



Official Public Records of Harris County Stan Stanart County Clerk

Campaign Finance Report



Stan Stanart

COUNTY CLERK HARRIS COUNTY, TEXAS

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

**Harris County No Fee** 

# <sup>2</sup>age - 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instrucțion G	iulde explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fil	ed: 27
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE	USE ONLY
NAME	NICKNAME LAST	NE	Date Received	
	NICKNAME LAST  TRAUTE	NAN		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.O. Box 60	CITY; STATE; ZIP CODE		
Change of Address	KINGWOOD, T	× 77325		
5 CANDIDATE/ OFFICEHOLDER PHONE	(713) 417-4235	EXTENSION	Date Hand-delivered	l or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST SHERR;	MI	Receipt #	Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed	
	COTHRUI	V	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE	917 FRANK 2 HOUSTON  AREA CODE PHONE NUMBER  (713) 228 - 285	IN, STE. 26 7x 77002 EXTENSION	ZIP CODE	
9 REPORT TYPE	January 15 30th day before ele		treasurer a (Officeholds	ter campaign ppointment or Only) rt (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 7/1/2017	THROUGH 12/	31 /2C	
11 ELECTION	ELECTION DATE  Month Day Year Primary  3/6/2018 General	ELECTION TYPE  Runoff Olher Description Special		
12 OFFICE	OFFICE HELD (I any)  COUNTY SCHOOL TRUS  AT LARGE, POS. 3	TEE, HARRIS CO		ZERK
	GO ТО	PAGE 2		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME	DIANE TRAUTMAN 15	Filer 1D (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHO KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INITIAL OF SUCH EXPENDITURES.	UT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE COMMITTEE NAME  INGENERAL INTERNATIONAL BROTHERHOOD OF ELECTION AND COMMITTEE ADDRESS POLIT	ECTRICAL WORKERS TICAL ACTION COMMITTEE
440	SPECIFIC  900 SEVENTH ST., NW  WASHINGTON, DC 200  COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages	SALVATORE J. CHILIA COMMITTEE CAMPAIGN TREASURER ADDRESS 900 SEVENTH ST., NW WASHINGTON, DC 200	0/
17 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 48.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,230.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -0-
· · · · · · · · · · · · · · · · · · ·	4. TOTAL POLITICAL EXPENDITURES	\$ 8,208.92 \$18,287.74
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 18,287.74
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-
18 AFFIDAVIT	I swear, or affirm, under penalty of perjutive and correct and includes all inform under Title 15, Election Code.  SHIVANI GOBIN My Commission Expires December 3, 2018  Signature of Candida	ation required to be reported by me
Sworn to and subsc	ribed before me, by the said DIANE TRAUTMAN	, this the
day or Janluyre	18, to certify which, witness my hand and seal of office.	) -10. O 0:50
Signature of officer a	SHIVANI ROBIN  administering oath  Printed name of officer administering oath	NOTARY PUBLIC.  Title of officer administering oath

#### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19 F	ILER NA	ME ,	20 Filer ID (Ethics Con	ımission Filers)
		DIANE TRAUTMAN		
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
. 4.	M	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		s 8,230.°°
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 135.°°
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ -0-
4.		SCHEDULE E: LOANS		\$ -0-
5.	V	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	s 8,208.92
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ -0-
7,		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ -0-
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ -0-
9.	V	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$2,597,28
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ -0-
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ <b>-</b> 0-
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	IONS	\$

MONET	ARY POLITICAL CONTRIBUTIONS	S SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	DIANE TRAUTMAN	3 Filer ID (Ethics Commission Filers)
7/4/17	Full name of contributor   Dut-of-state PAC (ID#:  PHILLIP MC NUTT  6 Contributor address; City; State; Zip Code  20634 FIELDTREE  HUMBLE, TX 77338	7 Amount of contribution (\$)
8 Principal occur	pation / Jab title (See Instructions)  PETILED  9 Employer (Se	ee Instructions)
7/21/17	Full name of contributor  JAMES A. REEDER, JR.  Contributor address;  City; State; Zip Code	Amount of contribution (\$)
Principal occup	bation / Job title (See Instructions)  ATTORNEY  Employer (See	ee Instructions)
7/21/ <sub>17</sub>	Full name of contributor out-of-state PAC (ID):  MARY SCHULTZ  Contributor address: City; State; Zip Code  1111 PEDDIE ST.  HOUSTON, TX 77009	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (S	ee Instructions)
7/21/17	Full name of contributor out-of-state PAC (ID#:  PAT GALLINI  Contributor address; City; State; Zip Code  8300 FM 1960E, APT. 913  HOUSTON, TX 77346	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)  Employer (S	ee Instructions
	ATTACH ADDITIONAL COPIES OF THIS SCHEDL If contributor is out-of-state PAC, please see instruction guide for	

#### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

The Instruction Guide explains how to complete this	form. 1 Total pages Schedule A1:
2 FILER NAME DIANE TRAUTMA	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC  7/21/17 6 Contributor address; City; State;  3055 BENTWATE  MONTGOMERY, TX  8 Principal occupation / Job title (See Instructions)	Zip Code  R  7 Amount of contribution (\$)  7 356  Employer (See Instructions)
Date Full name of contributor  Out-of-state PAC  OREGORY SHAW  Contributor address; City; State;  O701 SYLVAN DR  HOUSTON, TX  Principal occupation / Job title (See Instructions)	Amount of contribution (\$)  Zip Code  P 7023  Employer (See Instructions)
Date Full name of contributor  Susan Coolya  Contributor address;  City: State;  Principal occupation / Job file (See Instructions)	Zip Code LE CT.
1326 MOORHEAD HOUSTON, TX 7	Zip Code DR. 27055
Principal occupation / Job title (See Instructions)  Owner	Employer (See Instructions)  COURTHOUSE DIRECT

MONETA	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Ir	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	DIANE TRAUTMAN	3 Filer ID (Ethics Commission Filers)
8/12/17	Full name of contributor Out-of-state PAC (ID#:	7 Amount of contribution (\$)  \$25.00  DQ.  US  De Instructions)
Principal occupa	Full name of contributor out-of-state PAC (ID#:	74HODIK DI COMMISCANON (4)
Date 10/14/17 Principal occupa	Full name of contributor  MAGGIE Wickwife  Contributor address;  City: State; ZIp Code  5315 MANOR GLEN DR.  KINGWOOD, TX 77345  tion / Job title (See Instructions)  Employer (See	Amount of contribution (\$)  Amount of contribution (\$)  Amount of contribution (\$)
Date 19/14//7 Principal occupa	Full name of contributor   out-of-state PAC (ID#:  MARY KATHRYN BONHAM  Contributor address; City; State; Zip Code  855 AUGUSTA 57D  Houston, Tx 77057  Ition / Job title (See Instructions) Employer (See	Amount of contribution (\$) \$40.
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	

MONET	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	DIANE TRAUTMAN	3 Filer ID (Ethics Commission Filers)
4 Date 10/4/17	5 Full name of contributor   out-of-state PAC (ID#:  MARIAN CONES  6 Contributor address; City; State, Zip Code  1326 MOORHEAD DR.  HOUSTON, TX 77055	7 Amount of contribution (\$)
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See In	HOUSE DIRECT
Date 10/18/17	Full name of contributor aut-of-state PAC (ID#:  MARY MORRISON  Contributor address; City; State; Zip Code  5823 DOLIVER  HOUSTON, TX 7705	Amount of contribution (\$)
	pation / Job title (See Instructions) Employer (See in	structions) 35
Date 10/19/17	Full name of contributor out-of-state PAC (10)  LINDA ABDMOULAIE  Contributor address; City; State; Zip Code  18930 VANTAGE VIEW LANE  HUMBLE, TX 77396	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)  Employer (See In	
Date 1933/17	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)  ### Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)  Employer (See In	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A If contributor is out-of-state PAC, please see instruction guide for addit	

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME DIANE TRAUTMAN 4 Date 5 Full name of contributor 7 Amount of contribution (\$) ut-of-state PAC (ID#:\_\_\_ Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Date Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) KEALTOR U out-of-state PAC (ID#: Date Amount of contribution (\$) City; State; Zip Code Employer (See Instructions) out-of-state PAC (ID#:\_ 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.

MONETARY POLITICAL CONTR	IBUTIONS SCHEDULE A1
The Instruction Guide explains how to complete thi	s form. 1 Total pages Schedule A1: 14
2 FILER NAME DIANE TRAUTMAN	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PA  10/30/17 6 Contributor address; City: State 3922 LAW ST., HOUSTON, TX 7	
Date  Full name of contributor  CHRIST: WA Mich  Contributor address;  City; Stat  1525 NASHUA 57  HOUSTON, TX 7	Amount of contribution (\$)  ### Amount of contribution (\$)  ### Amount of contribution (\$)  #### Amount of contribution (\$)  ###################################
Date Full name of contributor out-of state PA    D	Zip Code Da.
Date   Full name of contributor   out-of-state PA   NANCY JOHNSON   Contributor address; City; State   Contributor address   City; State   City; Sta	V \$25.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
1	OF THIS SCHEDULE AS NEEDED truction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME DIANE TRAUTMAN	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor   out-of-state PAC (ID#:)  Conse Brookover 6 Contributor address; City: State; Zip Code 726 CRYSTAL SPRINGS Dr. 77339	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)  NINISTER  SELF-Employer	
Date Full name of contributor   out-of-state PAC (ID#:)  KEN HOLDER  Contributor address; City; State; Zip Code  7405 Stone bridge Creek  Humble, Tx 77396	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)	tions)
Date Full name of contributor   out-of-state PAC (ID#:)    11/10/17   BARBARA CLARK   Contributor address; City; State; Zip Code   1924 BOL SOVER ST.   HOUSTON, TX 77005	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)	
Date  Full name of contributor	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  RETIR	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see instruction guide for additiona	

ges Schedule A1:  (Ethics Commission Filters)  t of contribution (\$)  t of contribution (\$)
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### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME DIANE TRAUTMAN 4 Date 5 Full name of contributor \_\_\_ out-of-state PAC (ID#:\_\_\_ 7 Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:\_\_\_ Date Amount of contribution (\$) MARIAN CONSS photographic address; City; State; Zip Code 1326 MOORHEHD DR. Principal occupation / Jeb title (See Instructions) Employer (See Instructions) Amount of contribution (\$) CAROLYN RIGGS Contributor address: City; State Zip Code 14302 Timber Brant Principal occupation / Job title (See Instructions) RETIRED Full name of contributor Amount of contribution JOHN COTTER Employer (See Instructions) Principal occupation / Job title (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.

MONET	ARY POLITICAL	CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	DIANE TRAU	TMAN		3 Filter ID (Ethics Commission Filters)
4 Date	5 Full name of contributor  TNGRID B 6 Contributor address; 2504 DEL Houston	Out-of-state PAC	(ID#:) ; Zip Code	7 Amount of contribution (\$) \$25.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Date 12/19/17	Full name of contributor  MELANIE  Contributor address;  3718 IN  HOASTOA	City; State	Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)  ATTONNEY		Employer (See Instruc	N+ STRAWN
Date 13/20/17	Full name of contributor  MARY  Contributor address;  5823	Out-of-slate PAC	Zip Code	Amount of contribution (\$)
Principal occup	Hous To Dation / Job title (See Instructions) BENEFITS ANNO	YST	Employer (See Instru	165
Date 12/28/17	Full name of contributor  LYNN  Contributor address;  303 W.  HOUSTON	City; State	Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	-	Employer (See Instru	ctions)
			1	
	ATTACH ADDITI		OF THIS SCHEDULE AS Noted that the second se	

MONET	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	DIANE TRAUTMAN	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (10#:  SANDRA LOWERY  6 Contributor address; City; State; Zip Code  6627 SEWANEE AUE.  HOUSTON, TX 77005  pation / Job title (See Instructions)  9 Employer (See Instru	7 Amount of contribution (\$)	
8 Principal occup	pation / Job title (See Instructions)  9 Employer (See Instru	ections)	
Date 13/28/17	Contributor address;  Contributor address;  City; State; Zip Code  APLE BEND DR.  KINGWOOD, TX 77345	Amount of contribution (\$)	
Principal occup	eation / Job title (See Instructions) Employer (See Instru	uctions)	
13/28/17	Full name of contributor   aut-of-state PAC (ID#: LINDA ABD MOULAIE  Contributor address; City: State; Zip Code  18930 VANTAGE VIEW LN.  HUMBLE, TX 77346	Amount of contribution (\$)	
Principal occup	eation / Job title (See Instructions)  Employer (See Instructions)	uctions)	
Date 13/28/17	Full name of contributor out-of-state PAC (ID#:  JILL ROWLANDS  Contributor address; City; State; Zip Code  P.D. Box 310635  Houston Tx 77231	Amount of contribution (\$)	
Principal occup	pation / Job title (See Instructions) Employer (See Instru	uctions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			
Forms provided by T	Texas Ethics Commission www.ethics.state.tx.us	Revised 9/8/2015	

www.ethics.state.tx.us

Forms provided by Texas Ethics Commission

MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	DIANE TRAUTMAN	3 Filer ID (Ethics Commission Filers)
	Full name of contributor    Oul-of-Flate PAC (ID#:)   HOWARD   WILLIAM S   City: State: Zip Code	7 Amount of contribution (\$)  \$   O . **  tions)
Date 19/28/17	Full name of contributor Dout-of-state PAC (IDA:)  ANN ALEXANDER  Contributor address; City; Stato: Zip Code  3114 FAIRHOPE 51.  HOUSTON TX 7025	Amount of contribution (\$)
Principal occupi	ation / Job title (See Instructions) Employer (See Instructions)	tions)
12/29/17	Full name of contributor   out-of-state PAC (IDN: )  KEITH THOMPSON  Contributor address; City; State; Zip Code  Houston, Tx	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
13/29/17	Full name of contributor out-of-state PAC (ID#:)  GAYLE SAMPLEY  Contributor address; City: State: Zip Code  5739 TIMBERS TRAIL  HUMBLE, TX 77346	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)  RETIRED  Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NI If contributor is out-of-state PAC, please see instruction guide for additional	

MONET	ARY POLITICAL CON	TRIBUTIO	NS	SCHEDULE A1
The	Instruction Guide explains how to comp	lete this form.	1 Total	pages Schedule A1:
2 FILER NAME	DIANE TRAUTA	IAN P	3 Filer	ID (Ethics Commission Filers)
4 Date /3/30/17  8 Principal occur	5 Full name of contributor   out-of CARLY MILNE 6 Contributor address; City 532 W. 23Ri HOUSTON IX	State; Zip Code	<del></del>	unt of contribution (\$)
Date	$\alpha$	-state PAC (IDN:	1 .	ount of contribution (\$)
13/34/17	Contributor address; Clty 18703 CL Humble		52 46	.5.
Principal occup	ation / Job title (See Instructions)	Employer	(See Instructions)	
Date 12/30/,17	Full name of contributor  CHRISTINE AN  Contributor address:  City  Houston  Contributor  Contri	State PAC HDJ:	1	ount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer	(See Instructions)	
Date 18/31/17	Full name of contributor  ERIKH THORSE  Contributor address:  5211 HARUE  KINGWOOD	State; Zip Code 57 SARINA	Sta	ount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employe	r (See Instructions)	
	ATTACH ADDITIONAL CO			requirements.

MONE	TARY POLITICAL CONTR	IBUTIONS	SCHEDULE A1
The	e instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME	DIANE TRAUTMAN		3 Filer ID (Ethics Commission Filers)
4 Date 12/31/17	5 Full name of contributor Quitof-state PA C Va Contributor address; City: State 900 SEUENTH ST. N. WASHINGTON D. C.	DLUNTARY  B: Zip Code FUND	7 Amount of contribution (\$)  \$1,000.
8 Principal occ	cupation / Job fille (See Instructions)	9 Employer (See Instruc	tions)
Date 13/31/17	Full name of contributor out-of-state PA  KATRIN MC MAI  Contributor address: City: Stat  5802 B2RK5Hi  KINGG30015 TK	vis	Amount of contribution (\$)
Principal occi	upation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PA  Contributor address; City: State		Amount of contribution (\$)
Principal occi	upation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PA  Contributor address; City; State	C (ID#:)	Amount of contribution (\$)
Principal occi	upation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES of the contributor is out-of-state PAC, please see ins		

CONTRIBUTIONS	SCHEDULE A2
The Instruction Guide explains how to complete this form	m. 1 Total pages Schedule A2:
2 FILER NAME DIANE TRAUTMAN	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS \$
5 Date 6 Full name of contributor out-of-state PAC (ID#:	de   S Amount of
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  ATTORNEY	11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)  14 Contributor's employer/law firm (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)  15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date  Full name of contributor   out-of-state PAC (10)  ROBIN Simon  Contributor address: City: State: Zip Coc  62.30 Civy X  Flow 5700 7 × 77008	Amount of Contribution \$ ln-kind contribution description  \$80.
Principal occupation / Jeb title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor a employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
if contributor is a child, taw firm of parent(s) (if any) (FOR JUDICIAL)	
ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see instruction	

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

	EXPENDITURE CATE	GORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credi Card Payment	Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME TRAUTY	MAN	3 Filer ID (Ethics Commission Filers)		
4 Date 7-15-17	5 Payee name GREEN GO	2020			
\$ Amount (\$)	7 Payee address: City; State; 2  117 12 DRE  Houston 7:	Zip Code SDEN ST. X 77000			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this  ADVERTISING	Check if travel out	tside of Texas. Complete Schedule T. , TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	SIGN PLACEME Candidate / Officeholder name	Office sought	Office held		
Date 9-14-17	Payee name ALLAN JAMA	il			
Amount (\$) \$/39.10	Payee address; City; State 2 10710 F4AXM, Houston, Tx	Zip Code AN 57. 77029			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this  ADVERTISING  7-SHIRTS	Check il travel out	side of Taxas. Complete Schedula T. TX, officaholder 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 PRINTIN				
Amount (\$) \$\frac{4}{360.00}\$	Payee address; City; State; 7 4300 NOBLE Houston, Tx	Zip Code 57 77020			
PURPOSE OF EXPENDITURE	Printing Categories listed at the top of this  Printing Carry  Push Carry	schedule)  Description  Check if travel out  Check if Auslin,	iside of Texas. Complete Schedule T. TX, officaholder living expense		
Complete <u>QNLY</u> If direct expenditure to benefit C/Oł	Candidate / Officeholder name 1	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/Barking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Feed/Boverage Expense Polling Gift/Awards/Memorials Expense Printing I Committee Legal Services Salarie	epayment/Reimbursement Overhead/Rental Expense Expense 3 Expense s/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 t	o complete this form,			
1 Total pages Schedule F1:	2 FILER NAME DIANE TRAUTA	nan	3 Filer ID (Ethics Commission Filers)		
4 Date 10-24-17	5 Payee name ACRES OF ANG				
6 Amount (\$)	7 Payee address; City; State; Zip Code 6205 MAX ROY Houston, TX	15T. 77091			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	DONATION SENIOR GALA		itside of Texas. Complete Schedule T. i. TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
11-7-17	SPRINT 2 PRINT				
Amount (\$) \$3,761.69	Payee address; City; State; Zip Code 8748 CLAY RD.	7080			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this achievule)  ADVIRTISING +  Ripting		iside of Texas. Complete Schedule T. , TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
11-9-17	RPC PRINTING	+ DESIGN			
Amount (\$) \$150.00	Payee address: City; State; Zip Code 4300 NOBLE 57 Houston, Tx 77	1020			
PURPOSE OF EXPENDITURE	Category (See Categories isted at the top of this schedule)  PRINTING EXPENSE		tside of Texas. Complete Schedule T. , TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEE	EDED		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

	EXPENDITURE O	ATEGORIES FOR BOX 8	3(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Loan Repayment/Reimbur Office Overhead/Rental E Polling Expense Printing Expense Salaries/Wages/Contract	xpense Transportatio Travel In Dist Travel Out O	
Credit Card Paymont	The Instruction Guide	explains how to complete this	form.	
1 Total pages Schedule F1:	2 FILER NAME DIANE	TRACETMAN	3 Filer ID	(Ethics Commission Filers)
4 Date 9-14-17	5 Payes hame BLBT C	<i>qucus</i>		
6 Amount (\$) \$\frac{4}{250}.	P.O. Box of Houston,		<b>,</b>	
8	(a) Category (See Categories listed at the top			mulata Cabadida T
PURPOSE OF EXPENDITURE	DONATION	' -   ==	eck if travel outside of Texas. Co neck if Austin, TX, officeholds	
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office	sought	Office held
Date	Payee name			
11-11-17	HARRIS COU		RATIC PRI	mary
Amount (\$) \$1,250.	Payee address; City; Sta 1445 N.L. Houston		8	
	Category (See Categories listed at the top	of this schedule) Descri		o do o Goldon de la W
PURPOSE OF EXPENDITURE	FILING FEE	₩   <i>A</i> FTY	eck if travel outside of Texas. Con leck if Austin, TX, officeholds	,
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office	sought	Office held
Date	Payee name			
11/2/8/11	DIANE TRAV	17 MHI		
Amount (\$) \$549.68	Payee address: City; Sta P.D. Box 600 KINGWOOD, T	te; Zip Code 0 7 7 77325		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the to REIMBURSEMEN CAMPAIGN ES	1	iption neck if travel outside of Texas, Co neck if Austin, TX, officeholds	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office	sought	Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDUL	E AS NEEDED	

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## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credi Card Payment	y Gift/Awar FCommittee Legal Se	verage Expense rds/Memorials Expense	Office Overho Polling Expe Printing Expe Salaries/Wag	inse jes/Contract Labor	Solicitation/Func Transportation E Travel In District Travel Out Of Di Other (enter a ca	quipment & Reli t strict	ated Expense
1 Total pages Schedule F1:	2 FILER NAME	IANE TRA	KLTMAN	1	3 Filer ID (E	thics Commiss	ion Filers)
4 Date /31/17	5 Payee name	IPAL					
4/59.47	7 Payee address; 32// SAW	City; State; N. 157 S	Zip Code 5 <i>T</i> , 951	/3/			
8	(a) Category (See Cate		is schedule)	(b) Description	utside of Texas. Compl	iele Schedule T	
PURPOSE OF EXPENDITURE	BANK F 7/1/17-	12/31/17	7	$\overline{}$	n, TX, officeholder li		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Offi	ceholder name		Office sought		Office he	eld
Date /	Payee name						·
12/8/17	GR	EEN GO		0			
Amount (\$) \$800.	l .	7/2 DE	·	ST,			
	Category (See Cate	egories listed at the top of th		Description		Och satula T	
PURPOSE OF	HOUSET	isiNG-			utside of Texas. Compli 1, TX, officeholder li		
EXPENDITURE	Sign	PLACEM	ENT				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Offi H	ceholder name		Office sought		Office he	eld
Date	Payee name	_					
12/31/17	DIAM	UE TRAUT			<b>^</b>		
Amount (\$)	Payee address;	City; State;					
\$288.98	1	Box 601 50000, T	<i>91</i> x 77	325			
PURPOSE OF	Category (See Cate	egories listed at the top of the			utside of Texas. Compi		
EXPENDITURE	For	CAMPAISN TONATION	EXPENSES				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Of	ficeholder name	<u> </u>	Office sought	<del></del>	Office h	seld
	ATTACH A	DDITIONAL COPI	ES OF THIS S	CHEDULE AS NE	EDED		

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

Advortising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credi Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor xplains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G	2 FILER NAME DIANE TRA	wiman	3 Filer ID (Ethics Commission Filers)
4 Date 8-18-17	Payee name  HARRIS COUNTY	DEMOCRATIC PAR	274
6 Amount (\$)  # /20,  Reimbursement from political contributions intended	7 Payee address; City; State 1445 N. Loop Houston, Tx	: Zip Code : WEST, STE 110	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of SUSTA: N: N G MEMBERSH: P	Check if travel outsid	de of Taxas. Complete Schedule T. X, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	' Office held
9-20-17	Bo DADDY 6	UEB HOSTING	
Amount (\$)  # 154.78  Reimbursement from political contributions intended	Payee address; City; State  14455 N. HA  SCOTTSDALE	YDEN KD., STEZ	19
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of ADVERTISING - WEBSITE HOST	Check if travel outside	de of Taxas. Complete Schedule T. X, afficeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Day 23/17	Payee name (MEYER LAN	D-DEMOCRATS	
Amount (\$)  Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State 4738 BEE  Houston	E HNUT	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	En Check if travel outside	de of Taxas. Complete Schedule T. X, officehalder living expense
Complete ONLY If direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEED	DED

# Page - 25

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	zal Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Potling Expense Printing Expense Salaries/Wages/Contract Labor explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME DIANE	TRAUTMAN	3 Filer ID (Ethics Commission Filers)
4 Date 9/29/17	F D	WOMEN VOTER	25
6 Amount (\$)  # 47, 12    Reimbursement from political contributions intended	7 Payee address; Sity; Star P. D. Box Houston,	• •	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top  CONTRIBUTION/E	of this schedule) (b) Description  Check if travel out	side of Texas. Complete Schedule T. TX, officeholder living expense
9 Complete <u>ONLY</u> If direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date 10/16/17	Payee name NAACP		
Amount (\$)  \$30.  Reimbursement from political contributions intended	Payee address: City: Sta 2002 Wr Hous Tow, T		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top	Chart if travel and	side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit G/C	Candidate / Officeholder name DH	Office sought	Office held
Date 10/18/17	Payee name HBAD		
Amount (\$)  430  Reimbursement from political contributions intended	Payee address; City: Sta 5300 Gr Houston	te; Zip Code	
PURPOSE OF	Category (See Categories listed at the top		side of Taxas. Complete Schedule T.
EXPENDITURE	CONTRIBUTION	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NEE	EDED

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

		EXPENDIT	URE CATEG	ORIES	OR BOX 8(a)	)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	вВу	Everit Expense Fees Food/Beverage Expe Gift/Awards/Memoris Legal Services		Office Over Polling Exp Printing Exp		nse .	Fransportation E Fravel In Distric Travel Out Of D		ted Expense
,		The Instruction	Guide explains	how to co	omplete this for	r <b>m.</b>			
1 Total pages Schedule G:	2 FILER NAM	DIANE	TRAUT	MAN	1	3	Filer ID (E	thics Commissi	on Filers)
4 Date /////	5 Payee name	UNED A	GRENTA	400D					
6 Amount (\$)	7 Payee addr	ess; City	; State; Zip	Code				<b>*</b>	
Reimbursement from political contributions intended	1 .	bec 570 N		•	23				
8 PURPOSE OF EXPENDITURE		ee Categories listed al		,			Texas. Complete s		
9 Complete <u>QNLY</u> if direct expenditure to benefit C/		le / Officeholder	name		Office sought			Office he	eld
Date	Payee name	9							
11/3/17	1	men A	POFESS	IONA	LS IN	600	PERNA	uenT	
Amount (\$)	Payee addr	ess; City	, State; Zip	Code				•	
\$31.50 Reimbursement from	P.C	7. Box	1278						
political contributions intended	4/3	ouste.	$\nu,  au_{ imes}$	つ	7251	/			
PURPOSE		ee Categories listed al	<b>.</b>		Description  Checkif tra	vel outside of	Texas, Complete	Schedule T.	
OF EXPENDITURE	E	veut E	Expens	೬	Check II A	Austin, TX, d	officeholder living	g expense	
Complete ONLY if direct expenditure to benefit C/		te / Officeholder	name		Office sought			Office he	əld
Date	Payee nam	9 _							
11-15-19			15 Bu	TTO	<b>ು</b> ಽ				
Amount (\$) \$144,90	Payee addr	ess; city 906 ( LÉNDA	r; State; Zip ש, Ma	Code ORNO	wDR	•			
Reimbursement from political contributions intended	G	LENDA	LE, A	Z	8530	8			
	1	ee Categories listed a		144	) Description				
PURPOSE	1	1			Check if tra	vel outside of	Texas. Complete	Schedule T.	
EXPENDITURE	MDUER	Tisins/	MZINTIN	<u>ا</u> کا	Check if A	Austin, TX, (	officeholder living	g axpense	
Complete <u>ONLY</u> if direct expenditure to benefit Co		te / Officeholder	name		Office sought			Office he	eld
	ATTAC	CH ADDITIONA	L COPIES OF	THIS SC	CHEDULE AS	NEEDE	D		

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

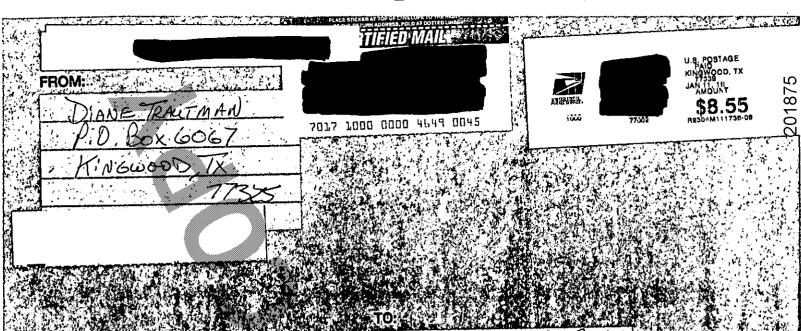
#### SCHEDULE G

0	AdvortisIng Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Gredil Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wagos/Contract Labor s how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAME DIANE TRA	MAN	3 Filer ID (Ethics Commission Filers)
4	Date 11-29-17	5 Payee name SHARPS TOWN	DEMOCRAT	S
6	Amount (\$)	7 Payee address; City; State; Zip P.D. Box 20		
	Peimbursement from political contributions intended	BELLAIRE, 7	X 77402	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch	Check if travel out	side of Texas. Complete Schedule T. TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
	Date	Payee name	2	
	/2-/-/7 Amount (\$)	CONSTANT	CONTACT	
	\$127.92	Payee address; City; State; Zip	Code	
	Reimbursement from political contributions intended	WALTHAM,	MASSACHUS	ett S
	PURPOSE OF	Category (See Categories listed at the top of this set ADVERTISING EXPEN	Check if travel out	side of Texas. Complete Schedule T.
	EXPENDITURE	For 6 mos.		TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held
	Date 12-1-17	Payee name  OREENBERG SM	OKED TURKEY.	s, INC.
	Amount (\$) \$61.06	Payee address; City; State; Zip P. O. Box 48		•
	Reimbursement from political contributions intended	TYLER, TX	757/2	
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch DONATION TO ZION SENIOR VILLA	Check if travel outs	side al Texas. Complete Schedule T. TX; officehalder living exponse
	Complete ONLY If direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
-		ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	DED
				×*

RECORDER'S MEMORANDUM:

At the time of recordation, this instrument was found to be inadequate for the best photographic reproduction because of illegibility, carbon or photo copy, discolored paper, etc. All blockouts, additions and changes were present at the time the instrument was filed and recorded.

INTEREST ON CAMPAIGN CHONGE Name of person from whom amount is received:  Address of person from whom amount is received; City; State	78265 political contribution	8 Amount (\$)  8.9/  returned to filer  Amount (\$)
Name of person from whom amount is received  JP Morgan Chase Bank  Address of person from whom amount is received; City; State;  P.O. Box 659754  Address of person from whom amount is received  Check if  LNTEREST ON CAMPAIGN CHE  Name of person from whom amount is received  Address of person from whom amount is received; City; State	Zip Code  78265  political contribution  EKING A	8 Amount (\$)  8.9/  returned to filer  Amount (\$)
Address of person from whom amount is received; City; State; P.O. Box 659754  ADDRESS SAN ANTONIO, TX  Purpose for which amount is received Check if  INTEREST ON CAMPAIGN CHE  Name of person from whom amount is received  Address of person from whom amount is received; City; State	78265 political contribution EKING AC	returned to filer  Amount (\$)
Address of person from whom amount is received; City; State; P.O. Box 659754  Losses San Antonio, IX  Purpose for which amount is received Check if  TNTEREST ON CAMPAIGN CHE  Name of person from whom amount is received  Address of person from whom amount is received; City; State	78265 political contribution EKING AC	returned to filer  Amount (\$)
Address of person from whom amount is received; City; State; P.O. Box 659754  Losses San Antonio, IX  Purpose for which amount is received Check if  TNTEREST ON CAMPAIGN CHE  Name of person from whom amount is received  Address of person from whom amount is received; City; State	78265 political contribution EKING AC	Amount (\$)
Purpose for which amount is received Check if  LNTEREST ON CAMPAIGN CHE  Name of person from whom amount is received  Address of person from whom amount is received; City; State	EKING A	Amount (\$)
INTEREST ON CAMPAIGN CHECK IT  Name of person from whom amount is received  Address of person from whom amount is received; City; State	EKING A	Amount (\$)
Name of person from whom amount is received  Address of person from whom amount is received; City; State	; Zip Code	Amount (\$)
Address of person from whom amount is received; City; State		
		returned to filer
Purpose for which amount is received Check If	political contribution	returned to filer
Purpose for which amount is received Check If	political contribution	returned to filer
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Name of person from whom amount is received		Amount (\$)
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HARRIS COUNTY CLERK
201 CAROLINE; 3RD FLOOR
ROOM 330
HOUSTON TX

Photo Document Mailer

