



Official Public Records of Harris County Stan Stanart County Clerk

Campaign Finance Report



Stan Stanart

COUNTY CLERK HARRIS COUNTY, TEXAS

FileNo:

2017255

Received By Clerk:

7/17/2017

File Date:

July 17, 2017

Office:

Justice Of The Peace Pct. 1, Place 2

Candidate:

Patronella, David M.

Treasurer:

Fritsche, T. M.

Category:

Contributions And Expenditures

Delivered By:

Personal Appearance

Type:

COR

Harris County No Fee

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

!				
The JC/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 39	
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE USE ONLY	
OFFICEHOLDER NAME	MR DAVID	M.	Date Received	
	NICKNAME LAST	SUFFIX		
	PATRONE	ELLA		
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE		
OFFICEHOLDER MAILING				
ADDRESS	P.O. BOX 10283, HOUSTON	N TX 77206		
Change of Address	1.0.00,1000,1000	1, 1/2 1/200		
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked	
OFFICEHOLDER PHONE	(713) 274-0600			
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$	
TREASURER	Т.	M. (A)	Date Processed	
NAME	NICKNAME LAST	SUFFIX	Date Imaged	
	FRITSCH	IE /		
7 CAMPAIGN	STREET ADDRESS (NO'PO BOX PLEASE); APT /	SUITE #; CITY: STATE;	ZIP CODE	
TREASURER ADDRESS	·			
(Residence or Business)	1001 FANNIN, HOUSTON,	TX 77002	·	
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		
TREASURER PHONE	(713) 651-0111			
		•		
	Y N	· · · · · · · · · · · · · · · · · · ·		
9 REPORT TYPE	January 15 30th day before	election Runoff	15th day after campaign	
		<u></u>	treasurer appointment (Officeholder Only)	
	July 15 Sth day before	election Exceeded \$500 limit	Final Report (Attach C/OH - FR)	
10 PERIOD				
COVERED	Month Day Year 01 / 01 / 2017 THR	OUGH 06 / 30 /	Year 2017	
	01/01/2011	00 / 00 /	2011	
44 FLECTION	ELECTION	ELECTION TYPE		
11 ELECTION	DATE Sear Primary			
	General	Description I Special		
12 OFFICE	OFFICE HELD (II any)	13 OFFICE SOUGHT (If known)	
	HARRIS COUNTY			
	JUSTICE OF THE PEACE 1	-2 SAME		
GO TO PAGE 2				
GO TO PAGE 2				
-				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME D	AVID M. PAT		Filer (D (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	DTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITU IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITH INSENT, CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	HOUT THE CANDIDATE'S OR OFFICEHOLDER'S	
	COMMITTEE TYPE	COMMITTEE NAME		
	SPECIFIC	COMMITTEE ADDRESS		
. Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS		
		COMMITTEE CAMPAIGN THEASUREN ADDRESS	1	
17 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$ 440.00	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 20,215.00	
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS,	\$	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 5,075.07	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D DRTING PERIOD	AY .	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LY OF THE REPORTING PERIOD	HE \$	
18 AFFIDAVIT				
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. CHERYL ANN ASTORGA NOTARY PUBLIC, STATE OF TEXAS				
JUNE 18, 2018 Signature of Candidate or Officeholder AFFIX NOTARY STAMP/SEALABOVE				
Sworn to and subscribed before me, by the said Day in M. PATRONELLA, this the				
day of July 2017, to certify which, witness my hand and seal of office. One of the control of t				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

SUBTOTALS-JC/OH

FORM JC/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Con	ımisslon Filers)
	DAVID M. PATRONELLA	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 20,215.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
з.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,075.07
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7,	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	s
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$.
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form. 2 FILER NAME DAVID M. PATRONELLA 3 Filer ID (Eithia Commission) Filers). DAVID M. PATRONELLA 4 Date 5 Full name of contributor DARRYL HEINE 03/16/2017 6 Contributor's principal occupation 8 Contributor's principal occupation 9 Contributor's principal occupation 9 Contributor's space (if any) 12 If contributor's employer/law firm 11 Law firm of contributor's space (if any) Date Full name of contributor HAA BETTER GOVERNMENT FUND Contributor's principal occupation Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor's employer/law firm Law firm of contributor's spouse (if any) Amount of contribution (is) BERNARD L. HEBINCK O4/18/2017 Contributor's principal occupation Amount of contribution (is) Amount of contribution (is) Law firm of contributor's spouse (if any) Law firm of contributor's spouse (if any) Law firm of contributor's spouse (if any) HEBINCK & ALTER, PC If contributor's a child, law firm of parent(s) (if any)	The instruction Guide explains how to complete this form. 1 of 25 2 FILERNAME DAVID M. PATRONELLA 4 Date 5 Full name of contributor DARRYL HEINE 6 Contributor address: 1500 FAREWELL #31 BRENHAM, TX 77833 8 Contributor's principal occupation 9 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) Date Full name of contributor HAA BETTER GOVERNMENT FUND 04/17/2017 Contributor address: City: State: Zip Code HAB OVERNMENT FUND Contributor's principal occupation Contributor's principal occupation Contributor's principal occupation Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor's employer/law firm Law firm of contributor's spouse (if any) Parameter of contributor of parent(s) (if any) Contributor's employer/law firm Law firm of contributor's spouse (if any) Contributor's employer/law firm Law firm of contributor's spouse (if any) Contributor's employer/law firm Contributor's employer/law firm Law firm of contributor's spouse (if any) Contributor's employer/law firm Law firm of contributor's spouse (if any) Law firm of contributor's spouse (if any) Contributor's principal occupation ATTORNEY Contributor's employer/law firm Law firm of contributor's spouse (if any)			<u></u>	
DAVID M. PATRONELLA 1 Date 5 Full name of contributor DARRYL HEINE 6 Contributor address; City: State: Zip Code 1500 FAREWELL #31 BRENHAM, TX 77833 8 Contributor's principal occupation 9 Contributor's principal occupation 10 Contributor's employer/flaw firm 11 Law firm of contributor's espause (if any) 12 If contributor is a child, law firm of parent(e) (if any) Date Full name of contributor HAA BETTER GOVERNMENT FUND Contributor's principal occupation Contributor's principal occupation Contributor's principal occupation Contributor's employer/flaw firm Law firm of contributor's spouse (if any) If contributor's employer/flaw firm Law firm of contributor's spouse (if any) Date Full name of contributor BERNARD L. HEBINCK O4/18/2017 Contributor's principal occupation Law firm of contributor's principal occupation Contributor's principal occupation Contributor's principal occupation Contributor's principal occupation ATTORNEY Contributor's employer/law firm HEBINCK & ALTER, PC Law firm of contributor's spouse (if any)	DAVID M. PATRONELLA 4 Date 5 Full name of contributor Out-of-table PAC IDr. 7 Amount of contribution (s) DARRYL HEINE 6 Contributor address; City; State; Zip Code \$ 180.00 8 Contributor's principal occupation 9 Contributor's principal occupation 11 Law firm of contributor's expouse (if any) Date Full name of contributor Out-of-table PAC IDr. Amount of contribution (s) Law firm of contributor's expouse (if any) Date Full name of contributor Out-of-table PAC IDr. Amount of contribution (s) HAA BETTER GOVERNMENT FUND Amount of contribution (s) Contributor's principal occupation Contributor's principal occupation Contributor's principal occupation Contributor's principal occupation Contributor's expouse (if any) If contributor is a child, taw firm of parent(e) (if any) Date Full name of contributor Out-of-table PAC IDr. Amount of contribution (s) BERNARD L. HEBINCK Contributor's principal occupation Contributor's explose (if any)	The Instruction Guide explains how to complete this form.			
DARRYL HEINE DARRYL HEINE Contributor address; City: State: Zip Code \$ 100:00	DARRYL HEINE O3/16/2017 6 Contributor address; City: State: Zip Code 1500 FAREWELL #31 BRENHAM, TX 77833 8 Contributor's principal occupation 9 Contributor's job title 10 Contributor a child, law firm of parent(s) (if any) Date Full name of contributor HAA BETTER GOVERNMENT FUND O4/17/2017 Contributor address; City: State: Zip Code 4810 WESTWAY PARK BLVD, HOUSTON, TX 77041 Contributor's principal occupation Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor Contributor's employer/law firm Law firm of contributor's spouse (if any) Amount of contribution (s) Law firm of contributor's spouse (if any) Contributor's employer/law firm Contributor's principal occupation O4/18/2017 Contributor address; City: State: Zip Code BERNARD L. HEBINCK O4/18/2017 Contributor's principal occupation Contributor's principal occupation Contributor's principal occupation Contributor's principal occupation ATTORNEY Contributor's employer/law firm HEBINCK & ALTER, PG Law firm of contributor's spouse (if any)	2 FILER NAME	DAVID M. PATRONELLA		3 Filer ID (Ethics Commission Filers)
10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor HAA BETTER GOVERNMENT FUND 04/17/2017 Contributor address; City; State: Zip Code 4810 WESTWAY PARK BLVD, HOUSTON, TX 77041 Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any). Date Full name of contributor BERNARD L. HEBINCK 04/18/2017 Contributor address; City; State: Zip Code BERNARD L. HEBINCK 04/18/2017 Contributor address; City; State: Zip Code 2020 SW FREEWAY, STE 225, HOUSTON, TX 77098 Contributor's employer/law firm Law firm of contributor's spouse (if any) Law firm of contributor spouse (if any) Law firm of contributor's spouse (if any)	10 Contributor's employer/flaw firm 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(e) (if any) Date Full name of contributor HAA BETTER GOVERNMENT FUND Contributor address; City; State; Zip Code 4810 WESTWAY PARK BLVD, HOUSTON, TX 77041 Contributor's employer/flaw firm Contributor's employer/flaw firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(e) (if any) Date Full name of contributor BERNARD L. HEBINCK 04/18/2017 Contributor's address; City; State: Zip Code 2020 SW FREEWAY, STE 225, HOUSTON, TX 77098 Contributor's principal occupation Contributor's principal occupation Contributor's principal occupation ATTORNEY Contributor's employer/law firm Law firm of contributor's spouse (if any) Law firm of contributor's spouse (if any)		DARRYL HEINE 6 Contributor address; City; State;	Zip Code	
Date Full name of contributor	Date	8 Contributor's p	principal occupation	9 Contributor's job title	
Date Full name of contributor out-of-state PAC IDF: Amount of contribution (\$)	Date Full name of contributor	10 Contributor's e	employer/law firm	11 Law firm of contributor	's apouse (If any)
O4/17/2017 Contributor address; City; State; Zip Code \$ 500.00 Contributor's principal occupation Contributor's employer/law firm Contributor is a child, law firm of parent(s) (if sny) Date Full name of contributor oul-of-state PAC ID#; Amount of contribution (\$) BERNARD L. HEBINCK O4/18/2017 Contributor address; City; State: Zip Code \$ 250.00 Contributor's principal occupation Contributor's principal occupation Contributor's principal occupation ATTORNEY Contributor's employer/law firm Law firm of contributor's spouse (if any)	O4/17/2017 Contributor address; City; Stafe; Zip Code \$ 500.00 Contributor's principal occupation Contributor's employer/flaw firm Contributor is a child, law firm of parent(s) (if any) Date Full name of contributor BERNARD L. HEBINCK Contributor's address; City; State: Zip Code \$ 500.00 Amount of contribution (\$) Amount of contribution (\$) Contributor's principal occupation Contributor's principal occupation Contributor's principal occupation ATTORNEY Contributor's employer/law firm Law firm of contributor's spouse (if any) Law firm of contributor's plot title Contributor's principal occupation Contributor's principal occupation ATTORNEY Contributor's employer/law firm Law firm of contributor's spouse (if any)	12 If contributor is	s a child, law firm of parent(s) (if any)		
Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor out-of-state PAC ID#: Amount of contribution (\$) BERNARD L. HEBINCK 04/18/2017 Contributor address; City; State: Zip Code \$ 250.00 Contributor's principal occupation Contributor's job title ATTORNEY Contributor's employer/law firm Law firm of contributor's spouse (if any)	Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor out-of-state PAC (D#:	·	HAA BETTER GOVERNMENT FUND Contributor address; City; State;	Zip Code	
If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor out-of-state PAC (D#:	If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor out-of-state PAC (D#:	Contributor's r	principal occupation	Contributor's job title	
Date Full name of contributor out-of-state PAC (D#:	Date Full name of contributor out-of-state PAC (D#:	Contributor's e	employer/law firm	Law firm of contributor	's spouse (if any)
BERNARD L. HEBINCK 04/18/2017 Contributor address; City; State: Zip Code 2020 SW FREEWAY, STE 225, HOUSTON, TX 77098 Contributor's principal occupation ATTORNEY Contributor's employer/law firm HEBINCK & ALTER, PC ATTORNEY Law firm of contributor's spouse (If any)	BERNARD L. HEBINCK O4/18/2017 Contributor address; City; State: Zip Code 2020 SW FREEWAY, STE 225, HOUSTON, TX 77098 Contributor's principal occupation ATTORNEY Contributor's employer/law firm HEBINCK & ALTER, PC Law firm of contributor's spouse (if any)	If contributor is	s a child, law firm of parent(s) (if any)		
ATTORNEY Contributor's employer/law firm HEBINCK & ALTER, PC Law firm of contributor's spouse (If any)	Contributor's employer/law firm HEBINCK & ALTER, PC Law firm of contributor's spouse (If any)		BERNARD L. HEBINCK Contributor address; City; State:		
HEBINCK & ALTER, PC	HEBINCK & ALTER, PC		and the same of th	Contributor's job title	
		HEBINCK 8	ALTER, PC	Law firm of contributor	r's spouse (if any)

SCHEDULE A(J)1

7	The Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1: 2 of 25
2 FILER NAME	DAVID M. PATRONELLA		3 Filer ID (Ethics Commission Filers)
4 Date 04/18/2017	5 Full name of contributor	Zip Code	7 Amount of contribution (\$) \$ 150.00
8 Contributor's RETIRED	principal occupation	9 Contributor's job title	·
10 Contributor's	employer/law (irm	11 Law firm of contributor	's spouse (if any) .
12 If contributor i	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	D#:)	Amount of contribution (\$)
04/18/2017	Contributor address; City; State; 4007 OAK SHADOWS CT, SUGAR LAN		\$ 100.00
ATTORNE	principal occupation Y employer/law firm	Contributor's job title Law firm of contributor	's spouse (if any)
If contributor	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	D#:)	Amount of contribution (\$)
04/18/2017	Contributor address; City; State: 2158 BRIARGLEN DR, HOUSTON, TX	Zlp Code 77027	\$ 100.00
	principal occupation NT MANAGEMENT	Contributor's job title	
Contributor's	employer/law firm	Law firm of contributor	r's spouse (if any)
If contributor	is a child, law firm of parent(s) (if any)	l. .	
,			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A(J)1: 3 of 25 2 FILER NAME DAVID M. PATRONELLA 4 Date 5 Full name of contributor out-ot-state PAC :Dr 7 Amount of contribution (\$) RODDRICK D. MURRAY 5 Contributor address: City: State: Zip Code \$ 100.00 8 Contributor's principal occupation ATTORNEY 10 Contributor is a child, law firm of parent(e) (if any) Date Full name of contributor out-ot-state PAC :Dr Amount of contribution (\$) Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) Date Full name of contributor out-ot-state PAC :Dr Amount of contribution (\$) Contributor's principal occupation Contributor's plot bitle ATTORNEY Contributor's principal occupation Contributor's plot bitle ATTORNEY Contributor's principal occupation Contributor's plot bitle ATTORNEY Law firm of contributor's spouse (if any) Date Full name of contributor out-ot-state PAC :Dr Amount of contribution (\$) Contributor's analogue/law firm ROBERTS, MARKEL, WEINBERG, BUTLER, HAILEY, PC If contributor is a child, flow firm of parent(s) (if any) Date Full name of contributor out-ot-state PAC :Dr Amount of contribution (\$) Contributor is a child, flow firm of parent(s) (if any) Contributor's principal occupation Amount of contributor out-ot-state PAC :Dr Amount of contribution (\$) Contributor's principal occupation Activity Contributor Contributor Contributor's spouse (if any) Contributor's principal occupation ATTORNEY Law firm of contributor's spouse (if any)				
DAVID M. PATRONELLA 4 Date 5 Full name of contributor	т.	he instruction Guide explains how to complete this fo	orm.	
O4/18/2017 RODDRICK D. MURRAY 6 Contributor address: City: State: Zip Code \$ 100.00 8 Contributor's principal occupation ATTORNEY 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor GREG WEINBERG City: State: Zip Code \$ 250.00 Contributor's principal occupation ATTORNEY Contributor's principal occupation Contributor Contributor's spouse (if any) Date Full name of contributor address: City: State: Zip Code \$ 250.00 Contributor's principal occupation ATTORNEY Contributor's employer/law firm Contributor Contributor's spouse (if any) Date Full name of contributor ALLEY, PC If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor City: State: Zip Code Society: Amount of contributor's spouse (if any) Contributor's employer/law firm Contributor Contributor Society: State: Zip Code Society: State: Zip	2 FILER NAME	DAVID M. PATRONELLA		3 Filer ID (Ethics Commission Filers)
8 Contributor's principal occupation ATTORNEY 10 Contributor's employer/haw firm 11 Law firm of contributor's epouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor GREG WEINBERG 04/18/2017 Contributor address: City: State: Zip Code 2800 POST OAK BLVD, 57th FL, HOUSTON, TX 77056 Contributor's employer/haw firm ATTORNEY Contributor's employer/haw firm ROBERTS, MARKEL, WEINBERG, BUTLER, HAILEY, PC If contributor is a child, Isw firm of parent(s) (if any) Date Full name of contributor Contributor's employer/haw firm Contributor's employer/haw firm Contributor's employer/haw firm Contributor is a child, Isw firm of parent(s) (if any) Amount of contribution (\$) SCOTT MARKOWITZ 04/18/2017 Contributor address: City: State: Zip Code 5610 SW FREEWAY, STE 104, HOUSTON, TX 77057 Contributor's employer/haw firm ATTORNEY Contributor's employer/haw firm Law firm of contributor's spouse (if any) Law firm of contributor's spouse (if any)		RODDRICK D. MURRAY 6 Contributor address; City; State;	Zip Code	•
Date Full name of contributor cut-of-state PAC D#: Amount of contribution (\$) O4/18/2017 Contributor address; City: State: Zip Code \$ 250.00 Contributor's principal occupation Contributor Contributor's principal occupation Contributor's principal occup	-	rincipal occupation		
Date Full name of contributor	10 Contributor's e	employer/law firm	11 Law firm of contributor	's spouse (if any)
O4/18/2017 Contributor address: City: State: Zip Code 2800 POST OAK BLVD, 57th FL; HOUSTON, TX 77056 Contributor's principal occupation ATTORNEY Contributor's employer/law firm ROBERTS, MARKEL, WEINBERG, BUTLER, HAILEY, PC If contributor is a child, faw firm of parent(s) (if any) Date Full name of contributor SCOTT MARKOWITZ Contributor address: City: State: Zip Code \$ 250.00 Armount of contribution (\$) SCOTT MARKOWITZ Contributor address: City: State: Zip Code \$ 250.00 Contributor's principal occupation ATTORNEY Contributor's employer/law firm Law firm of contributor's spouse (if any) Law firm of contributor's spouse (if any)	12 If contributor is	a child, law firm of parent(s) (if any)		
ATTORNEY Contributor's employer/law firm ROBERTS, MARKEL, WEINBERG, BUTLER, HAILEY, PC If contributor is a child, law firm of parent(s) (if any) Pate Full name of contributor out-of-state PAC ID#: Amount of contribution (\$) SCOTT MARKOWITZ 04/18/2017 Contributor address; City; State: Zip Code \$ 250.00 5610 SW FREEWAY, STE 104, HOUSTON, TX 77057 Contributor's principal occupation ATTORNEY Contributor's employer/law firm Law firm of contributor's spouse (if any) Law firm of contributor's spouse (if any)		GREG WEINBERG Contributor address; City; State;	Zip Code	
ROBERTS, MARKEL, WEINBERG, BUTLER, HAILEY, PC If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor		principal occupation	Contributor's job title	
Date Full name of contributor out-of-state PAC ID#: Amount of contribution (\$) SCOTT MARKOWITZ 04/18/2017 Contributor address; City; State: Zip Code \$250.00 5610 SW FREEWAY, STE 104, HOUSTON, TX 77057 Contributor's principal occupation Contributor's job title ATTORNEY Contributor's employer/law firm Law firm of contributor's spouse (if any) MARKOWITZ LAW FIRM	ROBERTS, N	MARKEL, WEINBERG, BUTLER, HAILEY, PC	Law firm of contributor	's spouse (if any)
SCOTT MARKOWITZ O4/18/2017 Contributor address; Clty; State: Zlp Code \$ 250.00 Contributor's principal occupation ATTORNEY Contributor's employer/law firm MARKOWITZ LAW FIRM SCOTT MARKOWITZ LAW FIRM Contributor's job title Law firm of contributor's spouse (if any)	If contributor is	s a child, lew firm of parent(s) (if any)		
ATTORNEY Contributor's employer/law firm MARKOWITZ LAW FIRM Law firm of contributor's spouse (if any)		SCOTT MARKOWITZ Contributor address; City; State:	Zip Code	
MARKOWITZ LAW FIRM		, ,	Contributar's jab title	
	MARKOWITZ	LAW FIRM	Law firm of contributor	's spouse (if any)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A(J)1: 4 of 25 2 FILER NAME DAVID M. PATRONELLA 4 Date 5 Full name of contributor out-of-state PAC ID#: 7 Amount of contribution (\$) BRIAN CWEREN 6 Contributor address; City; State; Zip Code 3 500.00 3311 RICHMOND AVE, STE 305, HOUSTON, TX 77098 8 Contributor's principal occupation ATTORNEY 10 Contributor's employer/law firm LAW OFFICE OF BRIAN CWEREN 11 Law firm of contributor's apouse (if any)					
DAVID M. PATRONELLA 4 Date 5 Full name of contributor)1:		The instruction Guide explains how to complete this form.		
04/18/2017 BRIAN CWEREN 6 Contributor address; City; State; Zlp Code \$ 500.00 3311 RICHMOND AVE, STE 305, HOUSTON, TX 77098 8 Contributor's principal occupation ATTORNEY 9 Contributor's job title 10 Contributor's employer/law firm LAW OFFICE OF BRIAN CWEREN 11 Law firm of contributor's spouse (if any)	ion Filers)	3 Filer ID (Ethics Commission f		DAVID M. PATRONELLA	2 FILER NAME
ATTORNEY 10 Contributor's employer/law firm LAW OFFICE OF BRIAN CWEREN 11 Law firm of contributor's spouse (if any)	(\$)		Zlp Code	BRIAN CWEREN 6 Contributor address; City; State	- 3.13
LAW OFFICE OF BRIAN CWEREN			9 Contributor's job title		
12 if contributor is a child, law firm of parent(s) (if any)		s spouse (If any)	11 Law firm of contributor	• •	
				a child, law firm of parent(s) (if any)	12 If contributor is
Date Full name of contributor out-of-state PAC D#:	(\$)		Zip Code	CHARLES E. ARMSTRONG O4/21/2017 Contributor address; City; State; Zip Code	
Contributor's principal occupation Contributor's job little			Contributor's jeb title	rincipal occupation	Contributor's p
Contributor's employer/law firm Law firm of contributor's spouse (if any)		's spouse (If any)	Law firm of contributor	mployer/law firm	Contributor's e
if contributor is a child, law firm of parent(s) (if any)				a child, law firm of parent(s) (if any)	If contributor is
Date Full name of contributor	(\$)	Amount of contribution (\$)	ID#:)		Date
04/21/2017 Contributor address; City; State: Zip Code \$ 100.00 1770 ST JAMES PLACE #150, HOUSTON, TX 77056	,	\$ 100.00	·	· · · · · · · · · · · · · · · · · · ·	04/21/2017
Contributor's principal occupation Contributor's job title ATTORNEY			Contributor's job title	•	· ·
Contributor's employer/law firm Law firm of contributor's spouse (if any) CERSONSKY, ROSEN & GARCIA, PC If contributor is a child, law firm of parent(s) (if any)		's spouse (If any)	Law firm of contributor	ROSEN & GARCIA, PC	CERSONSKY,
in Contributor to a Crind, taw first or parent(s) (in any)				a cind, law firm of parent(s) (if any)	ii contributor le

SCHEDULE A(J)1

Т	he Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A(J)1: 5 of 25
2 FILER NAME	DAVID M. PATRONELLA		3 Filter ID (Ethics Commission Filers)
4 Date 04/21/2017	5 Full name of contributor Out-of-state PAC ID LIAS J. STEEN 6 Contributor address; City; State; 3 OAKLAWN DR, HOUSTON, TX 77024	Zlp Code	7 Amount of contribution (\$) \$ 100.00
8 Contributor's p	principal occupation	9 Contributor's job title	·
10 Contributor's e	employer/law firm	11 Law firm of contributor's	s spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (If any)		
Date	Full name of contributor . □ out-of-state PAC ID	#:	Amount of contribution (\$)
04/21/2017	Contributor address; City; State; 2500 EAST TC JESTER BLVD #675, HC	Zip Code DUSTON, TX 77008	\$ 100.00
	orincipal occupation OGE/MEDIATOR	Contributor's job title	
Contributor's 6	employer/law firm	Law firm of contributor's	s spouse (if any)
If contributor l	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor Out-of-state PAC C)	Amount of contribution (\$)
04/21/2017	Contributor address; City; State: 3730 BELLEFONTAINE, HOUSTON, TX		\$ 250.00
Contributor's ATTORNE	orincipal occupation	Contributor's job title	
	employer/law firm	Law firm of contributor	s spouse (If any)
	ETT & McCULLEY, LLP		
ir contributor i	s a child, law firm of parent(s) (if any)		

SCHEDULE A(J)1

7	The instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1: 6 of 25
2 FILER NAME	DAVID M. PATRONELLA		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	эж:	7 Amount of contribution (\$)
04/21/2017	6 Contributor address; City; State; 1300 POST OAK BLVD, 25th FLOOR, H	·	\$ 250.00
8 Contributor's ATTORNE	principal occupation	9 Contributor's job title	
10 Contributor's AKERMAN	employer/law firm	11 Law firm of contributor	's spouse (if any)
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	D#:)	Amount of contribution (\$)
04/21/2017	Contributor address; City; State; 5051 WESTHEIMER, STE 1200, HOUS		\$ 500.00
Contributor's LAW FIRM	principal occupation	Contributor's job title	•.
	employer/law firm SLOVACEK, LLP	Law firm of contributor	's spouse (if any)
If contributor	s a child, law firm of parent(s) (if any)		·
Date	Full name of contributor	D#:}	Amount of contribution (\$)
04/21/2017	Contributor address; City; State: HOUSTON, TX 77025	Zip Code	\$ 500.00
Contributor's	principal occupation	Contributor's job title	
Contributor's	employer/law firm	Law firm of contributor	r's spouse (if any)
If contributor	is a child, law firm of parent(s) (if any)		
		,	

SCHEDULE A(J)1

T	he Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: 7 of 25
2 FILER NAME	DAVID M. PATRONELLA		3 Filer ID (Ethics Commission Filers)
4 Date 04/21/2017	5 Full name of contributor	; Zip Code	7 Amount of contribution (\$) \$ 500.00
	principal occupation MANAGEMENT	9 Contributor's job title	
10 Contributor's e	employer/law firm	11 Law firm of contributor	s spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date 04/25/2017	Full name of contributor	Zip Code	Amount of contribution (\$) \$ 100.00
Contributor's p	principal occupation	Contributor's job title	
	employer/law firm N & PRICE, PC	Law firm of contributor	's spouse (If any)
If contributor is	s a child, law firm of parent(s) (if any)	:	
Date	Full name of contributor out-of-state PAC STANFORD S. BOYD	D#:	Amount of contribution (\$)
04/25/2017	Contributor address; City; State 2101 LOUISIANA ST, HOUSTON, TX 7		\$ 100.00
Contributor's	orincipal occupation	Contributor's job title	
ATTORNEY			
Contributor's e	's spouse (If any)		
	N, BOYD & LOWERY, PC		
If contributor is	s a child, law firm of parent(s) (if any)		

SCHEDULE A(J)1

			
Т	he instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A(J)1: 8 of 25
2 FILER NAME	DAVID M. PATRONELLA		3 Filer ID (Ethics Commission Filers)
4 Date 04/25/2017	5 Full name of contributor Dout-of-state PAC ID RODERICK O. GIBSON 6 Contributor address; City; State; 416 WESTHEIMER RD, HOUSTON, TX	Zip Code	7 Amount of contribution (\$) \$ 100.00
8 Contributor's p	principal occupation	9 Contributor's job title	
	O. GIBSON, ATTORNEY AT LAW	11 Law firm of contributor's	s spouse (if any)
	s a child, law firm of parent(s) (If any)		
·Date	Full name of contributor)#:)	Amount of contribution (\$)
04/25/2017	Contributor address; City: State: 5300 MEMORIAL DR, STE 375, HOUST		\$ 100.00
	orincipal occupation	Contributor's job title	
Contributor's e	mployer/law firm	Law firm of contributor's	s spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date 04/25/2017	Full name of contributor out-of-state PAC IS JACK O'BOYLE Contributor address; City; State: PO BOX 815369, DALLAS, TX 75381	D#:} Zip Code	Amount of contribution (\$) \$ 250.00
Contributor's p	principal occupation	Contributor's job title	
	employer/law firm	Law firm of contributor	s spouse (if any)
JACK O'BOYLE & ASSOCIATES			
If contributor is	s a child, ław firm of parent(s) (if any)		

SCHEDULE A(J)1

Т	ne instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A(J)1: 9 of 25
2 FILER NAME	DAVID M. PATRONELLA		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	#:)	7 Amount of contribution (\$)
04/27/2017	6 Contributor address; City; State; 4203 YOAKUM #310, HOUSTON, TX 77	•	\$ 100.00
8 Contributor's p ATTORNEY	•	9 Contributor's job title	
10 Contributor's e	mployer/law firm I LAW GROUP, PLLC	11 Law firm of contributor	s spouse (if any)
12 If contributor is	a child, law firm of parent(s) (if any)		
Date	DAN HINES	#:	Amount of contribution (\$)
04/27/2017	Contributor address; City; State; 27 DARTMOOR ST, SUGAR LAND, TX	Zip Code	\$ 250.00
Contributor's & BUSINESS OV	rincipal occupation VNER	Contributor's job title	CAN
RESOURSE S		Law firm of contributor	's spouse (If any)
If contributor is	a child, law firm of parent(s) (if any)		·
Date	Full name of contributor	#:	Amount of contribution (\$)
04/27/2017	Contributor address; City; State: 2318 WILLOWBY DR, HOUSTON, TX 7	•	\$ 1,000.00
Contributor's p	orincipal occupation	Contributor's job title	
TAX CONSU	TANT		
Contributor's e	mployer/iaw firm	Law firm of contributor	's spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: 10 of 25
2 FILER NAME	DAVID M. PATRONELLA		3 Filer ID (Ethlcs Commission Filers)
4 Date	5 Full name of contributor)#:)	7 Amount of contribution (\$)
05/05/2017	6 Contributor address; City; State; 2432 NOTTINGHAM ST, HOUSTON, TX		\$ 100.00
8 Contributor's p	rincipal occupation ED AMIRDEL	9 Contributor's job title	
10 Contributor's e	omployer/law ⁴ firm	11 Law firm of contributor	s spouse (If any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	D#:)	Amount of contribution (\$)
05/05/2017	Contributor address; City; State; 1800 BERING DR, STE 1000, HOUSTO	Zip Code N, TX 77057	\$ 250.00
Contributor's p	principal occupation	Contributor's job title	
DeGRASSE L	omployer/law firm AW FIRM, PC	Law firm of contributor	's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	D#:)	Amount of contribution (\$)
05/05/2017	Contributor address; City; State: 300 ST JOSEPH PKWY #417, HOUSTO	'	\$ 100.00
Gontributor's	orincipal occupation	Contributor's job title	
Contributor's employer/law firm Law firm of contributor's spouse (if any)		's spouse (if any)	
	KNIGHT, LLP		
If contributor i	s a child, law firm of parent(s) (if any)		

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 11 of 25.	
2 FILER NAME	DAVID M. PATRONELLA		3 Filer ID (Ethics Commission Filers)
4 Date 05/05/2017	MICHAEL A. MORIARTY		7 Amount of contribution (\$) \$ 200.00
8 Contributor's p	principal occupation	9 Contributor's job title	
10 Contributor's e	mployer/law firm	11 Law firm of contributor	s spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date 05/05/2017	CHARLES G. TRACY		
Contributor's p	principal occupation	Contributor's job title	,
CHARLES (G. TRACY, CPA	Law firm of contributor	s spouse (if any)
If contributor is	a a child, law firm of parent(s) (If any)		
Date Full name of contributor out-of-state PAC ID#:			
Contributor's principal occupation Contributor's job title LAW FIRM			
Contributor's employer/law firm TOTZ ELLISON & TOTZ, PC Law firm of contributor's spouse (if any)		's spouse (if any)	
If contributor is	s a child, law firm of parent(s) (if any)		
	'		

SCHEDULE A(J)1

7	he instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1: , 12 of 25
2 FILER NAME	DAVID M. PATRONELLA		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Sout-of-state PAC II IBEW PAC VOLUNTARY FUND	D#: C00027342	7 Amount of contribution (\$)
05/05/2017	6 Contributor address; City; State; 900 SEVENTH ST, NW, WASHINGTON	·	\$ 500.00
8 Contributor's	drincipal occupation	9 Contributor's job title	
10 Contributor's	employer/law firm	11 Law firm of contributor's	s spouse (if any)
12 If contributor i	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC JOE F. WHEAT	D#:}	Amount of contribution (\$)
05/05/2017	Contributor address; City; State; 4544 POST OAK PLACE DR, STE 350,		\$ 100.00
Contributor's	principal occupation	Contributor's job title	
ATTORNE			
	employer/law firm	Law firm of contributor's	s spouse (if any)
JOE F. WH	EAT, PC s a child, law firm of parent(s) (if any)		
ii commodioi i	s a citie, saw tirm of parentes, (ii any)		
Date	Full name of contributor	D#:)	Amount of contribution (\$)
05/05/2017	Contributor address; City; State: 2204 LOUISIANA, 2nd FLOOR, HOUST	'	\$ 250.00
	principal occupation	Contributor's job title	
	employer/law firm	Law firm of contributor'	s spouse (if any)
If contributor	s a child, law firm of parent(s) (if any)		
			•

MONETARY	POLITICAL	CONTRIBUTIONS
(JUDICIAL)		,

SCHEDULE A(J)1

The instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: 13 of 25		
2 FILER NAME DAVID M. PATRONELLA		3 Filter ID (Ethics Commission Filters)			
4 Date	5 Full name of contributor	D#:)	7 Amount of contribution (\$)		
05/12/2017	6 Contributor address; City; State; 1516 MICHIGAN, HOUSTON, TX 77006	· 1	\$ 100.00		
8 Contributor's p	rincipal occupation	9 Contributor's job title			
ATTORNEY					
10 Contributor's e	mptoyer/law firm	11 Law firm of contributor	s spouse (if any)		
THOMAS N	M. WHITWORTH, ATTORNEY AT LAW				
	a child, law firm of parent(s) (if any)				
Date	Full name of contributor	D#:)	Amount of contribution (\$)		
. 05/12/2017	Contributor address; City: State; 54 SUGAR CREEK CTR BLVD #315, SU	Zip Code	\$ 100.00		
Contributorie r	principal occupation	Contributor's job title			
ATTORNEY		Commodor a pod milo			
Contributor's e	mployer/law firm	Law firm of contributor	s spouse (if any)		
	I. TRAN, PC				
If contributor is	a a child, law firm of parent(s) (if any)	****	ZZUN		
Date	Full name of contributor	D#:)	Amount of contribution (\$)		
'	ANDREW McCORMICK & LAURIE LAN				
05/40/0047			¢ 200.00		
05/12/2017	Contributor address; City; State: 4950 BISSONNET, STE A, BELLAIRE,	·	. \$ 200.00		
Contributor's p	orincipal occupation	Contributor's job title			
ATTORNEYS					
		Law firm of contributor	's spouse (if any)		
McCORMICK LANDRY MUNOZ, PLLC					
If contributor is	s a child, law firm of parent(s) (if any)				
		•			
			•		

SCHEDULE A(J)1

Т	ne instruction Guide explains how to complete this form	n.	1 Total pages Schedule A(J)1: 14 Of 25
2 FILER NAME	DAVID M. PATRONELLA		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC_ID#; JAMES WEST)	7 Amount of contribution (\$)
05/12/2017	6 Contributor address; City; State; 1130 RICHARDS DR, FRIENDSWOOD, T	·	\$ 250.00
6 Contributor's p	rincipal occupation 9	Contributor's Job title	
10 Contributor's e	mployat/law firm 1	1 Law firm of contributor's	s spouse (if any)
12 If contributor is	a child, law firm of parent(s) (if any)		-
Date	Full name of contributor Out-of-state PAC IDS:		Amount of contribution (\$)
05/12/2017	Contributor address; City; State; 10501 E WILDWIND CIRCLE, THE WOOD	Zip Code ANDS, TX 77380	\$ 250.00
Contributor's p	vrincipal occupation	Contributor's job title	
Contributor's e	mployer/law firm	Law firm of contributor's	s spouse (if any)
if contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor		Amount of contribution (\$)
05/12/2017	Contributor address; City; State: 2311 CANAL ST, STE 304, HOUSTON, TX	Zip Code K 77003	\$ 250,00
Contributor's p	orincipal occupation	Contributor's job title	
ATTORNEY	· · · · · · · · · · · · · · · · · · ·		
	omployer/law firm SLER, ATTORNEY AT LAW	Law firm of contributor's	s spouse (If any)
If contributor is	s a child, law firm of parent(s) (if any)	-2.11	
·			

SCHEDULE A(J)1

т	he Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1: 15 of 25
2 FILER NAME	DAVID M. PATRONELLA		3 Filer ID (Ethics Commission Filers)
4 Date 05/12/2017	5 Full name of contributor Delicate PAC II PAULINE CHUNG 6 Contributor address; City; State; 10709 OLD COACH LN, HOUSTON, TX	Zip Code	7 Amount of contribution (\$) \$ 500.00
8 Contributor's p	orincipal occupation	9 Contributor's job title	
RESTAURA	NT OWNER		<u> </u>
10 Contributor's e	employer/law firm	11 Law firm of contributor	's spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	D#:	Amount of contribution (\$)
05/12/2017	PLUMBERS LOCAL UNION NO. 68		
	Contributor address; City; State;	Zip Code	\$ 500.00
	PO BOX 8746, HOUSTON, TX 77249-87	STON, TX 77249-8746	
Contributor's p	orincipal occupation	Contributor's job title	
Contributor's e	employer/law firm	Law firm of contributor	's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)
	LINEBARGER GOGGAN BLAIR & SAMI	PSON, LLP	!
05/12/2017	Contributor address; City; State: , PO BOX 17428, AUSTIN, TX 78760	Zip Code	\$ 500.00
Contributor's p	principal occupation	Contributor's job title	
LAW FIRM			
	employer/law firm	Law firm of contributo	r's spouse (if any)
	ER GOGGAN BLAIR & SAMPSON, LLP s a child, law firm of parent(s) (if any)		
ii contributor ii	s a crino, law term of parends) (if any)		
			

SCHEDULE A(J)1

The instruction Guide explains how to complete	this form. 1 Total pages Schedule A(J)1: 16 of 25
2 FILER NAME DAVID M. PATRONELLA	3 Filer ID (Ethics Commission Filers)
JOSE JAVIER ANZIANI	PAC 10#:
8 Contributor's principal occupation ATTORNEY	9 Contributor's job title
10 Contributor's employer/law firm FREEDMAN & PRICE, PC 12 If contributor is a child, law firm of parent(s) (if any)	11 Law firm of contributor's spouse (if any)
Date Full name of contributor Dout-of-state	PAC ID#: Amount of contribution (\$)
05/24/2017 PHILIP KLOSOWSKY Contributor address; City: 8 14015 SW FRWY, STE 14, SUGAR	State: Zip Code \$ 100.00
Contributor's principal occupation ATTORNEY	Contributor's job title
Contributor's employer/law firm KLOSOWSKY LAW OFFICE If contributor is a child, law firm of parent(s) (if any)	Law firm of contributor's spouse (if any)
Date Full name of contributor out-of-state DR JAN PER BERGMANSON	PAC ID#:) Amount of contribution (\$)
05/24/2017 Contributor address; City; 8 2046 McCLENDON ST, HOUSTON	·
Contributor's principal occupation OPTOMETRIST	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
	· .

(JUDIC	IARY POLITICAL CONTRI IAL)	BUIIONS	SCHEDULE A(J)1	
7	he Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1: 17 of 25	
2 FILER NAME	DAVID M. PATRONELLA		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor Out-of-state PAC II MICHAEL BOTSON	D#:	7 Amount of contribution (\$)	
05/24/2017				
8 Contributor's	orincipal occupation SE /D STRUGOR	9 Contributor's job title	·	
10 Contributor's	employer/law firm	11 Law firm of contribute	r's spouse (if any)	
12 If contributor i	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor	D•	Amount of contribution (\$)	
05/24/2017	Contributor address; City; State; 1717 ST JAMES PLACE, STE 118, HOU	Zip Code USTON, TX 77056	\$ 100.00	
Contributor's INVESTME	orincipal occupation NTS	Contributor's job title	-1	
LOUIS MAG	employer/law firm CEY INVESTMENTS	Law firm of contributo	or's spouse (if any)	
If contributor i	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor	D#:)	Amount of contribution (\$)	
05/24/2017	Contributor address; Clty; State: 1046 CHESHIRE, HOUSTON, TX 7701	•	\$ 100.00	
Contributor's	orincipal occupation	Contributor's job title	1	
Contributor's	employer/law firm	Law firm of contribute	or's spouse (if any)	
If contributor	s a child, law firm of parent(s) (if any)			
,	ATTACH ADDITIONAL COPIES Of contributor is out-of-state PAC, please see instru			

SCHEDULE A(J)1

Th	ne Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1: 18 of 25
2 FILER NAME	DAVID M. PATRONELLA		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	D#:	7 Amount of contribution (\$)
05/24/2017	6 Contributor address; City; State; 3982 RUPE HUFFMAN RD, LONGVIEW	·	\$ 100.00
8 Contributor's p	rincipal occupation	9 Contributor's job title	
10 Contributor's e	mployer/law firm	11 Law firm of contributor	s spouse (if any)
12 If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor SAMUEL COLLINS	D#:	Amount of contribution (\$)
05/24/2017	Contributor address; City; State; 3730 KIRBY DR #777, HOUSTON, TX 7	Zip Code	\$ 250.00
Contributor's p	rincipal occupation	Contributor's job title	
Contributor's e	mployer/law firm	Law firm of contributor	s spouse (If any)
If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor	D#:)	Amount of contribution (\$)
05/24/2017	Contributor address; City; State: 2006 BROOKTREE DR, HOUSTON, TX		\$ 250,00
/1.	rincipal occupation	Contributor's job title	
Contributor's e	mployer/law firm	Law firm of contributor	's spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A(J)1

т	he Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1: 19 of 25
2 FILER NAME	DAVID M. PATRONELLA		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC II LAWRENCE KAGAN	D#:)	7 Amount of contribution (\$)
05/24/2017	6 Contributor address; City; State; 8801 KNIGHT RD, HOUSTON, TX 7705	***************************************	\$ 250.00
8 Contributor's	principal occupation	9 Contributor's jeb title	
REAL ESTA	ATE		·
10 Contributor's a	employer/law firm	11 Law firm of contributor's	spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
,			
Date	Full name of contributor	D#:	Amount of contribution (\$)
	DOMINIQUE VARNER		
05/24/2017	Contributor address; City; State;	Zip Code	\$ 250.00
	8007 EDGEMOOR DR, HOUSTON, TX	77036	
نہ دسا ۸	Principal occupation	Contributor's job title	
Contributor's	employer/law firm	Law firm of contributor's	spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)	· · · · · · · · · · · · · · · · · · ·	
,			
Date	Full name of contributor Dout-of-state PAC I	DN:)	Amount of contribution (\$)
	ERNEST BARRIENTOS		
05/24/2017	Contributor address; City; State:	Zip Code	\$ 500.00
	1714 MERCOAL DR, SPRING, TX 7738	86	,
Contributor's (principal occupation	Contributor's job title	
ATTORNEY			
Contributor's e	employer/law firm	Law firm of contributor's	spouse (if any)
If contributor i	s a child, law firm of parent(s) (if any)		

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

SCHEDULE A(J)1

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The instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: 20 of 25
2 FILER NAME	DAVID M. PATRONELLA		3 Filer ID (Ethics Commission Filers)
4 Date 06/02/2017	5 Full name of contributor out-of-state PAC II ROBERT V. ROSENBERG 6 Contributor address; City; State; 5606 RUTHERGLENN DR, HOUSTON,	Zlp Code	7 Amount of contribution (\$) \$ 75.00
	orincipal occupation	9 Contributor's job title	
ATTORNEY			
10 Contributor's e	employer/law firm EE OF ROBERT V. ROSENBERG	11 Law firm of contributor	s spouse (if any)
12 if contributor is	s a child, law firm of parent(s) (if any)		
Date 06/02/2017	Full name of contributor Out-of-state PAC II MARC GROSSBERG	D#:	Amount of contribution (\$)
	Contributor address; City; State; 300 ST JOSEPH PKWY, UNIT 417, HOL	JSTON, TX 77002	\$ 100.00
Contributor's p	orincipal occupation	Contributor's job title	
	omployer/law firm	Law firm of contributor	s spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	D#:)	Amount of contribution (\$)
06/02/2017	Contributor address; City; State: 4529 HUMMINGBIRD ST, HOUSTON, T	` .	\$ 100.00
1	principal occupation	Contributor's Job title	
ATTORNEY Contributor's employer/law firm Law firm of contributor's			's snouse (if any)
Contributor's employer/law firm Law firm of contributor's spouse (if any) MIDLAND CREDIT MANAGEMENT, INC.		a apoulae (ii iii))	
	s a child, law firm of parent(s) (if any)		

SCHEDULE A(J)1

Т	he Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1: 21 of 25	
2 FILER NAME	DAVID M. PATRONELLA		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	D#:)	7 Amount of contribution (\$)	
06/02/2017	6 Contributor address; City; State; 7155 OLD KATY RD, STE D, HOUSTON	· '	\$ 200.00	
8 Contributor's p	orincipal occupation	9 Contributor's job title		
ATTORNEY				
10 Contributor's e	', -	11 Law firm of contributor	's spouse (if any)	
	SSOCIATES			
12 If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributor 🔲 out-of-state PAC II	D#:)	Amount of contribution (\$)	
	RANNEY McDONOUGH			
06/02/2017	Contributor address; City; State; Zip Code \$ 250.00			
!	5625 SCHUMACHER, HOUSTON, TX 7			
Contributor's p	principal occupation	Contributor's job title		
	mployer/law firm	l ou firm of contributes	'e englise (if any)	
	H ENGINEERING CORP	Law firm of contributor	ם פטטטפס (וו מווץ)	
If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC	D#:)	Amount of contribution (\$)	
	D. BRENT WELLS		141	
06/02/2017	Contributor address:	Zin Codo	\$ 250.00	
	Contributor address; City; State: 440 LOUISIANA, STE 718, HOUSTON,	,	•	
Contributor's p	brincipal occupation .	Contributor's job title		
ATTORNEY	,			
Contributor's employer/law firm Law firm of contributo			's spouse (if any)	
WELLS & C	CUELLAR, PC			
If contributor is	s a child, law firm of parent(s) (if any)			
	,	•		
				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A(J)1

	<u> </u>		
T	he Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1: 22 of 25
2 FILER NAME	DAVID M. PATRONELLA		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC II VINCENT BUSTAMANTE	D#:)	7 Amount of contribution (\$)
06/02/2017	6 Contributor address; City; State; 3806 DRAKE, HOUSTON, TX 77005	Zip Code	\$ 250.00
8 Contributor's p	orincipal occupation	9 Contributor's job title	
10 Contributor's e	employer/law firm	11 Law firm of contributor	s spouse (if any)
12 if contributor is	s a child, law firm of parent(s) (if any)	•	
Date	Full name of contributor	D#:)	Amount of contribution (\$)
06/02/2017	Contributor address; City; State; PO BOX 550496, HOUSTON, TX 77255	Zip Code	\$ 250.00
Contributor's p	orincipal occupation	Contributor's job title	
Contributor's e	mployer/law firm	Law firm of contributor	s spouse (if any)
BASU LAW	FIRM		
If contributor is	a a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC CAROL JUE	D#:	Amount of contribution (\$)
06/02/2017	Contributor address; City; State:	ZIp Code NDS, TX 77382	\$ 300.00
_	PURANT DWNER	Contributor's job title	
Contributor's e	employer/law firm	Law firm of contributor	s spouse (If any)
If contributor is	s a child, law firm of parent(s) (if any)		

SCHEDULE A(J)1

7	he instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: 23 of 25
2 FILER NAME	DAVID M. PATRONELLA		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	iD#:)	7 Amount of contribution (\$)
06/02/2017 6 Contributor address; City; State; Zip Code 7 MARTIN CT, HOUSTON, TX 77055			\$ 500.00
8 Contributor's	orincipal occupation	9 Contributor's job title	1
TAX CONSI	ULTANT		
10 Contributor's	employer/law firm	11 Law firm of contributor	's spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC	(D#:)	Amount of contribution (\$)
HOLLY FULKERSON O6/02/2017 Contributor address; City: State; Zip Gode 448 W 19th ST, STE 171, HOUSTON, TX 77008			\$ 500.00
Contributor's ATTORNE	orincipal occupation	Contributor's job title	
Contributor's	employer/law firm	Law firm of contributor	's spouse (if any)
FULKERSO	ON & WING, PC		
If contributor I	s a child, law firm of parent(s) (if any)		
	•		
			The second secon
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
06/02/2017	Contributor address; City; State: 24 GREENWAY PLAZA, STE 1710, HO	Zip Code USTON, TX 77046	\$ 500.00
Contributor's	principal occupation	Contributor's job title	
ATTORNE	•	John Buttor a Job title	
	employer/law firm	Law firm of contributor	r's spouse (if any)
WATKINS	& WATKINS		, , ,
	s a child, law firm of parent(s) (if any)	1	
,	. V- V	•	

SCHEDULE A(J)1

Th	ne instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME	DAVID M. PATRONELLA		3 Filer ID (Ethics Commission Filers)
4 Date 06/02/2017	5 Full name of contributor	7 Amount of contribution (\$) \$ 100.00	
8 Contributor's part ATTORNEY	rincipal occupation	9 Contributor's job title	
	mployer/law firm E OF MARVIN B. PETERSON a child, law firm of parent(s) (if any)	11 Law firm of contributor	's spouse (if any)
	•		
Date 06/02/2017	Full name of contributor	AT LAW Zlp Code	Amount of contribution (\$) \$ 500.00
Contributor's p	rincipal occupation	Contributor's job title	
	mployer/law firm	Law firm of contributor	's spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
Date 06/05/2017	Full name of contributor ERIC SAMET Contributor address; Contri	Zip Code	Amount of contribution (\$) \$ 500.00
	rincipal occupation	Contributor's job title	
REAL ESTATE Contributors employer/law firm		Law firm of contributor	's spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		

SCHEDULE A(J)1

т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1: 25 of 25
2 FILER NAME	DAVID M. PATRONELLA	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
06/21/2017	6 Contributor address; City; State; Zip of 5A W SHADY LN, HOUSTON, TX 77063	\$ 100.00
8 Contributor's p BUSINESS		ontributor's job title
10 Contributor's e	mployer/law firm 11 Ls	w firm of contributor's spouse (if any)
SOUTH TEX	KAS CARPETS & FINE FLOORS	•
12 If contributor is	s a child, law firm of parent(s) (if any)	·
Date	Full name of contributor	Amount of contribution (\$)
06/21/2017	Contributor address; City; State; Zip C	
← Contributor's p	principal occupation	ontributor's job title
Contributor's e	employer/law firm	iw firm of contributor's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)	
Date	Full name of contributor 🔲 out-of-state PAC in#	Amount of contribution (\$)
	Contributor address; City; State: Zip 0	Cede
Contributor's	principal occupation	ontributor's job title
Contributor's e	amployer/law firm	aw firm of contributor's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundrateing Expense Transportation Equipment & Rolated Expense Travel in District Advertising Expense Event Expense Loan Repayment/Reimbursement Accounting/Banking Consulting Expense Office Overhead/Rental Expense Polling Expense Food/Beverage Expense Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME DAVID M. PATRONELLA 1 of 8 4 Date 5 Payee name 01/31/2017 TONY'S RESTAURANT 6 Amount (\$) 7 Payee address; City; State; Zip Code \$ 47.50 3755 RICHMOND AVE, HOUSTON, TX 77046 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Check it Austin, TX, officeholder living expense OF EXPENDITURE FOOD/BEVERAGE EXPENSE Office held 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name CIAO BELLO 02/20/2017 City; State; Zip Code Amount (\$) Payee address: 5161 SAN FELIPE, HOUSTON, TX 77056 \$ 58.70 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense FOOD/BEVERAGE EXPENSE EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Рауве лате 03/01/2017 U.S. POSTMASTER Amount (\$) City; State; Zip Code Payee address; \$ 46.00 3816 N. SHEPHERD, HOUSTON, TX 77018 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE SOLICITATION/FUNDRAISING EXPENSE Check if Austin, TX, officeholder living expense Office held Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Of Food/Boverage Expense Po Gift/Awards/Memorials Expense Pr Legal Services Sa	an Repayment/Reimbursement flice Overhead/Rental Expense illing Expense inting Expense darles/Wages/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
	The Instruction Guide explains he	ow to complete this form.			
1 Total pages Schedule F1: 2 of 8	2 FILER NAME DAVID M. PATRON	IELLA	3 Filer ID (Ethics Commission Filers)		
4 Date 03/01/2017	5 Payee name TEXAS DEMOCRATIC WOMEN				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$ 150.00	5823 DOLIVER, HOUSTON, TX 77057				
8	(a) Category (See Categories listed at the top of this sched				
PURPOSE			utside of Texas. Complete Schedule T.		
OF EXPENDITURE	SPONSORSHIP	Gneck II Austir	n, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
03/31/2017 Amount (\$) \$ 180.70	Payee name DELUXE Payee address: City; State, Zip C				
V 100.70		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
DUDDOG	Category (See Categories listed at the top of this sched		itside of Texas, Complete Schedule T.		
PURPOSE OF EXPENDITURE	CHECK STOCK		, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
04/07/2017	U.S. POSTMASTER	·	·		
Amount (\$)	Payee address; City; State; Zip C	Pode .			
\$ 343.00	1500 HADLEY, HOUSTO	ON, TX 77002	·		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scheo	Check il travel ou	riside of Texas. Complete Schedute T.		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	,		
	EXPENDITURE CAT	rEGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Italns how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 3 of 8	2 FILER NAME DAVID M. PAT	RONELLA	3 Filter ID (Ethics Commission Filers)
4 Date 04/12/2017	5 Payee name J & N ENTERPRIS	SES	
6 Amount (\$)	7 Payee address; City; State;	Z p Code	
\$1,585.86	2015 W 34th ST, 8	STE F, HOUSTON, TX 7701	8
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the SOLICITATION/FUNDRAISING I	Check if travel o	outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
04/13/2017 Amount (\$)	Payee name UNION KITCHEN Payee address; City; Slate;		
\$ 87.90	3452 ELLA DR, H	OUSTON, TX 77018	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the FOOD/BEVERAGE EXPENSE	Check if travel or	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/14/2017	TEXAS ASSOCIAT	TION OF COUNTIES	
Amount (\$)	Payee address; City; State;	Zip Code	***
\$ 60.00	PO BOX 2131, AUS	STIN, TX 78768	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of II JPCA MEMBERSHIP FEES	Check if travel o	utside of Texas. Complete Schedule T. n. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)

- -	The instruction Guide explains how to complete	e this form.		
1 Total pages Schedule F1: 4 of 8	2 FILER NAME DAVID M. PATRONELLA	3 Filer ID (Ethics Commission Filers)		
4 Date 04/20/2017	5 Payee name OFFICE DEPOT			
6 Amount (\$)	7 Payee address; City, State; Zip Code			
\$ 14.49	6888 GULF FREEWAY #330, HOU	STON, TX 77087		
8 PURPOSE OF EXPENDITURE	(a) Catagory (See Categories listed at the top of this schedule) [Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OI		ffice sought Office held		
Date	Payee name			
04/26/2017	NYCE GRAPHIX			
Amount (\$)	Payee address; City; State, Zip Code			
\$ 182.94	\$ 182.94 2616 SOUTH LOOP W, STE 215, HOUSTON, TX 77054			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING EXPENSE	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh		ffice sought Office held		
Date	Payee name			
05/01/2017	U.S. POSTMASTER			
Amount (\$)	Payee address; City; State; Zip Code			
\$ 238.00	1500 HADLEY ST, HOUSTON, TX	77002		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING EXPENSE	Check If travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense		
Complete <u>ONLY</u> If direct expenditure to benefit C/Of		Office sought Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHE	DULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Advartising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Fees Food/Beverage Expense ly Gift/Awards/Memorials Expense	Loan Repayment/Relimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 5 of 8	2 FILER NAME DAVID M. PATRO	NELLA	3 Filer iD (Ethics Commission Filers)
4 Date 05/02/2017	5 Payee name - HARRIS COUNTY DE	MOCRATIC PARTY	
6 Amount (\$)	7 Payee address; City; State; Zip	Code	· · · · · · · · · · · · · · · · · · ·
\$ 120.00	1445 N LOOP W #110), HOUSTON, TX 77008	
8 PURPOSE	(a) Category (See Categories listed at the top of this ach	Check if travel ou	tside of Texas: Complete Schedute T.
OF EXPENDITURE	MEMBERSHIP FEE	Check if Austin	, TX, officeholder living-expense
Complete <u>QNLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		,
05/15/2017	TEXAS STATE UNIVE	ERSITY SAN MARCUS	
Amount (\$) \$ 150.00	Payee address; City; State; Zip	Code VD, STE 530, AUSTIN, T	X 78744
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch REGISTRATION FEE	Check if travel out	side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY If direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
05/20/2017	OFFICE DEPOT		
Amount (\$)	Payee address; City; State; Zip	Code	
° \$ 28.13	3443 KIRBY DR, HOUS	STON, TX 77098	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch EVENT EXPENSE	Check If travel ou	tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

,					
		EXPENDITURE CATE	GORIES FOR	R BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food y Glft// Il Committee Legs	nt Expense (/Boverage Expense (wards/Memorials Expense (I Services e Instruction Guide explain	Office Overhea Polling Expens Printing Expens Salaries/Wages	se s/Contract Labor	Solicitation/Fundralaing Expense Transportation Equipment & Rolated Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 6 of 8	2 FILER NAME	DAVID M. PATRO	ONELLA		3 Filer ID (Ethics Commission Filers)
4 Date 05/22/2017	5 Payee name	JO-ANNS			
6 Amount (\$)	7 Payee addres	s; Clty; State; Z	ip Code		
\$ 21.17		5520 WESLAYAN S	r, Housto	N, TX 77005	
8 PURPOSE	(B) Category (See	Categories listed at the top of this s	chedule) (b) Description Check if travel o	utside of Texas. Complete Schedule T.
OF EXPENDITURE	CVCNT CV	DENOF		Check If Austi	in, TX, officeholder living expense
EAFEINDHURE	EVENT EX	rense			
Complete ONLY If direct expenditure to benefit C/OH		Officeholder name		Office sought	Office held
Date	Payee name	• /			
05/23/2017		ARNE'S			
Amount (\$) \$ 32.55	Payee addres	s; City; State; Z 2830 HICKS ST, HO	ip Cøde ÚSTON, TX	77007	
	Category (See	Categories listed at the top of this s	chedula)	Description	
PURPOSE				$\overline{}$	utside of Texas. Complete Schedule T.
OF EXPENDITURE	EVENT EX	PENSE		LJ Check If Austir	n, TX, officeholder living expense
Complete ONLY If direct expenditure to benefit C/OF		Officeholder name	. <u>. </u>	Office sought	Office held
Date	Payee name				
05/20/2017		OFFICE DEPOT	•		
Amount (\$)	Payee addres	s; City; State; Z	ip Code		
\$ 31.00		1576 W GRAY ST, H	OUSTON, T	X 77019	
	Category (See	Categories listed at the top of this s	schedule)	Description	And AT On the Date and T
PURPOSE OF	EVENT EX	PENSE		 -	utside of Texas. Complete Schedule T. in, TX, officeholder living expense
EXPENDITURE		,			
Complete ONLY if direct expenditure to benefit C/OH		Officeholder name		Office sought	Office held

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees

Food/Beverage Expense
Gitt/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The instruction Guide explains how to co	omplete this form.	Sillar (Sillar S Salagory III)
1 Total pages Schedule F1: 7 of 8	2 FILER NAME DAVID M. PATRONELLA	Α	3 Filer ID (Ethics Commission Filers)
4 Date 05/23/2017	5 Payee name THIA SPICE		
6 Amount (\$)	7 Payee address; City; State; Zip Code	-	
\$ 140.15	460 W 19th ST, HOUSTON, T	X 77008	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	uside of Texas. Complete Schedule T.
PURPOSE OF			TX, officialistic scripture in
EXPENDITURE	FOOD/BEVERAGE EXPENSE		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
05/24/2017	CHINA GARDEN RESTAURA	INT	
Amount (\$)	Payee address; City; State; Zip Code		
\$1,266.98	1602 LEELAND ST, HOUSTO	ON, TX 77003	
,	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE . OF			itside of Texas, Complete Schedule T. TX, officeholder flying expense
EXPENDITURE:	EVENT/FOOD EXPENSE	· Chack it Abstite	, TA, GIIOGIGGO IIII G GIPO III
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O			
Date	Payee name :		
05/24/2017	EL BOLILLO BAKERY		
Amount (\$)	Payee address; City; State; Zip Code		
\$ 90.00	2421 S WAYSIDE, HOUSTON	, TX 77023	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	EVENIT/EOOD EXPENSE		utside of Texas. Complete Schedule T. 1, TX, officeholder living expense
EXPENDITURE	EVENT/FOOD EXPENSE	VIDUN II ADSIII	a trif embandon ming aspanda
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense

Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense
Travel in District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1: 8 of 8	DAVID M. PATRONELLA	A	3 Filer ID (Ethics Commission Filers)
4 Date 05/25/2017	5 Payee name TEXAS ASSOCIATION OF C	OUNTIES	
6 Amount (\$)	7 Payes address; City; State; Zip Code		,
\$ 200.00	PO BOX 2131, AUSTIN, TX	78768	· .
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) REGISTRATION FEE	 	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payes name		
Amount (\$)	Payee address; Clty; State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Gheck if travel ou	itside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Рауее пате	At the time found to be i	CORDER'S MEMORANDUM: of recordation, this instrument was inadequate for the best photographic in because of illegibility, carbon or
Amount (\$)	Payee address; City; State; Zip Code	photo capy, additions an	discolored paper, etc. All blockouts, and changes were present at the time int was filed and recorded.
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			rtside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin	n, TX, officeholder living expense
·			
Complete ONLY If direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED