



Official Public Records of
Harris County
Stan Stanart
County Clerk

Campaign Finance Report

FileNo:	201875
Received By Clerk:	1/16/2018
File Date:	January 11, 2018
Office:	County Clerk
Candidate:	Trautman, Diane
Treasurer:	Cothrun, Sherri
Category:	Contributions And Expenditures
Delivered By:	Certified Mail
Type:	COR



Stan Stanart
COUNTY CLERK
HARRIS COUNTY, TEXAS

Harris County No Fee

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

201875

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 27
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
DIANE TRAUTMAN		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
<input type="checkbox"/> Change of Address	P.O. Box 6067 KINGWOOD, TX 77325		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		(713) 417-4235	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
SHERRI COTHRUN			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	917 FRANKLIN, STE. 220 HOUSTON, TX 77002		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		(713) 228-2858	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 7 / 1 / 2017 THROUGH 12 / 31 / 2017		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
	3 / 6 / 2018		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	COUNTY SCHOOL TRUSTEE, AT LARGE, POS. 3		HARRIS COUNTY CLERK
GO TO PAGE 2			

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

201875

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SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

DIANE TRAUTMAN

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,230. ⁰⁰
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 135. ⁰⁰
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ -0-
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 8,208. ⁹²
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -0-
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2,597. ²⁸
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

201875

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>14</u>
2 FILER NAME <u>DIANE TRAUTMAN</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>7/4/17</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>PHILLIP MC NUTT</u> 6 Contributor address; City; State; Zip Code <u>20634 FIELDTREE</u> <u>HUMBLE, TX 77338</u>	7 Amount of contribution (\$) <u>\$150.00</u>
8 Principal occupation / Job title (See Instructions) <u>RETIRED</u>		9 Employer (See Instructions)
Date <u>7/21/17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>JAMES A. REEDER, JR.</u> Contributor address; City; State; Zip Code <u>1001 FANNIN</u> <u>HOUSTON, TX 77002</u>	Amount of contribution (\$) <u>\$250.00</u>
Principal occupation / Job title (See Instructions) <u>ATTORNEY</u>		Employer (See Instructions)
Date <u>7/21/17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>MARY SCHULTZ</u> Contributor address; City; State; Zip Code <u>1111 PEDDIE ST.</u> <u>HOUSTON, TX 77009</u>	Amount of contribution (\$) <u>\$25.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>7/21/17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>PAT GALLINI</u> Contributor address; City; State; Zip Code <u>8300 FM 1960E, APT. 9154</u> <u>HOUSTON, TX 77346</u>	Amount of contribution (\$) <u>\$5.00</u>
Principal occupation / Job title (See Instructions) <u>RETIRED</u>		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME DIANE TRAUTMAN		3 Filer ID (Ethics Commission Filers)
4 Date 7/21/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PATRICIA VOELZ	7 Amount of contribution (\$) \$35.00
6 Contributor address; City; State; Zip Code 3055 BENTWATER MONTGOMERY, TX 77356		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 7/23/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GREGORY SHAW	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 6701 SYLVAN DR. HOUSTON, TX 77023		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/29/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SUSAN WOODYARD	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 15903 ELLENDALE CT. CYPRESS, TX 77429		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/31/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARION CONES	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 1326 MOORHEAD DR. HOUSTON, TX 77055		
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) COURTHOUSE DIRECT
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME DIANE TRAUTMAN		3 Filer ID (Ethics Commission Filers)
4 Date 8/12/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN COTTER	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code 4223 TERRACE PINES DR. KINGWOOD, TX 77345		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/12/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NORMAN DOLCH	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 18122 NORWOOD OAKS DR. SPRING, TX 77379		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/14/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAGGIE WICKWIRE	Amount of contribution (\$) \$20.00
Contributor address; City; State; Zip Code 5315 MANOR GLEN DR. KINGWOOD, TX 77345		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/14/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARY KATHRYN BONHAM	Amount of contribution (\$) \$40.00
Contributor address; City; State; Zip Code 855 AUGUSTA 57D HOUSTON, TX 77057		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME DIANE TRAUTMAN		3 Filer ID (Ethics Commission Filers)
4 Date 10/14/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARIAN CONES	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 1326 MOORHEAD DR. HOUSTON, TX 77055		
8 Principal occupation / Job title (See Instructions) OWNER		9 Employer (See Instructions) COURTHOUSE DIRECT
Date 10/18/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARY MORRISON	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 5823 DOLIVER HOUSTON, TX 77057		
Principal occupation / Job title (See Instructions) SR. BENEFITS ANALYST		Employer (See Instructions) ABS
Date 10/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LINDA ABDMOULAIE	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 18930 VANTAGE VIEW LANE HUMBLE, TX 77396		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) RETIRED
Date 10/23/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PATRICIA VOELZ	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 3055 BENTWATER DR. MONTGOMERY, TX 77356		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) RETIRED
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 14

2 FILER NAME

DIANE TRAUTMAN

3 Filer ID (Ethics Commission Filers)

4 Date

10/28/17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

COLE THOMSON

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

514 W. 18th St.
HOUSTON, TX 77008

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/28/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

ROBERT MAHAN

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

16215 DIAMOND ROCK
CYPRESS, TX. 77429

Principal occupation / Job title (See Instructions)

REALTOR

Employer (See Instructions)

Date

10/28/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

KARA HAGEN

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

1302 W. DONOVAN ST.
HOUSTON, TX 77091

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

DON HILL

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

3102 LAYNE CT.
LA PORTE, TX 77571

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 14

2 FILER NAME

DIANE TRAUTMAN

3 Filer ID (Ethics Commission Filers)

4 Date

10/30/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

LARRY ANDERSON

7 Amount of contribution (\$)

\$45.00

6 Contributor address; City; State; Zip Code

3922 LAW ST., APT. 1
HOUSTON, TX 77001

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/31/17

Full name of contributor

☐ out-of-state PAC (ID#:

CHRISTINA MICHAELIS

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

1525 NASHUA ST.
HOUSTON, TX 77008

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/31/17

Full name of contributor

☐ out-of-state PAC (ID#:

NORMAN DOLCH

Amount of contribution (\$)

\$25.00

Contributor address; City; State; Zip Code

18122 NORWOOD OAKS DR.
SPRING, TX 77379

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/1/17

Full name of contributor

☐ out-of-state PAC (ID#:

NANCY JOHNSON

Amount of contribution (\$)

\$25.00

Contributor address; City; State; Zip Code

Houston, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 14

2 FILER NAME

DIANE TRAUTMAN

3 Filer ID (Ethics Commission Filers)

4 Date

11/2/17

5 Full name of contributor

☐ out-of-state PAC (ID#)

George Brookover

7 Amount of contribution (\$)

\$150.00

6 Contributor address:

City:

State:

Zip Code

1926 CRYSTAL SPRINGS DR.
KINGWOOD, TX 77339

8 Principal occupation / Job title (See Instructions)

MINISTER

9 Employer (See Instructions)

SELF-EMPLOYED

Date

11/9/17

Full name of contributor

☐ out-of-state PAC (ID#)

KEN HOLDER

Amount of contribution (\$)

\$100.00

Contributor address:

City:

State:

Zip Code

7405 Stonebridge Creek
HUMBLE, TX 77396

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/10/17

Full name of contributor

☐ out-of-state PAC (ID#)

BARBARA CLARK

Amount of contribution (\$)

\$50.00

Contributor address:

City:

State:

Zip Code

1924 BOLSOVER ST.
HOUSTON, TX 77005

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

RETIRED

Date

11/12/17

Full name of contributor

☐ out-of-state PAC (ID#)

SUZY ALLISON

Amount of contribution (\$)

\$300.00

Contributor address:

City:

State:

Zip Code

1703 NEPTUNE LN.
HOUSTON, TX 77062

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

RETIRED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>14</u>
2 FILER NAME <u>DIANE TRAUTMAN</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>11/17/17</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>ALICE LIVELY</u>	7 Amount of contribution (\$) <u>\$50.00</u>
6 Contributor address; City; State; Zip Code <u>5111 BLUE CREEK Dr.</u> <u>KINGWOOD, TX 77345</u>		
8 Principal occupation / Job title (See Instructions) <u>N/A</u>		9 Employer (See Instructions) <u>RETIRED</u>
Date <u>11/18/17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>MARY MORRISON</u>	Amount of contribution (\$) <u>\$100.00</u>
Contributor address; City; State; Zip Code <u>5823 DOLIVER</u> <u>HOUSTON, TX 77057</u>		
Principal occupation / Job title (See Instructions) <u>SR. BENEFITS ANALYST</u>		Employer (See Instructions) <u>ABS</u>
Date <u>11/18/17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>ISABEL AZIOS</u>	Amount of contribution (\$) <u>\$100.00</u>
Contributor address; City; State; Zip Code <u>6227 WYNNWOOD LANE</u> <u>HOUSTON, TX 77008</u>		
Principal occupation / Job title (See Instructions) <u>N/A</u>		Employer (See Instructions) <u>RETIRED</u>
Date <u>11/18/17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>PAM SPIVEY</u>	Amount of contribution (\$) <u>\$50.00</u>
Contributor address; City; State; Zip Code <u>3607 Sweetgum Hill Ln,</u> <u>KINGWOOD, TX 77345</u>		
Principal occupation / Job title (See Instructions) <u>N/A</u>		Employer (See Instructions) <u>RETIRED</u>
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 14

2 FILER NAME

DIANE TRAUTMAN

3 Filer ID (Ethics Commission Filers)

4 Date

11/20/17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

SHERRIE MATULA

7 Amount of contribution (\$)

\$250.00

6 Contributor address; City; State; Zip Code

15918 CAVENDISH DR.
HOUSTON, TX 77059

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/21/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

MARIAN CONES

Amount of contribution (\$)

\$300.00

Contributor address; City; State; Zip Code

1326 MOORHEAD DR.
HOUSTON, TX 77055

Principal occupation / Job title (See Instructions)

OWNER -

Employer (See Instructions)

COURTHOUSE DIRECT

Date

12/8/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

CAROLYN RIGGS

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

14302 TIMBER BRIGHT CT.
HOUSTON, TX 77044

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

12/10/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

JOHN COTTER

Amount of contribution (\$)

\$75.00

Contributor address; City; State; Zip Code

4223 TERRACE PINES
KINGWOOD, TX 77345

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME DIANE TRAUTMAN		3 Filer ID (Ethics Commission Filers)
4 Date 12/14/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) INGRID BOND	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code 2504 DEL MONTE HOUSTON, TX 77019		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MELANIE GRAY	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 3718 INVERNESS DR. HOUSTON, TX 77019		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) WINSTON + STRAWN
Date 12/20/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARY MORRISON	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 5823 DOLIVER HOUSTON, TX 77057		
Principal occupation / Job title (See Instructions) SR. BENEFITS ANALYST		Employer (See Instructions) ABS
Date 12/28/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LYNN DUNCAN	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 303 W. 13th St. HOUSTON, TX 77008		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME DIANE TRAUTMAN		3 Filer ID (Ethics Commission Filers)
4 Date 12/28/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SANDRA LOWERY	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 6627 SEWANEE AVE. HOUSTON, TX 77005		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/28/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DEANIE B. ALLEN	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2906 MAPLE BEND DR. KINGWOOD, TX 77345		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/28/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LINDA ABDIMOLAIE	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 18930 VANTAGE VIEW LN. HUMBLE, TX 77346		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 12/28/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JILL ROWLANDS	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code P.O. Box 310635 HOUSTON, TX 77231		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 14	
2 FILER NAME DIANE TRAUTMAN				3 Filer ID (Ethics Commission Filers)	
4 Date 12/28/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HOWARD WILLIAMS			7 Amount of contribution (\$) \$10.00	
6 Contributor address; City; State; Zip Code 6519 PLEASANT STREAM DR. KATY, TX 77449					
8 Principal occupation / Job title (See Instructions)				9 Employer (See Instructions)	
Date 12/28/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ANN ALEXANDER			Amount of contribution (\$) \$50.00	
Contributor address; City; State; Zip Code 3114 FAIRHOPE ST. HOUSTON, TX 77025					
Principal occupation / Job title (See Instructions)				Employer (See Instructions)	
Date 12/29/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KEITH THOMPSON			Amount of contribution (\$) \$50.00	
Contributor address; City; State; Zip Code HOUSTON, TX					
Principal occupation / Job title (See Instructions)				Employer (See Instructions)	
Date 12/29/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GAYLE SAMPLEY			Amount of contribution (\$) \$250.00	
Contributor address; City; State; Zip Code 5739 TIMBERSTRAIL HUMBLE, TX 77346					
Principal occupation / Job title (See Instructions) RETIRED				Employer (See Instructions)	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p style="text-align: center;">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME DIANE TRAUTMAN		3 Filer ID (Ethics Commission Filers)
4 Date 12/30/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CARLY MILNER	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 532 W. 23RD ST. HOUSTON, TX 77008		
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions)
Date 12/30/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BILL HUNN	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 18703 CLEEVE CLOSE HUMBLE, TX 77346		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CHRISTINE ANDERSON	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 1341 OMAR ST. HOUSTON, TX 77008		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ERIK THORSON	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 5211 HARVEST SPRING DR. KINGWOOD, TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>14</u>
2 FILER NAME <u>DIANE TRAUTMAN</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>12/31/17</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>IBEW PAC VOLUNTARY FUND</u> Contributor address; City; State; Zip Code <u>900 SEVENTH ST. NW</u> <u>WASHINGTON D.C.</u>	7 Amount of contribution (\$) <u>\$1,000.⁰⁰</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>12/31/17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>KATRIN McMANIS</u> Contributor address; City; State; Zip Code <u>5802 BERKSHIRE HILLS</u> <u>KINGWOOD, TX</u>	Amount of contribution (\$) <u>\$25.⁰⁰</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A2

1 Total pages Schedule A2: /

3 Filer ID (Ethics Commission Filers)

\$

☐ Check if travel outside of Texas. Complete Schedule T.

ATTORNEY

☐ Check if travel outside of Texas. Complete Schedule T.

Buyer

TOOTSIE S

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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

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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4		2 FILER NAME DIANE TRAUTMAN		3 Filer ID (Ethics Commission Filers)	
4 Date 7-15-17		5 Payee name GREEN GO 2020			
6 Amount (\$) \$300.⁰⁰		7 Payee address: City; State; Zip Code 117 1/2 DRESDEN ST. HOUSTON, TX 77000			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) ADVERTISING SIGN PLACEMENT		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9-14-17		Payee name ALLAN JAMAIL			
Amount (\$) \$139.10		Payee address: City; State; Zip Code 10710 FLAXMAN ST. HOUSTON, TX 77029			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ADVERTISING T-SHIRTS		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10-23-17		Payee name RPC PRINTING + DESIGN			
Amount (\$) \$360.⁰⁰		Payee address: City; State; Zip Code 4300 NOBLE ST HOUSTON, TX 77020			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) PRINTING EXPENSE PUSH CARDS		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4		2 FILER NAME DIANE TRAUTMAN		3 Filer ID (Ethics Commission Filers)	
4 Date 10-24-17		5 Payee name ACRES OF ANGELS			
6 Amount (\$) \$200.00		7 Payee address; City; State; Zip Code 6205 MAX ROY ST. HOUSTON, TX 77091			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) DONATION SENIOR GALA		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11-7-17		Payee name SPRINT 2 PRINT			
Amount (\$) \$3,761.69		Payee address; City; State; Zip Code 8748 CLAY RD. HOUSTON, TX 77080			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ADVERTISING + PRINTING		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11-9-17		Payee name RPC PRINTING + DESIGN			
Amount (\$) \$150.00		Payee address; City; State; Zip Code 4300 NOBLE ST. HOUSTON, TX 77020			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, 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 NEEDED

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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/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)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **4** 2 FILER NAME: **DIANE TRAUTMAN** 3 Filer ID (Ethics Commission Filers)

4 Date: **9-14-17** 5 Payee name: **GLBT CAUCUS**

6 Amount (\$): **\$250.00** 7 Payee address: City; State; Zip Code
**P.O. Box 66664
HOUSTON, TX 77266**

8 PURPOSE OF EXPENDITURE: (a) Category (See Categories listed at the top of this schedule): **DONATION/EVENT** (b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date: **11-11-17** Payee name: **HARRIS COUNTY DEMOCRATIC PRIMARY**

Amount (\$): **\$1,250.00** Payee address: City; State; Zip Code
**1445 N. LOOP WEST
HOUSTON, TX 77008**

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): **FILING FEE** Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date: **11/28/17** Payee name: **DIANE TRAUTMAN**

Amount (\$): **\$549.68** Payee address: City; State; Zip Code
**P.O. Box 6067
KINGWOOD, TX 77325**

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): **REIMBURSEMENT FOR CAMPAIGN EXPENSES** Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4		2 FILER NAME DIANE TRAUTMAN		3 Filer ID (Ethics Commission Filers)	
4 Date 12/31/17		5 Payee name PAYPAL			
6 Amount (\$) \$159.47		7 Payee address; City; State; Zip Code 2211 N. 1st ST. SAN JOSE, CA 95131			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) BANK FEES 7/1/17 - 12/31/17		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/8/17		Payee name GREEN GO 2020			
Amount (\$) \$800.00		Payee address; City; State; Zip Code 117 1/2 DRESDEN ST. HOUSTON, TX 77000			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ADVERTISING- SIGN PLACEMENT		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/31/17		Payee name DIANE TRAUTMAN			
Amount (\$) \$288.98		Payee address; City; State; Zip Code P.O. Box 6067 KINGWOOD, TX 77325			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) REIMBURSEMENT FOR CAMPAIGN EXPENSES & DONATIONS		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4		2 FILER NAME DIANE TRAUTMAN		3 Filer ID (Ethics Commission Filers)	
4 Date 8-18-17		5 Payee name HARRIS COUNTY DEMOCRATIC PARTY			
6 Amount (\$) \$120.00 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1445 N. LOOP WEST, STE 110 HOUSTON, TX 77008			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) SUSTAINING MEMBERSHIP		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9-20-17		Payee name GO DADDY WEB HOSTING			
Amount (\$) \$154.78 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 14455 N. HAYDEN RD., STE 219 SCOTTSDALE, AZ 85260			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ADVERTISING - WEBSITE HOSTING		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/23/17		Payee name MEYERLAND DEMOCRATS			
Amount (\$) \$250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 4738 BEECHNUT HOUSTON, TX			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) DONATION/EVENT		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, 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 NEEDED					

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4	2 FILER NAME DIANE TRAUTMAN	3 Filer ID (Ethics Commission Filers)
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4 Date 9/29/17	5 Payee name LEAGUE OF WOMEN VOTERS
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6 Amount (\$) \$47.12 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 52997 HOUSTON, TX 77052
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8 PURPOSE OF EXPENDITURE CONTRIBUTION/EVENT	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/16/17	Payee name NAACP
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Amount (\$) \$30.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2002 WHEELER ST. HOUSTON, TX 77004
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PURPOSE OF EXPENDITURE CONTRIBUTION/DUES	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/18/17	Payee name HBAD
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Amount (\$) \$30.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5300 GRIGGS RD. HOUSTON, TX
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PURPOSE OF EXPENDITURE CONTRIBUTION/DUES	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Accounting/Banking

Consulting Expense

Contributions/Donations Made By

Candidate/Officeholder/Political Committee

Credit Card Payment

Event Expense

Fees

Food/Beverage Expense

Gift/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)

The instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4	2 FILER NAME DIANE TRAUTMAN	3 Filer ID (Ethics Commission Filers)
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4 Date 11/1/17	5 Payee name PLANNED PARENTHOOD
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended \$1500.⁰⁰	7 Payee address; City; State; Zip Code 4600 GULF FRWY. HOUSTON, TX 77023

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRIBUTION/EVENT	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/3/17	Payee name WOMEN PROFESSIONALS IN GOVERNMENT
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended \$31.50	Payee address; City; State; Zip Code P.O. Box 1278 HOUSTON, TX 77251

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-15-17	Payee name DR. DON S BUTTONS
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended \$144.90	Payee address; City; State; Zip Code 3906 W. MORROW DR. GLENDALE, AZ 85308

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING/PRINTING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4		2 FILER NAME DIANE TRAUTMAN		3 Filer ID (Ethics Commission Filers)	
4 Date 11-29-17		5 Payee name SHARPSTOWN DEMOCRATS			
6 Amount (\$) \$100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code P.O. Box 2053 BELLAIRE, TX 77402			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) DONATION		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12-1-17		Payee name CONSTANT CONTACT			
Amount (\$) \$127.92 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code WALTHAM, MASSACHUSETTS			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE FOR 6 MOS.		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12-1-17		Payee name GREENBERG SMOKED TURKEYS, INC.			
Amount (\$) \$61.06 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code P.O. Box 4818 TYLER, TX 75712			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) DONATION TO ZION SENIOR VILLAGE		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: <u>1</u>
2 FILER NAME <u>DIANE TRAUTMAN</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>12/31/17</u>	5 Name of person from whom amount is received <u>JP MORGAN CHASE BANK</u>	8 Amount (\$) <u>\$.91</u>
6 Address of person from whom amount is received; City; State; Zip Code <u>P.O. Box 659754</u> <u>HOUSTON, SAN ANTONIO, TX 78265</u>		
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <u>INTEREST ON CAMPAIGN CHECKING ACCT.</u>		
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE
RETURN ADDRESS, FOLD AT DOTTED LINE
REGISTERED MAIL

FROM:

DIANE TRAUTMAN
P.O. Box 6067
KINGWOOD, TX
77355

7017 1000 0000 4649 0045



1000

77002

U.S. POSTAGE
PAID
KINGWOOD, TX
77339
JAN 11, 1981
AMOUNT
\$8.55
R2304M111730-08

201875

TO:

HARRIS COUNTY CLERK
201 CAROLINE, 3RD FLOOR
Room 330
HOUSTON, TX
77002

Photo Document Mailer

Ready **P**ost

UNOFFICIAL