

Official Public Records of Harris County Stan Stanart County Clerk

Campaign Finance Report



Stan Stanart

COUNTY CLERK
HARRIS COUNTY, TEXAS

FileNo:

201898

Received By Cierk:

1/16/2018

File Date:

January 16, 2018

Office:

**County Treasurer** 

Candidate:

Osborne, Matthew D.

Treasurer:

Hamilton, Merrick

Category:

Contributions And Expenditures

Delivered By:

Personal Appearance

Type:

COR

**Harris County No Fee** 

|   | E / OFFICEHO<br>I FINANCE RI           |                                   |   |             |                            |               | COVE                                      |                  | M C/OH<br>ET PG 1   |
|---|--|-----------------------------------|---|-------------|----------------------------|---------------|---|------------------|---------------------|
| The C/OH Instruction C  | Suide explains how to                  | complete this for                 | n. 1 Filer                              | ID          |                            |               | 2 Total pag                               | jes filed:<br>14 |                     |
| 3 CANDIDATE /<br>OFFICEHOLDER                                 | MS/MRS/MR                              | FIRST                             | <u> </u>                                | <del></del> | MI                         |               | OFFI                                      | CE USE           | ONLY                |
| NAME  |  | Matthew                           |   |             | Dylan                      |               | Date Received                             |                  |                     |
|   | NICKNAME                               | LAST<br>Osborne                   | *************************************** |             | SUFF                       | X             |   |                  |                     |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS                    | ADDRESS / PO BOX;<br>PO Box 6514       | APT / SUITE #;                    | CITY;                                   |             | ZIP CO                     | DDE           | Date Hand-deliv                           |                  | Postmarked<br>nount |
| Change of Address   | Houston, TX 77265                      |                                   |   |             |                            |               | Date Processed                            |                  |                     |
|   |  |                                   |   |             |                            |               | Date Imaged                               |                  |                     |
| 5 CAMPAIGN<br>TREASURER<br>NAME                               | MS/MRS/MR                              | FIRST<br>Merrick                  |   |             | MI                         |               |   |                  |                     |
|   | NICKNAME                               | LAST<br>Hamilton                  |   |             | SUFFI                      | X             |   |                  |                     |
| 6 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business) | STREET ADDRESS (N                      | IO PO BOX PLEA<br>4001 Fannin St. |   | APT / S     | SUITE#;                    | CITY;<br>ston | Tx  | STATE;<br>7700-  | ZIP CODE            |
| 7 CAMPAIGN<br>TREASURER<br>PHONE                              | AREA CODE<br>713-545-9528              | PHONE NUMBER                      | R EXTENSI                               | ON          |                            |               | ):<br>                                    | , ''             | •                   |
| 8 REPORT<br>TYPE  | X January 15  July 15                  | <u> </u>                          | before election<br>refore election      | ᆜ           | noff<br>ceeded \$500 lim   |               | 15th day aff<br>appointmen<br>Final Repor | t (officehol     | der only)           |
| 9 PERIOD<br>COVERED   | Month Day<br>08/22/2017                | Year                              | THROUGH                                 |             | Month<br>12/3              | Day<br>1/201  | Year<br>7                                 |                  |                     |
| 10 ELECTION   | ELECTION DA<br>Month Day<br>03/06/2018 | TE<br>Year                        | X Primary General                       | ]<br>]<br>] | ELECTION TY Runoff Special | /PE           | Other                                     | _                |                     |
| 11 OFFICE   | OFFICE HELD (if any)<br>None           | <b>,</b>                          |   | <i>f</i> 1: | 2 OFFICE SO<br>Harris Cou  |               |   |                  |                     |
|   | vas Ethias Commissis                   |                                   | GO TO PAG                               |             |                            |               |   |                  | rojon V1 0 538      |

## CANDIDATE / OFFICEHOLDER REPORT:

## FORM C/OH COVER SHEET PG 2

| SUPPORT  | & TOTALS  |  | COVER                           | 2 of 14              |
|--|---|--|---------------------------------|----------------------|
| 13 C / OH NAME                                 | Osborne, Matthew  |  | 14 Filer ID                     |                      |
| 15 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S) | candidate / officeholder.   | political contributions accepted or political expend<br>These expenditures may have been made withou<br>d officeholders are required to report this informat | ut the candidate's or officeho  | older's knowledge or |
| Additional Pages                               | COMMITTEE TYPE  | COMMITTEE NAME   |                                 |                      |
|  | GENERAL   |  |                                 | ,                    |
|  |   | COMMITTEE ADDRESS  |                                 |                      |
|  | SPECIFIC  |  |                                 |                      |
| ,  | ,   | COMMITTEE CAMPAIGN TREASURER NAME  | <u> </u>                        |                      |
|  | :   | COMMITTEE CAMPAIGN TREASURER ADDR  | ESS                             |                      |
| 16 CONTRIBUTION<br>TOTALS                      | TOTAL POLITIC     LOANS, OR GU  | AL CONTRIBUTIONS OF \$50 OR LESS (OTHEI<br>ARANTEES OF LOANS), UNLESS ITEMIZED   | R THAN PLEDGES,                 | \$ 0.00              |
|  |   | CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA   | <br>NS)                         | <b>\$</b> 4,305.00   |
| EXPENDITURE<br>TOTALS                          | 1   | AL EXPENDITURES OF \$190 OR LESS, UNLES  |                                 | \$ 0.00              |
| ``   | 4. TOTAL POLITIC  | AL EXPENDITURES  |                                 | \$ 1,855.21          |
| CONTRIBUTION<br>BALANCE                        | 5. TOTAL POLITIC REPORTING PE   | AL CONTRIBUTIONS MAINTAINED AS OF THE  | LAST DAY OF THE                 | \$ 2,449.79          |
| OUTSTANDING<br>LOAN TOTALS                     | 6. TOTAL PRINCII OF THE REPOR   | PAL AMOUNT OF ALL OUTSTANDING LOANS A<br>ITING PERIOD  | AS OF THE LAST DAY              | \$ 0.00              |
| 17 AFFADAVIT                                   |   |  |                                 |                      |
|  | AMOS PARD<br>Notary Public, State<br>My Commission E<br>January 07, 2 | of Texas polices 019   | s all information required to l | be reported by me    |
| AFFIX NO                                       | TARY STAMP / SEAL AB  | OVE  |                                 | <b>.</b>             |
|  |   | aid Matthew Dylkw Oslo<br>ertify which, witness my hand and seal of office.  | this the 16                     | <b>₡</b><br>day      |
| Signature of offi                              | cer administering   | AMOS PARDO Printed name of officer administering   | Title of officer a              | duninistering oath   |

| SUBTOTALS - C/OH                          |                                      |              | FORM C/OH<br>COVER SHEET PG 3 |
|---|--------------------------------------|--------------|-------------------------------|
|   |                                      |              | 3 of 14                       |
| 18 FILER NAME                             |                                      | 19 Filer ID  |                               |
| Osborne, Matthew                          |                                      |              |                               |
| 20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE   |                                      | · · · · · ·  | SUBTOTAL AMOUNT               |
| 1. X SCHEDULE A1: MONETARY PO             | DLITICAL CONTRIBUTIONS               |              | <b>\$</b> 4,305.00            |
| 2. SCHEDULE A2: NON-MONETAR               | RY (IN-KIND) POLITICAL CONTRIBUTIONS |              | \$                            |
| 3. SCHEDULE B: PLEDGED CONT               | RIBUTIONS                            |              | \$                            |
| 4. SCHEDULE E: LOANS                      |                                      |              | \$                            |
| 5. X SCHEDULE F1: POLITICAL EXP           | PENDITURES FROM POLITICAL CONTRIBU   | TIONS        | \$ 1,855.21                   |
| 6. SCHEDULE F2: UNPAID INCUR              | RED OBLIGATIONS                      |              | \$                            |
| 7. SCHEDULE F3: PURCHASE OF               | INVESTMENTS FROM POLITICAL CONTRI    | BUTIONS      | \$                            |
| 8. SCHEDULE F4: EXPENDITURE               | S MADE BY CREDIT CARD                |              | \$                            |
| 9. SCHEDULE G: POLITICAL EXP              | ENDITURES FROM PERSONAL FUNDS        |              | \$                            |
| 10. SCHEDULE H: PAYMENT FROM              | M POLITICAL CONTRIBUTIONS TO A BUSIN | NESS OF C/OH | \$                            |
| 11. SCHEDULE I: NON-POLITICAL E           | EXPENDITURES FROM POLITICAL CONTRI   | BUTIONS      | \$                            |
| 12. SCHEDULE K: INTEREST, CREE            | DITS, GAINS, REFUNDS, AND CONTRIBUTI | ONS RETURNED | \$                            |
|   |                                      |              |                               |
| ·   |                                      |              |                               |
|   |                                      |              |                               |
|   |                                      |              |                               |
| 1   |                                      |              |                               |
|   |                                      |              |                               |
|   |                                      |              |                               |
| Forms provided by Tayas Ethics Commission | a www.athice state ty ire            | ·            | Version V1 0 538              |

| MONETARY POLITICAL CONTRIBUTION   | ONS   | SCHEDULE A1                                      |  |  |  |
|---|---|--|--|--|--|
| The Instruction Guide explains how to complete this   | form.   | 1 Total pages Schedule A1:<br>Sch: 1/6 Rpt: 4/14 |  |  |  |
| 2 FILER NAME Osborne, Matthew   |   | 3 Filer ID                                       |  |  |  |
| 4 Date 11/17/2017 Adossi , Nancy 6 Contributor address; City; State; Zip Code 407 Greens Rd Houston , TX 77060  | 11/17/2017 Adossi , Nancy  6 Contributor address; City; State; Zip Code 407 Greens Rd  Houston , TX 77060 |  |  |  |  |
| Principal occupation / Job title (See Instructions)     Consultant  | Employer (See Instructions     Self-Employed  | s)   |  |  |  |
| Date Full name of contributor out-of-state PAC (ID#:)  12/22/2017 Bartis, Melanie  Contributor address; City; State; Zip Code  27306 E Benders Landing Blvd  Spring, TX 77386 |   | Amount of Contribution (\$) \$50,00              |  |  |  |
| Principal occupation / Job title (See Instructions) Program Manager   | Employer (See Instructions<br>City of Houston   |  |  |  |  |
| Date 12/14/2017 Carlucci, Carl  Contributor address; City; State; Zip Code 2001 Holcombe Blvd Apt 100   |   | Amount of Contribution (\$)<br>\$250.00          |  |  |  |
| Houston, TX 77030  Principal occupation / Job title (See Instructions)  Higher Education  | Employer (See Instructions University of Houston  | <u>l</u><br>s)                                   |  |  |  |
| Date 12/12/2017 Davis, Peyton  Contributor address; City; State; Zip Code 3003 Evergreen Glade Dr   |   | Amount of Contribution (\$) \$50.00              |  |  |  |
| Humble, TX 77339  Principal occupation / Job title (See Instructions) Independent Sales Rep.  | Employer (See Instructions<br>Self-Employed   | <u> </u><br>                                     |  |  |  |
| 12/05/2017 Deeds, Cody  | #:)   | Amount of Contribution (\$) \$100.00             |  |  |  |
| Principal occupation / Job title (See Instructions)   | Employer (See Instructions  |  |  |  |  |
| Logistics Manager   | Integrated Equipment In   | 10.  |  |  |  |

|   | MONE                            | ART POLITICAL CONTRIBUTIONS  | SCHEDUL  | ε <b>Α1</b> |
|---|---------------------------------|--|--|-------------|
|   |                                 |  |  |             |
|   | The Instru                      | ction Guide explains how to complete this form.  | 1 Total pages Schedule A1:<br>Sch: 2/6 Rpt: 5/14 |             |
| 2 | FILER NAME<br>Osborne, Ma       | utthew   | 3 Filer ID                                       |             |
| 4 | Date<br>11/01/2017              | 5 Full name of contributor out-of-state PAC (ID#:  Haller , Karen  6 Contributor address; City; State; Zip Code 3514 Arbor                                 | 7 Amount of Contribution (\$)                    | \$25.00     |
|   |                                 | Houston, TX 77004  | !  |             |
| 8 | Principal occu<br>Chief of Staf | pation / Job title (See Instructions)  9 Employer (See Instructions  City of Houston   | )<br>  |             |
|   | Date<br>10/09/2017              | Full name of contributor out-of-state PAC (ID#:) Hurrington, Cynthia  Contributor address; City; State; Zip Code 3131 Southwest Frwy #39 Houston, TX 77098 | Amount of Contribution (\$)                      | \$50.00     |
|   | Principal occu<br>Community I   | pation / Job title (See Instructions)  Relations  Employer (See Instructions  SCI  | )  |             |
|   | Date<br>12/16/2017              | Full name of contributor out-of-state PAC (ID#:)  Katrina, Pasternak  Contributor address; City; State; Zip Code  17014 S Bear Creek Dr                    | Amount of Contribution (\$)                      | \$100.00    |
|   |                                 | Houston, TX 77084  | •  |             |
|   | Principal occu                  | pation / Job title (See Instructions)  Employer (See Instructions)  n/a  | )  |             |
|   | Date<br>12/07/2017              | Full name of contributor out-of-state PAC (ID#:) Lewis, Olen  Contributor address; City; State; Zip Code 12507 Safeguard St                                | Amount of Contribution (\$)                      | \$60.00     |
|   | •                               | Houston, TX 77047 pation / Job title (See Instructions)  Employer (See Instructions)   | )  |             |
| L | Human Res                       | City of Houston  Full name of contributor Out-of-state PAC (ID# )  | Amount of Contribution (\$)                      |             |
| · | 12/05/2017                      | Mercado, Jaime  Contributor address; City; State; Zip Code  7104 Brendan   | Amount of Contribution (c)                       | \$250.00    |
|   |                                 | Houston, TX 77072  |  |             |
|   | Principal occu<br>Consultant    | pation / Job title (See Instructions)  Employer (See Instructions Self-Employed  | 5)   |             |
|   |                                 |  |  |             |

| MONET                    | ARY POLITICAL CONTRIBUTION   | ONS  |        | SCHEDUL  | E <b>A1</b>                           |
|--------------------------|--|--|--------|--|---------------------------------------|
| The Instruc              | ction Guide explains how to complete this f  | orm.   | 1      | Total pages Schedule A1:<br>Sch: 3/6 Rpt: 6/14 |                                       |
| 2 FILER NAME             |  |  | 3      | Filer ID                                       |                                       |
| Osborne, Ma              | tthew  |  |        |  |                                       |
| 4 Date<br>12/23/2017     | 5 Full name of contributor out-of-state PAC (ID#:_ Osborne, Dean                     | )  | 7      | Amount of Contribution (\$)                    | \$350.00                              |
|                          | 6 Contributor address; City; State; Zip Code<br>29 Hedgestone Ct                     |  |        |  |                                       |
|                          | Mobile, AL 36608   |  | L.     | <u> </u>                                       |                                       |
| 8 Principal occup Driver | pation / Job title (See Instructions)  | Employer (See Instructions     Self-Employed | )      |  |                                       |
| Date                     | Full name of contributor   |  |        | Amount of Contribution (\$)                    |                                       |
| 09/18/2017               | Osborne, Matthew   |  |        |  | \$25.00                               |
|                          | Contributor address; City; State; Zip Code   |  |        |  |                                       |
| - 1                      | 1418 Vermont St #6   |  |        |  |                                       |
|                          | Houston, TX 77006  |  |        |  |                                       |
| Principal occur          | pation / Job title (See Instructions)  | Employer (See Instructions                   | L;}    |  | 77                                    |
| Administratio            |  | City of Houston                              |        |  | 1                                     |
| Date                     | Full name of contributor Out-of-state PAC (ID#:_                                     |  | Π      | Amount of Contribution (\$)                    |                                       |
| 10/22/2017               | Osborne, Sandra  |  |        |  | \$700.00                              |
|                          | Contributor address; City; State; Zip Code<br>24323 Glen Loch Dr<br>Spring, TX 77380 |  |        |  |                                       |
| ĺ                        | pation / Job title (See Instructions)  | Employer (See Instructions                   | 5)     |  |                                       |
| Manager                  |  | Advantage Rent a Car                         | _      |  |                                       |
| Date                     | Full name of contributor out-of-state PAC (ID#:_                                     |  |        | Amount of Contribution (\$)                    | ****                                  |
| 12/05/2017               |  | ***************************************      |        |  | \$100.00                              |
|                          | Contributor address; City; State; Zip Code   | •  |        |  |                                       |
|                          | 24323 Glen Loch Dr   |  |        |  |                                       |
|                          | Spring, TX 77380   |  |        |  |                                       |
| Principal occu           | pation / Job title (See Instructions)  | Employer (See Instructions                   | 5)     |  |                                       |
| Manager                  |  | Advantage Rent a Car                         |        |  |                                       |
| Date                     | Full name of contributor out-of-state PAC (ID#:_                                     | )  |        | Amount of Contribution (\$)                    | · · · · · · · · · · · · · · · · · · · |
| 12/16/2017               | Ozuna, Adrian  | ***************************************      |        |  | \$50.00                               |
|                          | Contributor address; City; State; Zip Code   |  |        |  |                                       |
|                          | 7803 Barberton Dr  |  | l      |  |                                       |
|                          | Houston, TX 77036  |  |        |  |                                       |
| Principal occu           | pation / Job title (See Instructions)  | Employer (See Instruction                    | <br>S) |  |                                       |
| V.P                      |  | Prosperity Bank                              |        |  |                                       |
|                          |  |  |        |  |                                       |

| MONETARY POLITICAL CONTRIBUTIO  | NS   | SCHEDULE                                     | A1  |
|---|--|--|---|
| The Instruction Guide explains how to complete this fo  | rm l   | otal pages Schedule A1:<br>ch: 4/6 Rpt: 7/14 |   |
| 2 FILER NAME Osborne, Matthew   | 3 Fil  | ler ID                                       |   |
| 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ 12/05/2017 Pardo, Amos 6 Contributor address; City; State; Zip Code 13414 Babbitt Ct Houston, TX 77034                    |  | mount of Contribution (\$)                   | \$100.00                                      |
| Principal occupation / Job title (See Instructions)     Lawyer  | Employer (See Instructions)     The Selesky Law Firm     |  |   |
| Date Full name of contributor out-of-state PAC (ID#:  | ) Ar   | nount of Contribution (\$)                   | \$200.00                                      |
| Principal occupation / Job title (See Instructions) Retired   | Employer (See Instructions)<br>n/a                       |  | ****  |
| Date   Full name of contributor   out-of-state PAC (ID#: 12/16/2017   Portales, Shawn   Contributor address; City; State; Zip Code   8791 N Loop East Ste 300   Houston, TX 77029   | A  | mount of Contribution (\$)                   | \$500.00                                      |
| Principal occupation / Job title (See Instructions)   | Employer (See Instructions)                              |  |   |
| Administration  Date Full name of contributor out-of-state PAC (ID#:_ 10/20/2017 Rubinstein, Kathleen  Contributor address; City; State; Zip Code 1521 Welch St  Houston , TX 77006 |  | mount of Contribution (\$)                   | \$250.00                                      |
| Principal occupation / Job title (See Instructions) Policy Analyst  | Employer (See Instructions) BakerHostetler               |  |   |
| Date Full name of contributor  12/05/2017 Salam, Basmah  Contributor address; City; State; Zip Code 2614 Night Song Dr  Pearland, TX 77584  |  | mount of Contribution (\$)                   | \$50.00                                       |
| Principal occupation / Job title (See Instructions) Development   | Employer (See Instructions) The Harris Center for Mental | Health and IDD                               |   |
|   |  | ,  | <u>, , , , , , , , , , , , , , , , , , , </u> |

| MONETA          | ARY POLITICAL CONTRIBUTION                         | ONS                           | SCHEDULE   | A1          |
|-----------------|--|-------------------------------|--|-------------|
| The Instruc     | tion Guide explains how to complete this fo        | orm.                          | 1 Total pages Schedule A1:<br>Sch: 5/6 Rpt: 8/14 | <u></u>     |
| 2 FILER NAME    | Ab   |                               | 3 Filer ID                                       | <del></del> |
| Osborne, Mat    | <u></u>  |                               | <del></del>                                      |             |
| Date 10/09/2017 | 5 Full name of contributor out-of-state PAC (ID#:_ |                               | 7 Amount of Contribution (\$)                    | \$10.00     |
|                 | Scheid, Jeremy                                     |                               |  | \$10.00     |
| ľ               | 6 Contributor address; City; State; Zip Code       |                               |  |             |
| <i>"</i>        | 10801 Legacy Park Dr<br>#207                       |                               |  |             |
|                 | Houston, TX 77064                                  |                               |  |             |
| Principal occup |  | 9 Employer (See Instructions) | )  |             |
| Teacher         | (  | Cypress-Fairbanks ISD         | •  |             |
| Date            | Full name of contributor Out-of-state PAC (ID#:_   | \ \ \ \                       | Amount of Contribution (\$)                      |             |
| 10/03/2017      | Smith, Christina                                   |                               | Amount of Continuation (4)                       | \$25.00     |
| 10,00,201       | Contributor address; City; State; Zip Code         |                               |  | 420.00      |
|                 | 1418 Vermont St. #6                                |                               |  |             |
|                 | 1410 VERNOR SE #0                                  |                               |  |             |
|                 | Houston, TX 77006                                  |                               |  |             |
| Principal occup | eation / Job title (See Instructions)              | Employer (See Instructions)   | )  |             |
| Engineer        |  | Brown and Gay Enginee         | ring   |             |
| Date            | Full name of contributor Out-of-state PAC (ID#     | )                             | Amount of Contribution (\$)                      |             |
| 12/01/2017      | Smith, Christina                                   |                               | , ,  | \$500.00    |
| ŀ               | Contributor address; City; State; Zip Code         |                               |  |             |
|                 | 1418 Vermont St #6                                 |                               |  |             |
|                 | TX 77006   |                               |  |             |
| Principal occup | pation / Job title (See Instructions)              | Employer (See Instructions    | )  |             |
| Engineer        |  | Brown and Gay Enginee         | ring   |             |
| Date            | Full name of contributor out-of-state PAC (ID#:_   | )                             | Amount of Contribution (\$)                      |             |
| 11/04/2017      | Smith, Kathi                                       |                               |  | \$100.00    |
| ŀ               | Contributor address; City; State; Zip Code         |                               |  |             |
|                 | 3415 Clear Water Park Dr                           |                               |  |             |
|                 |  |                               |  |             |
|                 | Katy , TX 77450                                    |                               | *  |             |
|                 | pation / Job title (See Instructions)              | Employer (See Instructions    | )  |             |
| Retired         |  | n/a                           |  |             |
| Date            | Full name of contributor  ut-of-state PAC (ID#:_   | )                             | Amount of Contribution (\$)                      |             |
| 12/05/2017      | Smith, Kathi                                       |                               |  | \$100.00    |
|                 | Contributor address; City; State; Zip Code         |                               |  |             |
|                 | 3415 Clear Water Park Dr                           |                               |  |             |
|                 | Katy, TX 77450                                     | į                             |  |             |
| Principal occup | pation / Job title (See Instructions)              | Employer (See Instructions    | )  |             |
| Retired         | •  | n/a                           |  |             |
| <del></del>     |  | 1                             |  |             |
|                 |  |                               |  |             |
|                 |  |                               |  |             |

|   | MONET                            | ARY POLITICAL CONTRIBUTION   | SCHEDULE A1   |  |          |  |
|---|----------------------------------|--|---|--|----------|--|
|   | The Instru                       | ction Guide explains how to complete this f  | orm.  | 1 Total pages Schedule A1:<br>Sch: 6/6 Rpt: 9/14 |          |  |
| 2 | FILER NAME<br>Osborne, Ma        | atthew   |   | 3 Filer ID                                       |          |  |
| 4 | Date<br>12/25/2017               | <ul> <li>Full name of contributor</li></ul>  | 7 Amount of Contribution (\$)                       | \$50.00  |          |  |
| 8 | Principal occu<br>Small Busine   | pation / Job title (See Instructions)<br>ess Owner   | 9 Employer (See Instructions<br>Self-Employed       |  |          |  |
|   | Date<br>10/19/2017               | Full name of contributor out-of-state PAC (ID#:_ Soto, Jessie Contributor address; City; State; Zip Code 725 W 8th St                                    |   | Amount of Contribution (\$)                      | \$100.00 |  |
|   |                                  | Houston, TX 77007  |   | ,  |          |  |
|   | Principal occu<br>Business De    | pation / Job title (See Instructions) velopment  | Employer (See Instructions Texas American Title     | s)   |          |  |
|   | Date<br>12/05/2017               | Full name of contributor out-of-state PAC (ID#:_Stephens, Bill  Contributor address; City; State; Zip Code 3903-B Floyd St  Houston , TX 77007           |   | Amount of Contribution (\$)                      | \$50.00  |  |
|   | Principal occu<br>Administration | pation / Job title (See Instructions)<br>on  | Employer (See Instructions<br>City of Houston       | 5)   |          |  |
|   | Date<br>10/20/2017               | Full name of contributor out-of-state PAC (ID#:_ Thurmond, James Contributor address; City; State; Zip Code 2814 W Pebble Beach Missouri City , TX 77459 |   | Amount of Contribution (\$)                      | \$100.00 |  |
|   | Principal occu                   | pation / Job title (See Instructions)  | Employer (See Instructions<br>University of Houston | <u> </u><br>                                     |          |  |
|   |                                  | -  |   |  |          |  |

SCHEDULE F1

| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment  1 Total pages Schedule F1:   2 |   | EXPENDITURE CA<br>Event Expense<br>Fees                                 | Loan Rep                    | ayme             | nt/Reimbursement |       | Solicitation/Fundraising Expense   |
|---|---|---|-----------------------------|------------------|------------------|-------|--|
|   | Committee                                 | Food/Beverage Expense<br>Gift/Awards/Memorials Expens<br>Legal Services | Polling Ex<br>se Printing E | pense<br>xpens   | d/Rental Expense |       | Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 Total pages Schedule F1: 2  |   | The Instruction Guide ex  | cplains how to co           | mple             | ete this form.   |       |  |
|   | FILER NAME                                |   |                             |                  |                  | 3     | Filer ID   |
| Sch: 1/5 Rpt: 10/14   | Osborne, M                                | latthew   |                             |                  |                  |       |  |
| 4 Date 12/18/2017   | Payee name<br>ActBlue                     |   | ·· · · •                    |                  |                  |       |  |
| 6 Amount (\$) 7<br>\$100.00   | PO Box 44                                 | 1146  | State; Zip Co               | ode              |                  | _     |  |
| 8 PURPOSE ( OF EXPENDITURE  | Somerville,  (a) Category (s  Advertising | ee Categories listed at the top o                                       | f this schedule)            | (b)              | Check if Austin  | , TX, | ide of Texas. Complete Schedule T.<br>, officeholder living expense<br>orship/ticket for Meyerland Democrats                   |
| Complete ONLY if direct<br>expenditure to benefit C/OH  |   | iceholder name  | Office sou                  | ight             |                  |       | Office held  |
| Date<br>10/12/2017  | Payee name<br>Democracy                   |   | <b>*</b>                    |                  |                  |       |  |
| Amount (\$)<br>\$1.13   | Payee addre                               | ss; City;   | State, Zip Co               | ode              |                  |       |  |
| PURPOSE ( OF EXPENDITURE  | (a) Category (s                           | ee Categories listed at the top o                                       | of this schedule)           | (b)              |                  | , TX, | de of Texas. Complete Schedule T. , officeholder living expense CESSOT   |
| Complete ONLY if direct expenditure to benefit C/OH   |   | iceholder name  | Office sou                  | ight             |                  |       | Office held  |
| Date<br>10/19/2017  | Payee name                                |   |                             | ٠                |                  |       |  |
| Amount (\$) \$2.64  | Payee addre<br>2125 14th                  | ss; City;<br>St NW  | State; Zip Co               | ode              |                  |       |  |
| DUDDOCE   | <del></del>                               | n D.C, DC 20009   |                             | 1/62             | Desc-t-st        |       |  |
| PURPOSE OF EXPENDITURE  | (a) Category (s<br>Fees                   | ice Categories listed at the top o                                      | of this schedule)           | (D)              | <u> </u>         | , TX, | ide of Texas. Complete Schedule T.<br>, officeholder living expense<br>CESSOF  |
| Complete ONLY if direct expenditure to benefit C/OH   |   | iceholder name  | Office so                   | <u>I</u><br>ught |                  |       | Office held  |

### SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District

| A  | Contributions/ Donations Made By<br>Candidate/Officeholder/Political<br>Credit Card Payment |          | nmittee       | Gift/Awards/Me<br>Legal Services The Instruct | morlals Exper   | nse f           |          | pense<br>ages/( | Contract Labor  | Trave         | Out of District R (enter a category no | t listed above) |
|----|---|----------|---------------|---|-----------------|-----------------|----------|-----------------|-----------------|---------------|--|-----------------|
|    |   |          |               |   | ion Guide e     | axbiains iio    | M (O COI | lihiei          |                 |               |  |                 |
| T. | Total pages Schedule F1:  | 2        | FILER NAME    | •   |                 |                 |          |                 |                 | 3 Filer       | ID                                     |                 |
|    | Sch: 2/5 Rpt: 11/14   |          | Osborne, M    |   |                 |                 |          |                 |                 |               |  |                 |
| 4  |   | 5        | Payee name    |   |                 |                 |          |                 |                 |               |  |                 |
|    | 10/26/2017  |          | Democracy     | Engine  |                 |                 |          |                 |                 |               |  |                 |
| 6  | Amount (\$)   | 7        | Payee addre   | ss; City;                                     |                 | State;          | Zip Co   | de              |                 |               |  |                 |
|    | \$17.47   |          | 2125 14th 9   | St NW   |                 |                 |          |                 |                 |               |  |                 |
|    |   |          |               |   |                 |                 |          |                 |                 |               |  |                 |
|    | ***************************************   |          | Washingtor    | ים כי   | 2000            |                 |          |                 |                 |               |  |                 |
| _  | 4   |          |               |   |                 |                 |          | 4               |                 |               |  |                 |
| 8  | PURPOSE *   | (a)      | Category (s   | ee Categories lis                             | sted at the top | of this sched   | ule)     | (b)             | Description     |               |  |                 |
|    | EXPENDITURE   |          | Fees          |   |                 |                 |          | ļ               | _               |               | exas, Complete Schedi                  | ule T.          |
|    |   |          |               |   |                 |                 |          | ļ               | Credit Card F   |               | older living expense                   |                 |
|    |   |          |               |   |                 |                 |          | '               | Credit Card P   | 1066220       | וע                                     |                 |
|    |   |          |               |   | **/             |                 |          |                 |                 |               |  |                 |
| 9  | Complete ONLY if direct   |          | Candidate/Off | i <b>cehol</b> der na                         | me              | Off             | ice sou  | ght             |                 | ,             | Office held                            |                 |
|    | expenditure to benefit C/OF   | 7        |               | `\  |                 |                 |          |                 |                 |               |  |                 |
|    | Date  |          | Payee name    |   |                 |                 |          |                 |                 | -             |  |                 |
|    | 11/24/2017  |          | Democracy     | - %   |                 |                 |          |                 |                 |               |  |                 |
| _  |   | _        |               |   |                 |                 | 700      | .1.             |                 |               |  |                 |
|    | Amount (\$)   |          | Payee addre   |   |                 | State;          | ZIP CO   | σe              |                 |               |  |                 |
|    | \$0.57  |          | 2125 14th     | St NW   |                 |                 |          |                 | <b>&gt;</b>     |               |  |                 |
|    |   |          |               |   |                 | - Y _ /         |          |                 |                 |               |  |                 |
|    |   |          | Washington    | D.C, DC                                       | 20009           | ******          |          | 7               |                 |               |  |                 |
|    | PURPOSE   | (a)      | Category (S   | na Catanarias li                              | ated at the ten | of this sahad   |          | (b).//          | Description     |               | •                                      |                 |
|    | OF  | `~'      | Fees          | ee Categories in                              | ,<br>,          | I DI INIS SCHEO | ule) 🐃   |                 | ****            | outside of T  | exas. Complete Sched                   | ule T.          |
|    | EXPENDITURE   |          | 1 000         |   |                 |                 | Ī        |                 | Check if Austin | , TX, officet | older living expense                   |                 |
|    |   |          |               |   |                 |                 |          |                 | Credit Card F   | rocess        | or                                     |                 |
|    |   | l        |               |   |                 |                 |          |                 |                 |               |  |                 |
|    | Complete ONLY if direct   | <u> </u> | Candidate/Off | iceholder na                                  | me              | Off             | ice sou  | aht             |                 |               | Office held                            |                 |
|    | expenditure to benefit C/OI   |          |               |   |                 |                 |          | <b>.</b>        |                 |               |  |                 |
|    |   |          | <del></del>   | <u></u>                                       |                 |                 |          | ·               |                 |               |  |                 |
|    | Date  |          | Payee name    |   |                 |                 |          |                 |                 |               |  |                 |
|    | 12/14/2017  |          | Democracy     | Engine  |                 |                 |          |                 |                 | ****          |  |                 |
|    | Amount (\$)   | Г        | Payee addre   | ss; City                                      | :               | State;          | Zip Co   | de              |                 |               |  |                 |
|    | \$2.07  |          | 2125 14th     | St NW   |                 |                 |          |                 |                 |               |  |                 |
|    |   |          |               |   |                 |                 |          |                 |                 |               |  |                 |
|    |   |          | Washingto     | . D.C. D.C.                                   | 20000           |                 |          |                 |                 |               | ***                                    |                 |
| L  |   |          | wasningto     | וט.ט, טט                                      | 20009           |                 |          | -               |                 |               |  |                 |
|    | PURPOSE   | (a       | Category (s   | iee Categories li                             | sted at the top | of this sched   | lule)    | (b)             | Description     |               |  |                 |
|    | OF<br>EXPENDITURE   |          | Fees          |   |                 |                 | 1        |                 |                 |               | exas, Complete Sched                   | ule T.          |
|    |   |          |               |   |                 |                 |          |                 | _               |               | nolder living expense                  |                 |
|    |   | 1        |               |   |                 |                 |          |                 | Credit Card F   | -rocess       | וט                                     |                 |
| L  |   |          |               |   |                 |                 |          |                 |                 |               |  |                 |
| l  | Complete ONLY if direct   |          | Candidate/Of  | iceholder na                                  | me              | Of              | fice sou | ght             |                 |               | Office held                            |                 |
|    | expenditure to benefit C/OI   | Н        |               |   |                 |                 |          |                 |                 |               |  |                 |
| Т  |   |          |               |   |                 |                 |          |                 |                 |               |  |                 |
|    |   |          | ,             |   |                 |                 |          |                 |                 |               |  |                 |
| ĺ  |   |          |               |   |                 |                 |          |                 |                 |               |  |                 |

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel in District Travel Out of District Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 3/5 Rpt: 12/14 Osborne, Matthew Date Payee name 12/21/2017 **Democracy Engine** Payee address; City; State; Zip Code Amount (\$) \$28.04 2125 14th St NW Washington D.C, DC 20009 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, Complete Schedule T. Fees EXPENDITURE Check if Austin, TX, officeholder living expense Credit Card Processor Candidate/Officeholder name Office held 9 Complete ONLY if direct Office sought expenditure to benefit C/OH Date Payee name 12/28/2017 **Democracy Engine** Zip Code Amount (\$) Payee address; State; \$15.39 2125 14th St NW Washington D.C, DC 20009 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, Comple Fees EXPENDITURE Check if Austin, TX, officeholder living expense Credit Card Processor Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/13/2017 Harris County Democratic Party Amount (\$) Payee address; City; State; Zip Code \$1,250.00 1445 N Loop W Ste 110 Houston, TX 77008 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Filing Fee Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

#### SCHEDULE F1

|   |   |   | EXPENDITURE   | CATEGOR           |   |                            |               |  |
|---|---|---|---|-------------------|---|----------------------------|---------------|--|
|   | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment | -<br>Committee                            | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services | xpense            | Office Overh<br>Polling Expe<br>Printing Expe<br>Salaries/Wag | ense<br>ges/Contract Labor |               | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District OTHER (enter a category not listed above) |
|   | Total access Cabadala Ed.   | 0 F0 FD MAN                               | The Instruction Gui   | ue expiains i     | now to com  | piete this form.           | I.            | E% ID  |
| 1 | Total pages Schedule F1:  |   |   |                   |   |                            | 3             | Filer ID   |
|   | Sch: 4/5 Rpt: 13/14   | Osborne, f                                | vattnew   |                   |   |                            |               |  |
| 4 | Date  | 5 Payee name                              |   |                   |   |                            |               |  |
|   | 10/30/2017  | NationBuil                                | der   |                   |   |                            |               |  |
| 6 | Amount (\$)<br>\$29.00  | 7 Payee addre<br>520 S Gran<br>Los Angele | •   | State;            | Zip Code  | 9                          |               | •  |
| 8 | PURPOSE   | (a) Category (                            | See Categories listed at the  | ton of this sch   | (atuba  | Description                |               |  |
|   | OF CANDITUDE  | Advertising                               |   | riop of this schi | edule)  | _                          | outsid        | de of Texas. Complete Schedule T.  |
|   | EXPENDITURE   | _//                                       | , ·   |                   |   |                            |               | officeholder living expense  |
|   | VS.   |   |   |                   |   | Website Hos                | sting         |  |
|   |   |   |   |                   |   |                            |               |  |
| 9 | Complete ONLY if direct expenditure to benefit C/OF   |   | ficeholder name   | )<br>)            | Office sough  | nt                         |               | Office held  |
|   | Date  | Payee name                                | <del></del>   |                   |   |                            |               |  |
|   | 11/30/2017  | NationBuil                                | der   |                   |   |                            |               |  |
|   | Amount (\$)   | Payee addr                                | ess; City;  | State;            | Zip Code  | 9                          |               |  |
|   | \$29.00   | 520 S Gra                                 | nd Ave  |                   |   |                            |               |  |
|   |   | Los Angele                                | es, CA 90071  | ***               |   |                            |               |  |
|   | PURPOSE   | (a) Category (                            | See Categories listed at the  | top of this sch   | edule) (I   | Description                |               |  |
|   | OF<br>EXPENDITURE   | Advertising                               | j Expense   |                   |   | . <del>L</del>             |               | de of Texas. Complete Schedule T.  |
|   |   |   |   |                   |   | website host               |               | officeholder living expense  |
|   |   |   |   |                   |   |                            | ing.          |  |
|   | Complete ONLY if direct expenditure to benefit C/OF   |   | ficeholder name   | C                 | Office sough  | nt N                       |               | Office held  |
|   | Date  | Payee name                                | ė   |                   |   |                            |               |  |
|   | 11/08/2017  | OfficeMax                                 |   |                   |   | <b>Å</b> , 4L.             |               | ECORDER'S MEMORANDUM:  |
|   | Amount (\$)   | Payee addr                                | ess; City;  | State;            | ; Zip Cod   | e found t                  | t <b>o</b> be | e of recordation, this instrument was<br>inadequate for the best photographic  |
|   | \$35.17   | 1576 W G                                  | ray St  |                   |   | reproc                     | Jucti         | on because of illegibility, carbon or<br>y, discolored paper, etc. All blockouts,  |
|   |   |   | <b></b>   |                   |   | additio                    | ons a         | y, discolored paper, etc. An olockouts,<br>and changes were present at the time<br>tent was filed and recorded.                          |
|   |   | Houston                                   | LX 77006  |                   |   |                            |               |  |

Forms provided by Texas Ethics Commission

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

**Event Expense** 

Houston, TX 77006

Candidate/Officeholder name

(a) Category (See Categories listed at the top of this schedule)

www.ethics.state.tx.us

Office sought

(b) Description

Name tags for kick off

Check if travel outside of Texas. Complete Schedule T.
Check if Austin, TX, officeholder living expense

Office held

Version V1.0.5389

## SCHEDULE F1

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)  |  |  |
|---|--|--|--|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica |  |  |
|   | Credit Card Payment  | The Instruction Guide explains how to complete this form   |  |
| 1 | Total pages Schedule F1:<br>Sch: 5/5 Rpt: 14/14  | 2 FILER NAME Osborne, Matthew 3 Filer ID   |  |
| 4 | Date   | 5 Payee name   |  |
|   | 12/08/2017   | Theo's Restaurant  |  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code   |  |
|   | \$334.73   | 812 Westheimer Rd  |  |
|   |  | Houston, TX 77006  |  |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this school (b) Description  |  |
|   | OF<br>EXPENDITURE  | Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |  |
|   |  | Campaign Kick Off food   |  |
| 9 | Complete <u>QNLY</u> if direct expenditure to benefit C/O  | Candidate/Officeholder name Office sought Office held  |  |
| Г | Date   | Payee name   |  |
|   | 11/30/2017   | Wells Fargo Bank   |  |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |  |
|   | \$10.00  | 1500 Waugh Dr  |  |
|   |  | Houston , TX 77006   |  |
| _ | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description                                       |  |
|   | OF<br>EXPENDITURE  | Accounting/Banking Check it travel outside of Texas. Complete Schedule T.  |  |
|   | EXPENDITORE  | Check if Austin, TX, officeholder living expense  Account Fee  |  |
|   |  | Account Fee  |  |
| L | Garage Grant W. W. all.  | Candidate/Officeholder name Office sought Office held  |  |
|   | Complete ONLY if direct expenditure to benefit C/O   |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
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| ₩ | Vorsion V1 0 529   |  |  |