Full name of contributor	out of state	PAC(ID#)			
		Linda Wu			7 Amount of	In-kind contribution description	
					contributions (\$)	(if applicable)	
		6 Contributor address;	City;	State; Zip Code			
	6/30/2013		Houston	TX 77077	100.00	! ! !	
					1	exas, Complete Schedule T)	
9		pation / Job title (See Instructions)		10 Employer (See Instru	ictions)		
	Retired			None			
4	Date	5 Full name of contributor	out of state	PAC(ID#)			
		Jennifer Kim			7 Amount of	In-kind contribution description	
					contributions (\$)	(if applicable)	
		6 Contributor address;	City;	State; Zip Code			
	6/30/2013		Austin	TX 78704	100.00	! !	
				_	<u> </u>	exas, Complete Schedule T)	
9		pation / Job title (See Instructions)		10 Employer (See Instru			
	Principal			Kaleidoscope Consultan	tls		
4	Date	5 Full name of contributor	out of state	PAC(ID#)		1 1	

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS The Instruction Guide explains how to complete this form. Total Pages Schedule A: 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Rogene G Calvert Julie Landis Amount of 8. In-kind contribution description contributions (\$) (if applicable) 6 Contributor address; City; State; Zip Code 6/30/2013 Bellaire TX 77401 100.00 (If travel outside of Texas, Complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) **Psychologist** Julie Landis, PhD, LLC out of state PAC(ID#) Date 5 Full name of contributor Barbara McGinity 8. In-kind contribution Amount of description contributions (\$) (if applicable) 6 Contributor address; City; State; Zip Code 6/30/2013 TX 77041 50.00 Houston (If travel outside of Texas, Complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) 9 Social Worker Better Business Bureau Date 5 Full name of contributor out of state PAC(ID#) Samantha Salazar Amount of 8. In-kind contribution description contributions (\$) (if applicable) 6 Contributor address; City; State; Zip Code 6/30/2013 Houston TX 77003 100.00 (If travel outside of Texas, Complete Schedule T) 10 Employer (See Instructions) Principal occupation / Job title (See Instructions) 9 U.,S. EEOC Investigator out of state PAC(ID#) Date 5 Full name of contributor Stephen Chao Amount of 8. In-kind contribution description contributions (\$) (if applicable) 6 Contributor address; City; State; Zip Code 6/30/2013 TX 77036 100.00 Houston (If travel outside of Texas, Complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) 9 Physician Baylor College of Medicine

		CONTRIBUTIONS AN PLEDGES OR LO	DANS			SCHEDULE A
		Guide explains how to complete			1 Total Pages Sc	hedule A:
2 F	FILER NAME	Rogene G Calvert			3 ACCOUNT # (Ethics C	Commission filers)
4	Date	5 Full name of contributor	out of state	PAC(ID#)		:
		Paula Wehman	Ц		7 Amount of	In-kind contribution description
					contributions (\$)	(if applicable)
	0/00/00/0	6 Contributor address;	City;	State; Zip Code		
	6/30/2013		Houston	TX 77019	50.00	
				T.,	,	Texas, Complete Schedule T)
9	•	supation / Job title (See Instructions)		10 Employer (See Instru	ctions)	
	Healthcare E	xecutive		Retired		
4	Date	5 Full name of contributor	out of state	PAC(ID#)		:
		Jonathan Gee			7 Amount of	In-kind contribution description
					contributions (\$)	(if applicable)
		6 Contributor address;	City;	State; Zip Code		
	6/30/2013		Stafford	TX 77477	25.00	
					(If travel outside of	Texas, Complete Schedule T)
9	Principal occ	upation / Job title (See Instructions)		10 Employer (See Instru	ctions)	
	Analyst			Musket Corp		
4	Date	5 Full name of contributor	out of state	PAC(ID#)		:
		Peter Hwang			7 Amount of	In-kind contribution description
					contributions (\$)	(if applicable)
		6 Contributor address;	City;	State; Zip Code		; ;
	5/14/2013		Humble	TX 77396	2,000.00	; ;
					(If travel outside of	rexas, Complete Schedule T)
9	Principal occ	upation / Job title (See Instructions)		10 Employer (See Instru	ctions)	
	Businessmar	n		Self		
4	Date	5 Full name of contributor	out of state	PAC(ID#)		:
		Kenneth Li			7 Amount of	In-kind contribution description
					contributions (\$)	(if applicable)
		6 Contributor address;	City;	State; Zip Code		
	6/30/2013		Houston	TX 77036	1,000.00	:
					(If travel outside of	Texas, Complete Schedule T)
9	Principal occ	upation / Job title (See Instructions)		10 Employer (See Instru	ctions)	

		CONTRIBUTIONS AN PLEDGES OR LO	ΛΔ	NS				SCHEDULE A	
		Guide explains how to complete				1	1 Total Pages Schedule A:		
2 F	FILER NAME F	Rogene G Calvert				3 A	CCOUNT # (Ethics C	ommission filers)	
	Realtor				Southwest	ļ			
4	Date	5 Full name of contributor		out of state F	PAC(ID#)				
		Thomas H. Eng	Ц			7	Amount of	In-kind contribution description	
							contributions (\$)	(if applicable)	
		6 Contributor address;		City;	State; Zip Code				
	5/20/2013			Houston	TX 77035		1,000.00		
							(If travel outside of To	exas, Complete Schedule T)	
9	Principal occu	upation / Job title (See Instructions)			10 Employer (See Instru	ctior	is)		
	Retired				Retired				
4	Date	5 Full name of contributor		out of state F	PAC(ID#)				
		William Wong				7	Amount of	In-kind contribution description	
							contributions (\$)	(if applicable)	
		6 Contributor address;		City;	State; Zip Code				
	5/10/2013			San	CA 94127		200.00		
				Francisco			(If travel outside of To	exas, Complete Schedule T)	
9	Principal occu	upation / Job title (See Instructions)			10 Employer (See Instru	ction	ıs)		
4	Date	5 Full name of contributor		out of state F	PAC(ID#)				
ľ		Frank Tieh	Ш		,	7	Amount of	8. In-kind contribution	
								description	
							contributions (\$)	(if applicable)	
		6 Contributor address;		City;	State; Zip Code				
	5/21/2013			Houston	TX 77024		300.00		
					•		•	exas, Complete Schedule T)	
9	Principal occu	upation / Job title (See Instructions)			10 Employer (See Instru	ction	ıs)		
4	Date	5 Full name of contributor		out of state F	PAC(ID#)				
		William DerBing				7	Amount of	In-kind contribution description	
							contributions (\$)	(if applicable)	
		6 Contributor address;		City;	State; Zip Code				
	6/14/2013			Houston	TX 77082		100.00		
							(If travel outside of To	exas, Complete Schedule T)	

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS The Instruction Guide explains how to complete this form. Total Pages Schedule A: 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Rogene G Calvert 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) 5 Full name of contributor out of state PAC(ID#) 4 Date Gigi Lee Amount of 8. In-kind contribution description contributions (\$) (if applicable) Zip Code 6 Contributor address; City; State; 6/27/2013 TX 77019 Houston 100.00 (If travel outside of Texas, Complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) 5 Full name of contributor out of state PAC(ID#) 4 Date 8. In-kind contribution Victor Song Amount of description (if applicable) contributions (\$) 6 Contributor address; City; State; Zip Code 6/27/2013 TX 77005 200.00 Houston (If travel outside of Texas, Complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) 9 Date 5 Full name of contributor out of state PAC(ID#) Kristopher Ahn Amount of 8. In-kind contribution description contributions (\$) (if applicable) 6 Contributor address; Zip Code City; State; TX 77055 6/25/2013 Houston 200.00 (If travel outside of Texas, Complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Date 5 Full name of contributor out of state PAC(ID#) Leah Barton 8. In-kind contribution Amount of description contributions (\$) (if applicable) 6 Contributor address; City; State; Zip Code 6/27/2013 TX 77008 250.00 Houston

		. CONTRIBUTIONS I AN PLEDGES OR LO	ANG			SCHEDULE A		
		Guide explains how to complete			1 Total Pages Sc	hedule A:		
2 F	FILER NAME	Rogene G Calvert			3 ACCOUNT # (Ethics C	Commission filers)		
					(If travel outside of T	exas, Complete Schedule T)		
9	Principal occ	cupation / Job title (See Instructions)		10 Employer (See Instr	uctions)			
4	Date	5 Full name of contributor	out of state	PAC(ID#)				
		Kun Chee Youn			7 Amount of	In-kind contribution description		
					contributions (\$)	(if applicable)		
		6 Contributor address;	City;	State; Zip Code	-	1		
	6/27/2013		Houston	TX 77036	500.00	i !		
					(If travel outside of T	exas, Complete Schedule T)		
9	Principal occ	Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)			
	Businessma	n		WEECO International				
4	Date	5 Full name of contributor	out of state	PAC(ID#)				
		Huny Sim			7 Amount of	In-kind contribution description		
					contributions (\$)	(if applicable)		
		6 Contributor address;	City;	State; Zip Code	-			
	6/27/2013		Houston	TX 77005	750.00			
					(If travel outside of T	exas, Complete Schedule T)		
9	Principal occ	cupation / Job title (See Instructions)		10 Employer (See Instr	uctions)			
	Businessma	n		Satsun				
4	Date	5 Full name of contributor	out of state	PAC(ID#)		i i		
		Jason Yoo			7 Amount of	In-kind contribution description		
					contributions (\$)	(if applicable)		
		6 Contributor address;	City;	State; Zip Code				
	6/26/2013		Houston	TX 77275	1,000.00	! !		
				<u> </u>	1	exas, Complete Schedule T)		
9	•	cupation / Job title (See Instructions)		10 Employer (See Instr				
	Founder & C	CEO		JDDA Group of Compa	nies			
4	Date	5 Full name of contributor	out of state	PAC(ID#)				
		Thomas Hsu			7 Amount of	In-kind contribution description		
					contributions (\$)	(if applicable)		
		6 Contributor address;	City;	State; Zip Code	-	! !		

P	OLITICAL	CONTRIBUTIONS				SCHEDULE A	
		AN PLEDGES OR LC					
Th	e Instruction G	uide explains how to complete	this form.		1 Total Pages Sc	1 Total Pages Schedule A:	
2 F	ILER NAME R	logene G Calvert		3 ACCOUNT # (Ethics Commission filers)			
	6/2/2013		Houston	TX 77096	2,500.00		
					(If travel outside of T	exas, Complete Schedule T)	
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instru	uctions)		
	Professor			University of Houston			
4	Date	5 Full name of contributor	out of state	PAC(ID#)			
		Russell Gee			7 Amount of	In-kind contribution description	
					contributions (\$)	(if applicable)	
		6 Contributor address;	City;	State; Zip Code			
	6/14/2013		Houston	TX 77024	1,667.00		
					(If travel outside of T	exas, Complete Schedule T)	
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instru	uctions)		
	Vice Presiden	t		Merrill Lynch			
4	Date	5 Full name of contributor	out of state	PAC(ID#)			
		Renouard Gee			7 Amount of	In-kind contribution description	
					contributions (\$)	(if applicable)	
		6 Contributor address;	City;	State; Zip Code			
	6/14/2013		Brooklyn	NY 11201	1,667.00		
					(If travel outside of T	exas, Complete Schedule T)	
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instru	uctions)		
	Health/Fitness	s Advisor		Town Sports Internation	al		
4	Date	5 Full name of contributor	out of state	PAC(ID#)			
		Radford Gee			7 Amount of	In-kind contribution description	
					contributions (\$)	(if applicable)	
		6 Contributor address;	City;	State; Zip Code			
	6/14/2013		Stafford	TX 77477	1,666.00		
					(If travel outside of T	exas, Complete Schedule T)	
9	Principal occu	pation / Job title (See Instructions)		10 Employer (See Instru	uctions)		
	Maintenance E	Engineer		Memorial Hermann SW			
4	Date	5 Full name of contributor	out of state	PAC(ID#)			
		Chia Chao Huang			7 Amount of	In-kind contribution description	
					contributions (\$)	(if applicable)	

POLITICAL	DLITICAL CONTRIBUTIONS					SCHEDULE A
OTHER TH	AN PLEDGES OR L	OANS				
The Instruction Guide explains how to complete this form.					1 Total Pages Schedule A:	
2 FILER NAME F	Rogene G Calvert				3 ACCOUNT # (Ethics	Commission filers)
	6 Contributor address;	City;	State;	Zip Code		
6/30/2013		Houston	TX 77063	3	25.00	i !
					(If travel outside of	f Texas, Complete Schedule T)
9 Principal occu	upation / Job title (See Instructions))	10 Employ	yer (See Instru	uctions)	
	ATTACH ADDIT	TONAL COPIES	OF THIS	SCHEDUL	E AS NEEDED	
	If contributor is out-of-state	PAC, please see ir	nstruction guid	de for addition	al reporting requirements	S

LOANS	LOANS SCHEDULE E					
The Instruction Guide	e explains how to complete this form	า.	1 Total Pages			
2 FILER NAME F	Rogene G Calvert		3 ACCOUNT # (Ethics	Commission filers)		
4 TOTAL	OF UNITEMIZED LOANS:	=> => => =>	=> =>	\$10,000.00		
5 Date of loan	7 Name of lender	out of state PAC(ID#	_)			
	Rogene Calvert			9 Loan Amount (\$)		
6/30/2013				10,000.00		
6 Is Lender a	8 Lender address;	City;	State; Zip Code	10 Interest rate		
Financial Institution?				0.00%		
				11 Maturity date		
No	Houston TX 77025			7/1/2015		
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See I	nstructions)			
Partner		Outreach Strategists				
14 Description of colla	ateral	15 Check if personal funds were deposited into political account				
X none		[X]				
16 GUARANTOR	17 Name of guarantor			19 Amount Guaranteed (\$		
INFORMATION						
	18 Guarantor address; City;	State;	Zip Code			
not applicable						
20 Principal Occu	oation		21 Employer	1		
			<u> </u>			
	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 SCHEDULE F The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 3 ACCOUNT # (Ethics Commission ² FILER NAME Rogene G Calvert 4 Date 5 Payee name 3/28/2013 Go Daddy 7 Payee address; 6 Amount (\$) City; State; Zip Code 117.53 14455 North Hayden Rd Suite 219 Scottsdale AZ 85260 8 PURPOSE OF EXPENDITURE (a) Category (b) Description (If travel outside of Texas, complete Schedule T) Fees Domain name rogenecalvert.com 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH 4 Date 5 Payee name 4/15/2013 City of Houston Parks and Recreation Online 6 Amount (\$) 7 Payee address; State; Zip Code 623.70 2999 S. Wayside Drive Houston TX 77023 8 PURPOSE OF EXPENDITURE (a) Category (b) Description (If travel outside of Texas, complete Schedule T) Houston Area Garden Center Rental - venue for kickoff event **Event Expense** 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 4/22/2013 Net Victories LLC 7 Payee address; 6 Amount (\$) City; State; Zip Code 2,000.00 4203 Montrose Blvd #350 Houston TX 77006 8 PURPOSE OF EXPENDITURE (a) Category (b) Description (If travel outside of Texas, complete Schedule T) Website design and creation Fees Candidate / Officehoder name 9 Complete ONLY if direct office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 5/9/2013 Aspen Imaging DBA Signature 6 Amount (\$) 7 Payee address; City; State; Zip Code 702.54 3300 Kingswood

POLITICAL EXPENDITURES SCHEDULE F The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 3 ACCOUNT # (Ethics Commission ² FILER NAME Rogene G Calvert #350 Houston TX 77092 8 PURPOSE OF EXPENDITURE (a) Category (b) Description (If travel outside of Texas, complete Schedule T) Kickoff invitations, printing/mailing **Printing Expense** 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 5/13/2013 Sprint 2 Print 6 Amount (\$) 7 Payee address; City; State; Zip Code 2,443.74 8748 Clay Rd Suite 300 Houston TX 77080 8 PURPOSE OF EXPENDITURE (a) Category (b) Description (If travel outside of Texas, complete Schedule T) Yard signs and stickers Advertising Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 5/14/2013 Faye Chin 6 Amount (\$) 7 Payee address; City; State; Zip Code 300.00 4202 Merriweather St. Sugar Land TX 77478 8 PURPOSE OF EXPENDITURE (a) Category (b) Description (If travel outside of Texas, complete Schedule T) Kickoff supplies and food **Event Expense** 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name **Houston Party Tent & Events** 5/17/2013 6 Amount (\$) 7 Payee address; City; State; Zip Code 11144 S. Post Oak Rd. 438.95 Houston TX 77055 8 PURPOSE OF EXPENDITURE (a) Category (b) Description (If travel outside of Texas, complete Schedule T) Table rental for kickoff event **Event Expense**

POLITICAL EXPENDITURES SCHEDULE F The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 3 ACCOUNT # (Ethics Commission ² FILER NAME Rogene G Calvert 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH 4 Date 5 Payee name 5/21/2013 Aspen Imaging DBA Signature 6 Amount (\$) 7 Payee address; City; State; Zip Code 633.26 3300 Kingswood Houston TX 77092 8 PURPOSE OF EXPENDITURE (a) Category (b) Description (If travel outside of Texas, complete Schedule T) Printing Expense Print Call to Action cards & stationery envelopes 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH 4 Date 5 Payee name 5/21/2013 Aspen Imaging DBA Signature 6 Amount (\$) 7 Payee address; City; State; Zip Code 526.90 3300 Kingswood Houston TX 77092 8 PURPOSE OF EXPENDITURE (a) Category (b) Description (If travel outside of Texas, complete Schedule T) Print push cards Advertising Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 5/21/2013 Houston Party Tent & Events 6 Amount (\$) 7 Payee address; City; State; Zip Code 11144 S. Post Oak Rd. 135.32 Houston TX 77055 8 PURPOSE OF EXPENDITURE (a) Category (b) Description (If travel outside of Texas, complete Schedule T) **Event Expense** Pick up fee for tables Candidate / Officehoder name 9 Complete ONLY if direct office held office sought expendituree to benefit C/OH 4 Date 5 Payee name USPS - Astrodome 5/28/2013

POLITICAL EXPENDITURES SCHEDULE F The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 3 ACCOUNT # (Ethics Commission ² FILER NAME Rogene G Calvert filers) 6 Amount (\$) 7 Payee address; City; Zip Code State; 35.62 11012 Richmond Ave Houston TX 77025 8 PURPOSE OF EXPENDITURE (a) Category (b) Description (If travel outside of Texas, complete Schedule T) Stamps Office Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 5/31/2013 Kelly L Randall 6 Amount (\$) 7 Payee address; City; Zip Code State: 1,100.00 3603 North Braeswood Blvd Houston TX 77025 8 PURPOSE OF EXPENDITURE (a) Category (b) Description (If travel outside of Texas, complete Schedule T) Campaign management Salaries/Wages/Contract Labor 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH 4 Date 5 Payee name 6/3/2013 Google 6 Amount (\$) 7 Payee address; Zip Code City; State: 12.36 1600 Amphitheatre Parkway Mountain View CA 94043 8 PURPOSE OF EXPENDITURE (a) Category (b) Description (If travel outside of Texas, complete Schedule T) Email Fees 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 6/3/2013 Jason's Deli 6 Amount (\$) 7 Payee address; City; State; Zip Code 100.56 11081 Westheimer Rd

Houston TX 77042

POLITICAL EXPENDITURES

SCHEDULE F

		plains how to complete this form.	
Total pages Schedule F:	² FILER NAME Rogene G Cal	vert	3 ACCOUNT # (Ethics Commission filers)
PURPOSE OF EXPENDITURE	(a) Category	(b) Description (If travel outside of T	exas, complete Schedule T)
	Food/Beverage Expense	Lunch for campaign team meeting	g
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held	
Date	5 Payee name		
6/10/2013	Aspen Imaging DBA Signat	rure	
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
665.74	3300 Kingswood		
	Houston TX 77092		
PURPOSE OF EXPENDITURE	(a) Category	(b) Description (If travel outside of T	exas, complete Schedule T)
	Printing Expense	Business cards & Letterhead	
O Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held	
Date	5 Payee name		
6/11/2013	Sprint 2 Print		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
2,034.02	8748 Clay Rd		
	Suite 300		
	Houston TX 77080		
PURPOSE OF EXPENDITURE	(a) Category	(b) Description (If travel outside of T	exas, complete Schedule T)
	Advertising Expense	4x4 and 4x8 signs	
O Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held	
Date	5 Payee name		
6/15/2013	Kelly L Randall		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
1,100.00	3603 North Braeswood Blvd		
	Houston TX 77025		
PURPOSE OF EXPENDITURE	(a) Category	(b) Description (If travel outside of T	exas, complete Schedule T)
	Salaries/Wages/Contract Labor	Campaign management	
Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held	

POLITICAL EXPENDITURES SCHEDULE F The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 3 ACCOUNT # (Ethics Commission ² FILER NAME Rogene G Calvert 4 Date 5 Payee name 6/17/2013 Dollar Tree 7 Payee address; 6 Amount (\$) City; State; Zip Code 7.58 10138 Hammerly Blvd Houston TX 77080 8 PURPOSE OF EXPENDITURE (a) Category (b) Description (If travel outside of Texas, complete Schedule T) Supplies for event **Event Expense** 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 6/17/2013 **Dollar Tree** 7 Payee address; 6 Amount (\$) City; State; Zip Code 9.74 10138 Hammerly Blvd Houston TX 77080 8 PURPOSE OF EXPENDITURE (a) Category (b) Description (If travel outside of Texas, complete Schedule T) Supplies for event **Event Expense** 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH 4 Date 5 Payee name 6/18/2013 Image Profiles Inc 7 Payee address; 6 Amount (\$) City; State; Zip Code 595.38 2600 Gessner Dr Suite 256 Houston TX 77080 8 PURPOSE OF EXPENDITURE (a) Category (b) Description (If travel outside of Texas, complete Schedule T) T-shirts with Rogene Gee Calvert logo Advertising Expense 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH 4 Date 5 Payee name 6/21/2013 Target City; 6 Amount (\$) 7 Payee address; State; Zip Code

POLITICAL EXPENDITURES SCHEDULE F The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 3 ACCOUNT # (Ethics Commission ² FILER NAME Rogene G Calvert 16.43 300 Meyerland Plaza Mall' Houston TX 77096 8 PURPOSE OF EXPENDITURE (a) Category (b) Description (If travel outside of Texas, complete Schedule T) Supplies for event **Event Expense** 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 6/24/2013 Hobby Lobby 6 Amount (\$) 7 Payee address; Zip Code City; State; 63.02 8715 W. Loop S. Freeway Houston TX 77096 8 PURPOSE OF EXPENDITURE (a) Category (b) Description (If travel outside of Texas, complete Schedule T) **Event Expense** Supplies for event 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 6/25/2013 Sambuca Restaurant 7 Payee address; 6 Amount (\$) City; State: Zip Code 866.99 909 Texas Ave. Houston TX 77002 8 PURPOSE OF EXPENDITURE (a) Category (b) Description (If travel outside of Texas, complete Schedule T) Food, beverage, & facility rental for fundraising event Food/Beverage Expense 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Pavee name 6/26/2013 OfficeMax #223 6 Amount (\$) 7 Payee address; City; State; Zip Code 283.12 270 Meyerland Plaza Houston TX 77096 8 PURPOSE OF EXPENDITURE (a) Category (b) Description (If travel outside of Texas, complete Schedule T)

POLITICAL EXPENDITURES SCHEDULE F The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 3 ACCOUNT # (Ethics Commission ² FILER NAME Rogene G Calvert filers) Office supplies Office Expense 9 Complete ONLY if direct Candidate / Officehoder name office held office sought expendituree to benefit C/OH 4 Date 5 Payee name 6/26/2013 **Pride Houston** 6 Amount (\$) 7 Payee address; City; Zip Code State; 401 Branard St 720.00 Houston TX 77006 8 PURPOSE OF EXPENDITURE (a) Category (b) Description (If travel outside of Texas, complete Schedule T) Fee for Houston Pride Parade Fees 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name **CVS Pharmacy** 6/27/2013 6 Amount (\$) 7 Payee address; City; State; Zip Code 5.13 11012 Richmond Ave Houston TX 77042 8 PURPOSE OF EXPENDITURE (a) Category (b) Description (If travel outside of Texas, complete Schedule T) Supplies for event **Event Expense** 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 6/28/2013 Arne's 6 Amount (\$) 7 Payee address; City; Zip Code State; 81.36 2830 Hicks Street Houston TX 77007 8 PURPOSE OF EXPENDITURE (a) Category (b) Description (If travel outside of Texas, complete Schedule T) Supplies for event **Event Expense** 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name

POLITICAL EXPENDITURES SCHEDULE F The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 3 ACCOUNT # (Ethics Commission ² FILER NAME Rogene G Calvert filers) 6/28/2013 Staples 6 Amount (\$) 7 Payee address; City; State; Zip Code 16.77 1919 Taylor Street Houston TX 77007 (a) Category (b) Description (If travel outside of Texas, complete Schedule T) 8 PURPOSE OF EXPENDITURE Supplies for event **Event Expense** Candidate / Officehoder name 9 Complete ONLY if direct office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 6/28/2013 Target 6 Amount (\$) 7 Payee address; City; State; Zip Code 2580 Shearn St. 11.45 Houston TX 77007 (b) Description (If travel outside of Texas, complete Schedule T) 8 PURPOSE OF EXPENDITURE (a) Category Supplies for event **Event Expense** 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 6/30/2013 Kelly L Randall 6 Amount (\$) 7 Payee address; City; State; Zip Code 1,100.00 3603 North Braeswood Blvd Houston TX 77025 8 PURPOSE OF EXPENDITURE (a) Category (b) Description (If travel outside of Texas, complete Schedule T) Salaries/Wages/Contract Campaign management 9 Complete ONLY if direct Candidate / Officehoder name office sought office held expendituree to benefit C/OH 4 Date 5 Payee name 5/30/2013 Piryx, Inc 6 Amount (\$) 7 Payee address; City; State; Zip Code

855.66

901 Mission Street

F	POLITICAL EXPEN	DLITICAL EXPENDITURES						
		The Instruction Guide exp	lains how to complete this form.					
1	Total pages Schedule F:	² FILER NAME Rogene G Calv	ert	3 ACCOUNT # (Ethics Commission filers)				
		San Francisco CA 94103						
8	PURPOSE OF EXPENDITURE	(a) Category	(b) Description (If travel outside of Texas,	complete Schedule T)				
		Fees	Credit card fees					
9	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held					
4	Date	5 Payee name						
	6/30/2013	Piryx, Inc						
6	Amount (\$)	7 Payee address; City;	State; Zip Code					
	984.76	901 Mission Street						
		San Francisco CA 94103						
8	PURPOSE OF EXPENDITURE	(a) Category	(b) Description (If travel outside of Texas,	complete Schedule T)				
		Fees	Credit card fees					
9	Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS SCHEDULE H TO A BUSINESS OF C/OH The Instruction Guide explains how to complete this form. Total Pages Schedule H: **3** ACCOUNT # (Ethics Commission filers) FILER NAME Rogene G Calvert 4 Date 5 Business name 6 Amount (\$) 7 Business address: City; State; Zip Code 8 PURPOSE OF EXPENDITURE (b) Description (If travel outside of Texas, complete schedule T) (a) Category Complete ONLY if direct Candidate / Officehoder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES SCHEDULE I MADE FROM POLITICAL CONTRIBUTIONS The Instruction Guide explains how to complete this form. Total Pages Schedule I: 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Rogene G Calvert 4 Date 5 Payee name City; 6 Amount (\$) 7 Payee address; Zip Code State; 8 PURPOSE OF (a) Category (b) Description (See instructions regarding type of information required) **EXPENDITURE** ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTER	EST E	SCHEDULE K					
AND PURCHASE OF INVESTMENTS							
The Instru	uction Guid	de explains how to complete this form.	1 Total Page	s Schedule K:			
2 FILER NAME Rogene G Calvert 3				T # (Ethics Commission filers)			
4	Date	5 Name of person whom amount is received 6 Address of person from whom amount is received; City; St		3 Amount (\$)			
		7 Purpose for which amount is received					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

		IDATE / OFFICEHOLDER REPORT:	FORM C/OH - FR				
The Instruction Guide explains how to complete this form.							
		e only if "Report Type" on page 1 is marked "Final Report" ••					
1	C/OH	I NAME	2 ACCOUNT # (Ethics Commission filers)				
3	SIGN	NATURE					
	that c	not expect any further political contributions or political expenditures in connection with my candidacy. I understand designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment file.					
			Signature of Candidate / Officeholder				
4	FILE	R WHO IS NOT AN OFFICEHOLDER					
	· Com	nplete A & B below only if you are not an officeholder. ••					
	A.	CAMPAIGN FUNDS					
	Chec	k only one:					
		I do not have unexpended contributions or unexpended interest or income earned from political contributions.					
		I have unexpended contributions or unexpended interest or income earned from political contributions. I					
		understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.					
	В.	ASSETS					
	Chec	ck only one:					
		I do not retain assets purchased with political contributions or interest or other income from political contributions					
		I do retain assets purchased with political contributions or interest or other income from political contributions.					
		I understand that I may not convert assets purchased with political contributions to personal use. I also understand that I must disponding the contributions in accordance with the requirements of Election Code, § 25	se of assets purchased with political				
			Signature of Candidate				
5	OFFI	CEHOLDER					
		omplete this section only if you are an officeholder. ••					
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign					
		treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.					
			Signature of Officeholder				

CANDIDATE / OFFICEHOLDER FORM C/OH-UC REPORT OF UNEXPENDED CONTRIBUTIONS **COVER SHEET PG 1** The C/OH-UC Instruction Guide explains how to complete this form 1 ACCOUNT # (Ethics Commission filers) MS/MRS/MR FIRST CANDIDATE / **OFFICE USED ONLY OFFICEHOLDER** Date Received NICKNAME NAME ADDRESS / PO BOX; APT/ SUITE #; CITY; STATE; ZIP CODE Date Hand-delivered or Date Postmarked CANDIDATE / **OFFICEHOLDER ADDRESS** Change of Address 4 REPORT TYPE Annual Final Disposition Receipt # Amount **5 PERIOD COVERED** Month Day Year Month Day Year Date Processed THROUGH Date Imaged 1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS 6 TOTALS OF DEC. 31 OF THE PREVIOUS YEAR. 2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON \$ UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR. 7 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. Rogene Calvert Signature Candidate or Officeholder AFFIX NOTARY 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

FORM C/OH-UC C/OH REPORT OF UNEXPENDED CONTRIBUTIONS PG₂ **EXPENDITURES** C/OH NAME, 9 ACCOUNT # (Ethics Commission filers) 10 Date 11 Payee name 13 Amount 12 Payee address; City; State; Zip Code; (\$) Purpose of expenditure Is expenditure a contribution 14 15 to a candidate, officeholder, or Yes (If travel outside of Texas, complete schedule T) (See Instruction Guide) political committee? No ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED