

Official Public Records of Harris County Stan Stanart County Clerk

Campaign Finance Report



Stan Stanart

COUNTY CLERK
HARRIS COUNTY, TEXAS

FileNo:

201780

Received By Clerk:

1/17/2017

File Date:

1/17/2017 3:55:47 PM

Office:

Justice Of The Peace Pct. 1, Place 2

Candidate:

Patronella, David

Treasurer:

Fritsche, T. M.

Category:

Contributions And Expenditures

Delivered By:

Courier

Type:

COR

Harris County No Fee

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT			FORM JC/OH COVER SHEET PG 1	
The JC/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MR DAVID NICKNAME LAST PATRONI	M. SUFFIX	OFFICE USE ONLY Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	P.O. BOX 10283, HOUSTOI	N, TX 7.7206		
5 CANDIDATE/ OFFICEHOLDER PHONE	(713) 274-0600	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST T. NICKNAME LAST FRITSCH	MI M. SUFFIX	Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT /		ZIP CODE	
8 CAMPAIGN TREASURER PHONE	(713) 651-0111	EXTENSION		
9 REPORT TYPE	July 15 30th day before		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	01/ 2016	Month Day		
11 ELECTION	ELECTION DATE Month Day Year Primary General	Description		
12 OFFICE	HARRIS COUNTY JUSTICE OF THE PEACE	13 OFFICE SOUGHT (if known to see the sought) 1-2 SAME	wn)	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME	AVID M. PATI		15 Filer ID (Ethics Commission Filers)		
6 NOTICE FROM POLITICAL Support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.					
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS POLITICAL A				
	SPECIFIC	COMMITTEE ADDRESS			
	SPECIFIC	900 SEVENTH ST, NW, WASHINGTON, DC 20001			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages		SALVATORE J. CHILIA			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
		900 7TH ST, NW, WASHINGTON, DC 20001			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI			
عمل		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 40,665.00		
EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$					
	4. TOTAL	TOTAL POLITICAL EXPENDITURES \$ 3, 574.38			
CONTRIBUTION BALANCE		TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$		
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. STEPHANIE COCHRAN 99217 NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES OCT 11, 2020 Signature of Candidate or Officeholder					
Sworn to and subsc	ribed before me,	by the said DAVID M. PATRONE	: <u>UA</u> , this the		
day of Anuacu, 2017, to certify which, witness my hand and seal of office.					
Lightime	LLXXIII	Printed name of officer administering oath	Title of officer administering oath		
Signature of officer a	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19	FILER NAME DAVID M. PATRONELLA 20 Filer ID (Ethics Con	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 34,665.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 6,000.00
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,574.38
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

	RIBUTIONS	SCHEDULE A2			
Th	e instruction Guide explains how to complete this form.	1 Total pages Schedule A2:			
2 FILER NAME	DAVID M. PATRONELLA	3 Filer ID (Ethics Commission Filers)			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	\$ \$			
5 Date	6 Full name of contributor	8 Amount of 9 In-kind contribution Contribution \$ description			
10/13/2016	1	\$6,000.00 FOOD & DRINKS FOR FUNDRAISER Check if travel outside of Texas. Complete Schedule T.			
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions) 11 Empl	oyer (FOR NON-JUDICIAL) (See Instructions)			
12 Contributor's RESTAUF		ributor's job title (FOR JUDICIAL) (See Instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL) 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	Amount of In-kind contribution Contribution \$ description			
	Contributor address; City; State; Zlp Code				
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions) Empl	Check if travel outside of Texas. Complete Schedule T.			
Contributor's	s principal occupation (FOR JUDICIAL) Cont	ributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	s employer/law firm (FOR JUDICIAL)	firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
It	ATTACH ADDITIONAL COPIES OF THIS SCH				

MONETARY	POLITICAL	CONTRIBUTIONS
(JUDICIAL)		

SCHEDULE A(J)1

	The instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1: 1 of 38		
2	DAVID M. PATRONELLA		3 Filer ID (Ethics Commission Filers)		
4	Date 5 Full name of contributor	Zip Code	7 Amount of contribution (\$) \$ 125.00		
8	Contributor's principal occupation RETIRED	9 Contributor's job title			
10	Contributor's employer/law firm	11 Law firm of contributor's	spouse (if any)		
12	If contributor is a child, law firm of parent(s) (if any)				
	Date Full name of contributor out-of-state PAC II MITCHELL KATINE 09/07/2016 Contributor address; City; State; 1834 SOUTHMORE BLVD, HOUSTON,	Zip Code	Amount of contribution (\$) \$ 200.00		
	Contributor's principal occupation ATTORNEY	Contributor's job title			
	Contributor's employer/law firm KATINE & NECHMAN L.L.P. If contributor is a child, law firm of parent(s) (if any)	Law firm of contributor's	spouse (if any)		
	Date Full name of contributor TOTZ, ELLISON & TOTZ, PC 09/07/2016 Contributor address; City; State: 2211 NORFOLD STREET, STE 510, HC	Zip Code	Amount of contribution (\$) \$ 1,000.00		
	Contributor's principal occupation LAW FIRM Contributor's employer/law firm TOTZ, ELLISON & TOTZ, PC	Contributor's job title Law firm of contributor's	spouse (if any)		
	If contributor is a child, law firm of parent(s) (if any)				

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: 2 of 38		
2	FILER NAME	DAVID M. PATRONELLA		3 Filer ID (Ethics Commission Filers)	
4	Date	5 Full name of contributor	#:}}	7 Amount of contribution (\$)	
	09/07/2016	6 Contributor address; City; State; 530 S. 3RD ST, BELLAIRE, TX 77401	Zip Code	\$ 100.00	
8	Contributor's C		9 Contributor's job title		
10	Contributor's e	mployer/law firm	11 Law firm of contributor's	s spouse (if any)	
12	If contributor is	a child, law firm of parent(s) (if any)			
	Date	Full name of contributor	#:)	Amount of contribution (\$)	
	09/13/2016	Contributor address; City; State; 714 SUGAR CREEK BLVD, SUGAR LAN	Zip Code ID, TX 77478	\$ 100.00	
	Contributor's principal occupation Contributor's job title				
	BUSINESS	MAN			
	Contributor's e	employer/law firm	Law firm of contributor's	s spouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if any)	Υ,		
	Date	Full name of contributor	11:1	Amount of contribution (\$)	
	09/13/2016	Contributor address; City; State: 5300 MEMORIAL DR, STE 375, HOUST	Zip Code ON, TX 77007	\$ 100.00	
	Contributor's p	orincipal occupation	Contributor's job title		
	Contributor's e	employer/law firm	Law firm of contributor	's spouse (if any)	
	If contributor is a child, law firm of parent(s) (if any)				
1					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY	POLITICAL	CONTRIBUTIONS
(JUDICIAL)		

SCHEDULE A(J)1

	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A(J)1: 3 of 38							
2	FILER NAME		3 Filer	D (Ethics Commission Filers)				
		DAVID M. PATRONELLA						
4	Date	5 Full name of contributor	, 7 Amou	unt of contribution (\$)				
	09/13/2016	6 Contributor address; City; State; 404 HEIGHTS BLVD, HOUSTON, TX 770	Zip Code \$	100.00				
8	Contributor's p		Contributor's job title					
10		employer/law firm LAW FIRM	1 Law firm of contributor's spouse	(If any)				
12	If contributor is	s a child, law firm of parent(s) (if any)						
	Date	Full name of contributor	Amou	unt of contribution (\$)				
	09/13/2016	Contributor address; City; State; HAMILTON ST, HOUSTON, TX 77004	Zip Code \$	100.00				
	Contributor's ATTORNE	principal occupation Y	Contributor's job title					
		employer/law firm NNINGHAM ATTORNEY AT LAW	Law firm of contributor's spouse	(if any)				
	If contributor i	s a child, law firm of parent(s) (if any)						
	Date	Full name of contributor out-of-state PAC ID	:) Amo	unt of contribution (\$)				
	09/13/2016		Zib Code	100.00				
<u> </u>		1322 E BROOKLAKE DR, HOUSTON, T						
		principal occupation	Contributor's job title					
	Contributor's employer/law firm Law firm of contributor's spouse (if any)			(if any)				
	If contributor is a child, law firm of parent(s) (if any)							

SCHEDULE A(J)1

Т	he instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1: 4 of 38			
2 FILER NAME	DAVID M. PATRONELLA	3 Filer ID (Ethics Commission Filers)			
4 Date 09/13/2016	5 Full name of contributor	7 Amount of contribution (\$) \$ 100.00			
8 Contributor's p	principal occupation 9 Contributor's job title				
10 Contributor's	employer/law firm 11 Law firm of contributor	's spouse (if any)			
12 If contributor i	s a child, law firm of parent(s) (if any)				
Date 09/13/2016	Full name of contributor out-of-state PAC ID#: DANIEL J SNOOKS Contributor address; City; State; Zip Code 11550 FUQUA ST, STE 370, HOUSTON, TX 77034	Amount of contribution (\$) \$ 100.00			
Contributor's ATTORNE	principal occupation Contributor's job title				
DANIEL J	employer/law firm SNOOKS ATTORNEY AT LAW s a child, law firm of parent(s) (if any)	's spouse (if any)			
Date 09/13/2016	Full name of contributor out-of-state PAC ID#: CAROLYN ALLGOOD Contributor address; City; State: Zip Code 4711 AFTONSHIRE DR, APT 2, HOUSTON, TX 77027	Amount of contribution (\$) . \$ 100.00			
Contributor's	principal occupation Contributor's job title				
	employer/law firm Law firm of contributor	r's spouse (if any)			
If contributor	is a child, law firm of parent(s) (if any)				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1: 5 of 38			
2 FILER NAME DAVID M. PATRONELLA	3 Filer ID (Ethics Commission Filers)			
4 Date 5 Full name of contributor Out-of-state PAC ID#:) DION RAMOS	7 Amount of contribution (\$)			
09/13/2016 6 Contributor address; City; State; Zip Code 4601 WASHINGTON AVE, STE 200, HOUSTON, TX 77007	\$ 250.00			
8 Contributor's principal occupation ATTORNEY 9 Contributor's job title				
10 Contributor's employer/law firm THE RAMOS LAW MEDIATION FIRM 11 Law firm of contributo	or's spouse (if any)			
12 If contributor is a child, law firm of parent(s) (if any)				
Date Full name of contributor □ out-of-state PAC ID#: LARRY & CAROL TRIMBLE	Amount of contribution (\$)			
09/13/2016 Contributor address; City; State; Zip Code 1719 BLOUNT, HOUSTON, TX 77008	\$ 250.00			
Contributor's principal occupation Contributor's job title				
Contributor's employer/law firm Law firm of contributor	or's spouse (if any)			
If contributor is a child, law firm of parent(s) (if any)				
Date Full name of contributor out-of-state PAC ID#:) ANNE MARESH WHEELER	Amount of contribution (\$)			
09/13/2016 Contributor address; City; State: Zip Code 800 HEIGHTS BLVD, APT 42, HOUSTON, TX 77007	\$ 100.00			
Contributor's principal occupation Contributor's job title				
Contributor's employer/law firm Law firm of contributor	or's spouse (if any)			
If contributor is a child, law firm of parent(s) (if any)				

SCHEDULE A(J)1

	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A(J)1: 6 of 38				
2	2 FILER NAME		6 of 38 3 Filer ID (Ethics Commission Filers)		
4	DAVID M. PATRONELLA 5 Full name of contributor out-of-state f A. J. PATRONELLA, II 09/13/2016 6 Contributor address; City: S 13306 KIMBERLEY LN, HOUSTON,	State; Zip Code	7 Amount of contribution (\$) \$ 100.00		
8	Contributor's principal occupation	9 Contributor's job title			
10	Contributor's employer/law firm	11 Law firm of contributor	s spouse (if any)		
12	If contributor is a child, law firm of parent(s) (if any)				
	Date Full name of contributor out-of-state BERNARD L. HEBINCK	PAC ID#:)	Amount of contribution (\$)		
	09/13/2016 Contributor address; City; S 2020 SW FREEWAY, STE 225, HOL		\$ 500.00		
Contributor's principal occupation Contributor's job title ATTORNEY		3-101			
Contributor's employer/law firm HEBINCK & ALTER, PC If contributor is a child, law firm of parent(s) (if any)			's spouse (if any)		
	Date Full name of contributor out-of-state CHARLIE, LOTTIE & THERESA BE	PAC ID#:)	Amount of contribution (\$)		
	00/13/2016	State: Zip Code	\$ 500.00		
	Contributor's principal occupation	Contributor's job title			
	Contributor's employer/law firm	Law firm of contributor	's spouse (if any)		
	If contributor is a child, law firm of parent(s) (if any)				
=					

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SCHEDULE A(J)1

	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A(J)1: 7 of 38					
2	FILER NAME DA	AVID M. PATRONELLA		3 Filer ID (Ethics Commission Filers)		
4	Date 5 09/13/2016 6	Full name of contributor	Zip Code	7 Amount of contribution (\$) \$ 300.00		
8	Contributor's prince	cipal occupation	9 Contributor's job title			
	POISSANT LAW	/ FIRM	11 Law firm of contributor's	s spouse (if any)		
14	ii contributor is a (child, law firm of parent(s) (if any)				
	Date	Full name of contributor)#:)	Amount of contribution (\$)		
	09/13/2016	Contributor address; City; State; 3730 BELLEFONTAINE, HOUSTON, TX	Zip Code 77025	\$ 500.00		
	Contributor's principal occupation Contributor's job title					
	Contributor's employer/law firm Law firm of contributor's spouse (if any)					
	If contributor is a child, law firm of parent(s) (if any)					
	Date 09/13/2016	Full name of contributor out-of-state PAC ID MARC WHITEHEAD Contributor address; City; State: 5300 MEMORIAL DR, STE 725, HOUST	·	Amount of contribution (\$) \$ 500.00		
_	Contributor's principal occupation ATTORNEY Contributor's job title					
	Contributor's emp	oloyer/law firm EHEAD & ASSOCIATES	Law firm of contributor	s spouse (if any)		
	If contributor is a child, law firm of parent(s) (if any)					
1						

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1: 8 of 38				
2 FILER NAME DAVID M. PATRONELLA	3 Filer ID (Ethics Commission Filers)				
4 Date 5 Full name of contributor out-of-state PAC ID#: 09/13/2016 6 Contributor address; City; State; Zip Code 3311 RICHMOND AVE, STE 305, HOUSTON, TX 77098	7 Amount of contribution (\$) \$ 500.00				
8 Contributor's principal occupation ATTORNEY 9 Contributor's job title					
10 Contributor's employer/law firm LAW OFFICE OF BRIAN CWEREN 12 If contributor is a child, law firm of parent(s) (if any)	s spouse (if any)				
Date Full name of contributor out-of-state PAC ID#: JAMES & DAVA WEST 09/13/2016 Contributor address; City; State; Zip Code 1130 RICHARDS DR, FRIENDSWOOD, TX 77546	Amount of contribution (\$) \$ 1,000.00				
Contributor's principal occupation ATTORNEY Contributor's job title					
Contributor's employer/law firm	's spouse (if any)				
If contributor is a child, law firm of parent(s) (if any)					
Date Full name of contributor out-of-state PAG ID#:) HOOVER SLOVACEK LLP 09/13/2016 Contributor address; City; State: Zip Code P.O. BOX 4547, HOUSTON, TX 77210	Amount of contribution (\$) \$ 500.00				
Contributor's principal occupation ATTORNEY Contributor's amplementation Contributor's applementation Contributor's principal occupation Contributor's applementation Contribut					
Contributor's employer/law firm HOOVER SLOVACEK LLP, ATTORNEYS AT LAW If contributor is a child, law firm of parent(s) (if any)					
Someone of a single and a s					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) SCHEDULE A(J)1						
Т	he Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1: 9 of 38			
2 FILER NAME	DAVID M. PATRONELLA		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor	D#:)	7 Amount of contribution (\$)			
09/13/2016	6 Contributor address; City; State; 4950 BISSONNET ST, BELLAIRE, TX 7		\$ 500.00			
8 Contributor's ATTORNEY	principal occupation	9 Contributor's job title				
10 Contributor's of LAW OFFIC	employer/law firm E OF ANDREW P. McCORMICK	11 Law firm of contributor	's spouse (if any)			
12 If contributor i	s a child, law firm of parent(s) (if any)					
Date	Full name of contributor	D#:)	Amount of contribution (\$)			
09/14/2016	Contributor address; City; State; 2901 BAMMEL LN #9, HOUSTON, TX 7	Zip Code	\$ 100.00			
Contributor's	principal occupation	Contributor's job title				
Contributor's	employer/law firm	Law firm of contributor	's spouse (if any)			
If contributor i	If contributor is a child, law firm of parent(s) (if any)					
Date	Full name of contributor out-of-state PAC I	D#:)	Amount of contribution (\$)			
09/16/2016	Contributor address; City; State: 4910 GOLF DR, HOUSTON, TX 77018	•	\$ 50.00			
Contributor's	principal occupation	Contributor's job title				
Contributor's	employer/law firm	Law firm of contributor	r's spouse (if any)			

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

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

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1: 10 of 38
2 FILER NAME DAVID M. PATRONELLA	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributorout-of-state PAC ID#:	7 Amount of contribution (\$) \$ 100.00
8 Contributor's principal occupation 9 Contributor's Job title ATTORNEY	
10 Contributor's employer/law firm JOE F WHEAT, PC	's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor out-of-state PAC ID#:) FRANK & RITA PATRONELLA	Amount of contribution (\$)
09/16/2016 Contributor address; City; State; Zip Code 3982 RUPE HUFFMAN RD, LONGVIEW, TX 75605	\$ 100.00
Contributor's principal occupation Contributor's job title	
Contributor's employer/law firm	r's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor Out-of-state PAC ID#: LEONARD SPARKS III	Amount of contribution (\$)
09/16/2016 Contributor address; City; State: Zip Code 7 LITTLE RISE DR, MISSOURI CITY, TX 77459	\$ 100.00
Contributor's principal occupation Contributor's job title	
Contributor's employer/law firm Law firm of contributo	r's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED

SCHEDULE A(J)1

TI	he instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1: 11 of 38
2 FILER NAME	DAVID M. PATRONELLA		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	D#:)	7 Amount of contribution (\$)
09/16/2016	6 Contributor address; City; State; 3201 HILCROFT ST #2B, HOUSTON, TX	·	\$ 100.00
8 Contributor's p	rincipal occupation	9 Contributor's job title	
10 Contributor's e	mployer/law firm	11 Law firm of contributor	s spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	D#:	Amount of contribution (\$)
09/16/2016	Contributor address; City; State; 4438 HOLLOW HOOK, HOUSTON, TX		\$ 250.00
Contributor's p	principal occupation	Contributor's job title	
Contributor's e	mployer/law firm	Law firm of contributor	s spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC MICHAEL & ALLYSON PATRONELLA	D#:)	Amount of contribution (\$)
09/16/2016	Contributor address; City; State: 7 WOODSBOROUGH CIR, HOUSTON,	•	\$ 250.00
Contributor's p	principal occupation	Contributor's job title	
Contributor's e	employer/law firm	Law firm of contributor	's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		

MONETARY	POLITICAL	CONTRIBUTIONS
(JUDICIAL)	,	

SCHEDULE A(J)1

*			
Т	he Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A(J)1: 12 of 38
2 FILER NAME	DAVID M. PATRONELLA		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC ID)#: C00027342)	7 Amount of contribution (\$)
09/16/2016	6 Contributor address; City; State; 900 SEVENTH ST, NW, WASHINGTON,	,	\$ 1,000.00
8 Contributor's p	principal occupation	9 Contributor's job title	
10 Contributor's e	employer/law firm	11 Law firm of contributor's	s spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor		Amount of contribution (\$)
09/16/2016 Contributor's p	Contributor address; City; State; 918 HEIGHTS BLVD, STE 1, HOUSTON		\$ 1,000.00
Contributor's e	employer/law firm	Law firm of contributor	s spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	D#:)	Amount of contribution (\$)
09/20/2016	Contributor address; City; State: 2101 LOUISIANA ST, HOUSTON, TX 7	'	\$ 100.00
•	orincipal occupation	Contributor's job title	
ATTORNEY Contributor's 6	employer/law firm	Law firm of contributor	's spouse (if any)
	, BOYD & LOWERY, PC	Law min of contributor	a apada (ii uriy)
	s a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) SCHEDULE A(J)1					
	Ti	ne Instruction Guide explains how to complete this fo	orm.	Total pages Schedule A(J)1: 13 of 38		
2	FILER NAME	DAVID M. PATRONELLA		3 Filer ID (Ethics Commission Filers)		
1	Date	5 Full name of contributor Quit-of-state PAC III	D#:)	7 Amount of contribution (\$)		
	09/20/2016	6 Contributor address; City; State; 2432 NOTTINGHAM, HOUSTON, TX 77	· ·	\$ 100.00		
8	Contributor's p	rincipal occupation	9 Contributor's job title			
10	Contributor's e	mployer/law firm	11 Law firm of contributor's	spouse (if any)		
2	If contributor is	a child, law firm of parent(s) (if any)	·			
	Date	Full name of contributor		Amount of contribution (\$)		
	09/20/2016	Contributor address; City; State; 7700 SAN FELIPE, STE 550, HOUSTON	·	\$ 250.00		
	Contributor's p	principal occupation	Contributor's job title			
	Contributor's e	mployer/law firm	Law firm of contributor's	spouse (If any)		

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

ROSS, BANKS, MAY, CRON & CAVIN, PC

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

Full name of contributor

Contributor address;

KLOSOWSKY LAW OFFICES

Date

09/22/2016

ATTORNEY

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City; State:

14015 SW FRWY, STE 14, SUGAR LAND, TX 77478

Zip Code

Contributor's job title

Law firm of contributor's spouse (if any)

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

Contributor's principal occupation

Contributor's employer/law firm KLOSOWSKY LAW OFFICES Amount of contribution (\$)

100.00

SCHEDULE A(J)1

•	•		
Tì	ne instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1: 14 of 38
2 FILER NAME	DAVID M. PATRONELLA		3 Filer ID (Ethics Commission Filers)
4 Date	RODERICK O. GIBSON	D#:)	7 Amount of contribution (\$)
09/22/2016	6 Contributor address; City; State; 416 WESTHEIMER RD, HOUSTON, TX	· · · · · · · · · · · · · · · · · · ·	\$ 100.00 ·
8 Contributor's p ATTORNEY	rincipal occupation	9 Contributor's job title	
	mployer/law firm D. GIBSON, ATTORNEY AT LAW a child, law firm of parent(s) (if any)	11 Law firm of contributor's	s spouse (if any)
12 If contributor is	; a chilo, law lirm of parent(s) (if any)		
Date 09/22/2016	FRANK DIMARIA	D#:)	Amount of contribution (\$) \$ 200.00
	4305 RICHMOND AVE, HOUSTON, TX		
BUSINESS ON Contributor's e		Law firm of contributor	s spouse (if any)
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
09/22/2016	Contributor address; City; State: 2158 BRIARGLEN DR, HOUSTON, TX		\$ 250.00
·	principal occupation	Contributor's job title	
	MANAGEMENT employer/law firm	Law firm of contributor	's snouse (if any)
Contributors		Law IIIII of Community	a apouse (ii uliy)
If contributor is	s a child, law firm of parent(s) (if any)		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	NEEDED

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.					1 7	otal pages Schedule A(J)1: 15 of 38
2	FILER NAME	D	AVID M. PATRONELLA		3	Filer ID (Ethics Commission Filers)
4	Date	5	Full name of contributor)	7	Amount of contribution (\$)
7	09/22/2016	6	Contributor address; City; State; Zi 2204 LOUISIANA, STE 233, HOUSTON, TX	Ē		\$ 250.00
8	Contributor's p		cipal occupation 9	Contributor's job title		
	Contributor's		child, law firm of parent(s) (if any)	Law firm of contributor's	spo	use (if any)
12	if contributor is	s a	chilo, law lirm of parent(s) (if any)			
	Date		Full name of contributorout-of-state PAC ID#: CHRISTOPHER K. PATRONELLA, MD		,	Amount of contribution (\$)
09/22/2016 Contributor address; City; State, Zip Code 12601 MOSSYCUP DR, HOUSTON, TX 77024					\$ 250.00	
Contributor's principal occupation Contributor's job title PHYSICIAN						
	Contributor's e	əmp	oloyer/law firm	Law firm of contributor's	s spc	ouse (if any)
	If contributor is	s a	child, law firm of parent(s) (if any)			
	Date		Full name of contributor			Amount of contribution (\$)
	09/22/2016		Contributor address; City; State: Z 1509 ARLINGTON, HOUSTON, TX 77008	ip Code		\$ 500.00
	· ·	prir	cipal occupation	Contributor's job title		•
Ĺ	ATTORNEY					
Contributor's employer/law firm Law firm of contributor's spouse (if any)				ouse (if any)		
	If contributor is a child, law firm of parent(s) (if any)					

SCHEDULE A(J)1

		· · · · · · · · · · · · · · · · · · ·
	The instruction Guide explains how to complete this fo	rm. 1 Total pages Schedule A(J)1: 16 of 38
2 FIL	DAVID M. PATRONELLA	3 Filer ID (Ethics Commission Filers)
4 Da	5 Full name of contributor	7 Amount of contribution (\$)
09	6 Contributor address; City; State; PO BOX 741109, HOUSTON, TX 77274	Zip Code \$ 1,000.00
8 Co	ntributor's principal occupation	9 Contributor's job title
PF	ROPERTY MANAGEMENT	
10 Co	ntributor's employer/law firm	11 Law firm of contributor's spouse (if any)
12 If c	contributor is a child, law firm of parent(s) (if any)	
Dat	Full name of contributor ut-of-state PAC II	#:
09	Contributor address; City; State; 9826 MAREK RD, HOUSTON, TX 7703	
Co	entributor's principal occupation	Contributor's job title
	ontributor's employer/law firm	Law firm of contributor's spouse (if any)
If c	contributor is a child, law firm of parent(s) (if any)	
Dat	te Full name of contributor ☐ out-of-state PAC II SARA S MALONE	Amount of contribution (\$)
09/	/26/2016 Contributor address; City; State: 2403 WEBSTER RANCH RD, FRIENDS	
Co	ontributor's principal occupation	Contributor's job title
RI	ETIRED	· ·
Co	ontributor's employer/law firm	Law firm of contributor's spouse (if any)
If c	contributor is a child, law firm of parent(s) (if any)	

SCHEDULE A(J)1

TI	he Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A(J)1: 17 of 38
2 FILER NAME	DAVID M. PATRONELLA		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC II DOMINIQUE & ROY VARNER)#:)	7 Amount of contribution (\$)
09/26/2016	6 Contributor address; City; State; 8007 EDGMOOR DR, HOUSTON, TX 7	· ·	\$ 250.00
8 Contributor's p	principal occupation	9 Contributor's job title	
ATTORNEYS	·		
10 Contributor's e	employer/law firm	11 Law firm of contributor's	spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	O#:)	Amount of contribution (\$)
09/26/2016	Contributor address; City; State; 4810 WESTWAY PARK BLVD, HOUST	and I	\$ 500.00
Contributor's p	principal occupation	Contributor's job title	
PAC			
Contributor's e	employer/law firm	Law firm of contributor's	spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor		Amount of contribution (\$)
09/26/2016	Contributor address; City; State: 2318 WILLOWBY DR, HOUSTON, TX 7		\$ 1,500.00
Contributor's p	orincipal occupation	Contributor's job title	
TAX CONSU	LTANTS	700	
Contributor's e	employer/law firm	Law firm of contributor's	s spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		

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ı	he Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: 18 of 38
FILER NAME	DAVID M. PATRONELLA		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor ut-of-state PAC MICHAEL M. ESSMYER, SR	ID#:)	7 Amount of contribution (\$)
09/28/2016	6 Contributor address; City; State 5111 CENTER ST, HOUSTON, TX 770	· · ·	\$ 100.00
Contributor's ATTORNEY	principal occupation	9 Contributor's job title	
	employer/law firm DANIEL, PC	11 Law firm of contributor's	s spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
10/03/2016	Contributor address; City; State; 3334 RICHMOND AVE, STE 218, HOUS		\$ 25.00
Contributor's	principal occupation	Contributor's job title	COD
Contributor's	employer/law firm	Law firm of contributor	s spouse (if any)
If contributor i	s a child, law firm of parent(s) (if any)		
If contributor i	T	1D#:)	Amount of contribution (\$)
	Full name of contributor		Amount of contribution (\$) \$ 100.00
Date 10/03/2016	Full name of contributor		
Date 10/03/2016 Contributor's ATTORNEY Contributor's of	Full name of contributor		\$ 100.00
Date 10/03/2016 Contributor's ATTORNEY Contributor's THOMAS M	Full name of contributor	Zip Code Contributor's job title	\$ 100.00

SCHEDULE A(J)1

	TI	he Instruction Guide explains how to complete this fo	rm.	Total pages Schedule A(J)1: 19 of 38
2	FILER NAME	DAVID M. PATRONELLA		3 Filer ID (Ethics Commission Filers)
4	Date 10/03/2016	5 Full name of contributor out-of-state PAC ID MARK DONALD LEE		7 Amount of contribution (\$)
	·	Contributor address; City; State; 4922 VALKEITH DR, HOUSTON, TX 770	Zip Code 096	\$ 100.00
8	Contributor's p	principal occupation	9 Contributor's job title	
	ATTORNEY			
10	Contributor's e	mployer/law firm	11 Law firm of contributor's	s spouse (if any)
12	If contributor is	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor	TH:)	Amount of contribution (\$)
	10/03/2016	Contributor address; City; State; 1800 SAINT JAMES PL, STE 200, HOUS	Zip Code STON, TX 77056	\$ 100.00
	Contributor's p	orincipal occupation	Contributor's job title	
	ATTORNEY			
		employer/law firm	Law firm of contributor's	s spouse (if any)
		A, ATTORNEY AT LAW	<u> </u>	
	If contributor is	s a child, law firm of parent(s) (if any)	***************************************	
	Date	_)	Amount of contribution (\$)
	4010210046	KENT A. SCHAFFER		\$ 100.00
	10/03/2016	Contributor address; City; State:	Zip Code	\$ 100.00
		712 MAIN ST, STE 2400, HOUSTON, TX	77002	
	Contributor's p	principal occupation	Contributor's job title	
	ATTORNEY	·		
	Contributor's e	employer/law firm	Law firm of contributor's	s spouse (if any)
		AFFER, LAWYER		
	If contributor is	s a child, law firm of parent(s) (if any)		

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SCHEDULE A(J)1

	The Instruction Guide explains how to complete this fo	orm. 1 Total pages Schedule A(J)1: 20 of 38
2 FILER NAME	DAVID M. PATRONELLA	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	D#:
10/03/2010	6 Contributor address; City; State; 2000 BERING DR, STE 909, HOUSTON	, , , , , , , , , , , , , , , , , , , ,
8 Contributor's	principal occupation	9 Contributor's job title
ATTORNEY		
10 Contributor's	employer/law firm	11 Law firm of contributor's spouse (if any)
WILLIAMS	, BIRNBERG & ANDERSEN, LLP	
	is a child, law firm of parent(s) (if any)	
Date	Full name of contributor	Amount of contribution (\$)
10/03/2016	Contributor address; City; State; 2715 SUNSET BLVD, HOUSTON, TX 7	· ·
Contributor's	principal occupation	Contributor's job title
СРА		
CHARLES C	employer/law firm 5 TRACY, CPA	Law firm of contributor's spouse (if any)
If contributor	is a child, law firm of parent(s) (if any)	
Date	Full name of contributor Out-of-state PAC I	D#:) Amount of contribution (\$)
10/03/2016	Contributor address; City; State: 8801 KNIGHT RD, HOUSTON, TX 7705	
	principal occupation	Contributor's job title
REAL ESTA		
Contributor's	employer/law firm	Law firm of contributor's spouse (if any)
If contributor	is a child, law firm of parent(s) (if any)	

SCHEDULE A(J)1

	т	he I	nstruction Guide explains how to complete this form.	1	Total pages Schedule A(J)1: 21 of 38
2	FILER NAME	DA	AVID M. PATRONELLA	3	Filer ID (Ethics Commission Filers)
4	Date		Full name of contributor	7	Amount of contribution (\$)
	10/03/2016	6	Contributor address; City; State; Zip Code 27 DARTMOOR DT, SUGAR LAND, TX 77479		\$ 250.00
8	Contributor's p	orino	ipal occupation 9 Contri	butor's job title	
	BUSINESS O	WN	ER		
10	Contributor's 6	emp	loyer/law firm 11 Law fi	rm of contributor's sp	oouse (if any)
12	If contributor is	sa	child, law firm of parent(s) (if any)		
	Date		Full name of contributor)	Amount of contribution (\$)
	10/04/2016		Contributor address; City; State; Zip Code 3401 HOUSTON AVE, HOUSTON, TX 77009		\$ 25.00
	Contributor's	prin	cipal occupation Contri	butor's job title	
	ATTORNEY				
	Contributor's	emp	loyer/law firm	rm of contributor's sp	pouse (if any)
	If contributor i	s a	child, law firm of parent(s) (if any)		
		1			
	Date		Full name of contributor)	Amount of contribution (\$)
	10/05/2016	•	Contributor address; City; State: Zip Code 9531 WILLOWLAKE PARK DR, HOUSTON, TX 7		\$ 100.00
	Contributor's	prin	cipal occupation Contr	butor's job title	
	MAINTENAN	NCE	ELECTRICIAN		
	Contributor's	emp	loyer/law firm Law f	irm of contributor's s	pouse (if any)
	If contributor i	is a	child, law firm of parent(s) (if any)		

SCHEDULE A(J)1

TI	he Instruction Guide explains how to complete this fo	1 Total pages Schedule A(J)1: 22 of 38	
2 FILER NAME	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	DAVID M. PATRONELLA		
4 Date	5 Full name of contributor Out-of-state PAC JOHN R BARTOS	D#:)	7 Amount of contribution (\$)
10/07/2016	6 Cantributar addraga		
	Contributor address, City, State,	<i>'</i>	\$ 100.00
	1235 N LOOP WEST, STE 208, HOUST	ON, TX 77008	
8 Contributor's p	orincipal occupation	9 Contributor's job title	
ATTORNEY			
10 Contributor's e	mployer/law firm	11 Law firm of contributor	s spouse (if any)
JOHN R. BAI	RTOS, ATTORNEY AT LAW		
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	D#:)	Amount of contribution (\$)
1:	REX L KESLER	, , , , , , , , , , , , , , , , , , , ,	
			# 050.00
10/07/2016	Contributor address; City; State;		\$ 250.00
	2311 CANAL ST, STE 304, HOUSTON,	TX 77003	
Contributor's p	principal occupation	Contributor's job title	
ATTORNEY			
Contributor's e	employer/law firm	Law firm of contributor	s spouse (if any)
REX L KESLEI	R, ATTORNEY AT LAW		
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC	#םו#:	Amount of contribution (\$)
	HOLLY FULKERSON		
10/07/2016			\$ 1,000.00
10/0//2016	1	Zip Code	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
*	448 W 19TH ST, STE 171, HOUSTON,	IX //UU8	
Contributor's p	principal occupation	Contributor's job title	
ATTORNEY			
Contributor's e	employer/law firm	Law firm of contributor	's spouse (if any)
FULKERSON	& WING, PC		
If contributor is	s a child, law firm of parent(s) (if any)		

MONETARY	POLITICAL	CONTRIBUTIONS
(JUDICIAL)		

SCHEDULE A(J)1

Т	he Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1: 23 of 38
2 FILER NAME	DAVID M. PATRONELLA		3 Filer ID (Ethics Commission Filers)
4 Date 10/07/2016	5 Full name of contributor out-of-state PAC IDR JAN PER BERGMANSON 6 Contributor address; City; State; 2046 McCLENDON ST, HOUSTON, TX	Zip Code	7 Amount of contribution (\$) \$ 150.00
8 Contributor's p	orincipal occupation	9 Contributor's job title	
OPTOMETRI	ST	,	
10 Contributor's e	employer/law firm	11 Law firm of contributor's	s spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor Out-of-state PAC I		Amount of contribution (\$) \$ 250.00
10/10/2016	Contributor address; City; State; 2514A SOUTH BLVD, HOUSTON, TX 7	• "	\$ 250.00
Contributor's	orincipal occupation	Contributor's job title	
ATTORNEY			
Contributor's e	employer/law firm	Law firm of contributor'	s spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	10#:)	Amount of contribution (\$)
10/11/2016	Contributor address; City; State: 54 SUSAN CRK CTR BLVD #315, SUG.		\$ 100.00
Contributor's	principal occupation	Contributor's job title	
ATTORNEY	100003		
Contributor's	employer/law firm	Law firm of contributor	's spouse (if any)
PHILOAN M			
If contributor i	s a child, law firm of parent(s) (if any)	W00	

SCHEDULE A(J)1

The Instruct	ion Guide explains how to complete this form.	1 Total pages Schedule A(J)1: 24 of 38	
2 FILER NAME DAVID	M. PATRONELLA	3 Filer ID (Ethics Commission File	ers)
ERIC	ame of contributor	7 Amount of contribution (\$)	
	butor address; City; State; Zip Code VALKEITH, HOUSTON, TX 77096	\$ 500.00	
8 Contributor's principal of REAL ESTATE	cupation 9 Contributor's	job title	
10 Contributor's employer/la	w firm 11 Law firm of c	ontributor's spouse (if any)	
12 If contributor is a child, la	aw firm of parent(s) (if any)		
	DUGGAN, JR	Amount of contribution (\$)	
	bibutor address; City; State; Zip Code 1 CANDLEWOOD, HOUSTON, TX 77056	\$ 250.00	
Contributor's principal of	ccupation Contributor's	job title	
Contributor's employer/la	w firm Law firm of c	contributor's spouse (if any)	
If contributor is a child, la	aw firm of parent(s) (if any)	>	
	name of contributor		
l :	ributor address; City; State: Zlp Code WESTCOTT ST, HOUSTON, TX 77007	\$ 500.00	
Contributor's principal o	ccupation Contributor's	job title	
ATTORNEY			
Contributor's employer/la	aw firm Law firm of c	contributor's spouse (if any)	
KOVACH LAW FIRM, F	PLLC		
If contributor is a child, l	aw firm of parent(s) (if any)		
"""			

MONET (JUDIC	ARY POLITICAL CONTRIBU	JTIONS	SCHEDULE A(J)1
Ţ	e Instruction Guide explains how to complete this form.	1	Total pages Schedule A(J)1: 25 of 38
2 FILER NAME	DAVID M. PATRONELLA	3	Filer ID (Ethics Commission Filers)
4 Date 10/12/2016	5 Full name of contributorout-of-state PAC ID#:) LESLIE BRINKOETER & ALLYSON DAVIS 10/12/2016 6 Contributor address: City; State; Zip Code 398 VALLEY VIEW DR, LAGRANGE, TX 778945		7 Amount of contribution (\$) \$ 250.00
-	rincipal occupation 9 IANAGEMENT	Contributor's job title	
10 Contributor's e		Law firm of contributor's s	spouse (if any)
12 If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC ID#: CHARLES & PAULINE PATRONELLA)	Amount of contribution (\$)
10/12/2016	Contributor address; City; State; Zi 10501 E. WILDWIND CIR, THE WOODLANG		\$ 100.00
Contributor's p	rincipal occupation	Contributor's job title	
RETIRED			
Contributor's e	mployer/law firm	Law firm of contributor's s	spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor		Amount of contribution (\$)
10/12/2016	Contributor address; City; State: Zi 5959 RICHMOND AVE, STE 440, HOUSTO	p Code N, TX	\$ 2,500.00
Contributor's p	principal occupation	Contributor's job title	
Contributor's e	mployer/law firm	Law firm of contributor's	spouse (if any)
RICHMOND / WESLAYAN LTD			
If contributor is	s a child, law firm of parent(s) (if any)		
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NE	EDED
If	contributor is out-of-state PAC, please see instruction	n guide for additional re	porting requirements.

SCHEDULE A(J)1

T	he instruction Guide explains how to complete this fo	1 Total pages Schedule A(J)1: 26 of 38	
2 FILER NAME	DAVID M. PATRONELLA		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)	
10/12/2016	Gontributor address; City; State; Zip Code \$ 100.00		
8 Contributor's p	rincipal occupation	9 Contributor's job title	
10 Contributor's e	employer/law firm	11 Law firm of contributor	s spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	D#:)	Amount of contribution (\$)
10/12/2016	Contributor address; City; State; 11 GREENWAY PLAZA, STE 2820, HOU		\$ 250.00
Contributor's p	principal occupation	Contributor's job title	
ATTORNEY			
JERRY L. SCH	employer/law firm	Law firm of contributor	s spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC II JOHN HAVINS	D#:)	Amount of contribution (\$)
10/13/2016	Contributor address; City; State: 2211 NORFOLK ST, STE 525, HOUSTO	· '	\$ 500.00
Contributor's p	principal occupation	Contributor's job title	
ATTORNEY			
Contributor's e	employer/law firm	Law firm of contributor	's spouse (if any)
HAVINS & AS	SSOCIATES, PC		
If contributor is	s a child, law firm of parent(s) (if any)		

SCHEDULE A(J)1

	The Instruction Guide explains how to complete this form	n. 1 To	otal pages Schedule A(J)1: 27 of 38
2 F	DAVID M. PATRONELLA	3 Fi	iler ID (Ethics Commission Filers)
	5 Full name of contributor Out-of-state PAC ID#	7 A	mount of contribution (\$)
1 _	10/13/2016 6 Contributor address; City; State; 1240 CURTIN ST, HOUSTON, TX 77018	Zip Code \$	5 50.00
_	Contributor's principal occupation EDUCATOR	Contributor's job title	
10 C	Contributor's employer/law firm	1 Law firm of contributor's spou	ise (if any)
12 1	If contributor is a child, law firm of parent(s) (if any)		
C	Full name of contributor Out-of-state PAC 10# HOUSTON POLICE OFFICERS' UNION	, A	mount of contribution (\$)
1	10/14/2016 Contributor address; City; State; 1600 STATE STREET, HOUSTON, TX. 7	Zip Code \$	1,000.00
C	Contributor's principal occupation	Contributor's job title	
1	PAC		
	Contributor's employer/law firm	Law firm of contributor's spou	use (if any)
10	If contributor is a child, law firm of parent(s) (if any)		
۵	PATRICK OCONNOR & ASSOCIATES LE		amount of contribution (\$)
1	10/14/2016 Contributor address; City; State: 2200 N LOOP W, STE 200, HOUSTON, T	•	1,000.00
C	Contributor's principal occupation	Contributor's job title	
	LAW FIRM		***
	Contributor's employer/law firm	Law firm of contributor's spot	use (if any)
	PATRICK OCONNOR & ASSOCIATES LP	**	
	If contributor is a child, law firm of parent(s) (if any)	,	

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SCHEDULE A(J)1

TI	he Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1: 28 of 38
2 FILER NAME	DAVID M. PATRONELLA		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor)#:)	7 Amount of contribution (\$)
10/14/2016	6 Contributor address; City; State; 19607 PINEY PLACE CT, HOUSTON, TX	1	\$ 500.00
8 Contributor's p	principal occupation	9 Contributor's job title	
10 Contributor's e	mployer/law firm ROMAN, ATTORNEY AT LAW	11 Law firm of contributor's	s spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	D#:)	Amount of contribution (\$)
10/14/2016	Contributor address; City; State; 1714 MERCOAL DR, SPRING, TX 7738	Zip Code	\$ 500.00
Contributor's p	principal occupation	Contributor's job title	
ATTORNEY			
Contributor's e	employer/law firm	Law firm of contributor's	s spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	D#:	Amount of contribution (\$)
10/14/2016	Contributor address; City; State: 1800 BERING DR, STE 1000, HOUSTON		\$ 250.00
Contributor's p	orincipal occupation	Contributor's job title	
ATTORNEY		·	
	employer/law firm	Law firm of contributor	s spouse (if any)
	AW FIRM, PC		
If contributor is	s a child, law firm of parent(s) (if any)		

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: 29 of 38
2 FILER NAME	DAVID M. PATRONELLA		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC II MICHAEL D. & DARLENE PAYNE SMIT)#:) H	7 Amount of contribution (\$)
10/14/2016	6 Contributor address; City; State; 1401 McKINNEY, 17TH FL, HOUSTON,	·	\$ 250.00
8 Contributor's p	principal occupation	9 Contributor's job title PARTNER	
10 Contributor's e	amployor/law firm	11 Law firm of contributor	s species (if any)
	` `	II Cam title of commontors	s spouse (ii aiiy)
CRAIN & CA	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC EVAN S. HOWELL	D#:}	Amount of contribution (\$)
10/14/2016	Contributor address; City; State; P.O. BOX BOX 55753, HOUSTON, TX		\$ 200.00
Contributor's	principal occupation	Contributor's job title	
Contributor's	employer/law firm	Law firm of contributor	s spouse (if any)
If contributor i	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor		Amount of contribution (\$)
10/14/2016	0/14/2016		
	principal occupation	Contributor's job title	
LAW FIRM	employer/law firm	Law firm of contributor	's spouse (if any)
	, -	Law min or commoditi	a apado (ii aii,)
	« McZEAL, PC		
If contributor i	is a child, law firm of parent(s) (if any)		

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.			rm.	1 Total pages Schedule A(J)1: 30 of 38
2	FILER NAME	DAVID M. PATRONELLA		3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor	#:)	7 Amount of contribution (\$)
	10/14/2016	6 Contributor address; City; State; 1800 SAINT JAMES PL, STE 200, HOUS	· ·	\$ 100.00
8	Contributor's p	rincipal occupation	9 Contributor's job title	
	CIANO PAS	mployer/law firm TA, ATTORNEY AT LAW	11 Law firm of contributor's	s spouse (if any)
12	If contributor is	s a child, law firm of parent(s) (If any)		
	Date	Full name of contributor	#:)	Amount of contribution (\$)
10/14/2016 Contributor address; City; State; Zip Code \$ 100.00 1800 SAINT JAMES PLACE, STE 200, HOUSTON, TX 77056 Contributor's principal occupation Contributor's job title LAW FIRM				
Contributor's employer/law firm			Law firm of contributor's	s spouse (if any)
-	GORDON LA	vy FIKM s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor	#:)	Amount of contribution (\$)
	10/14/2016	Contributor address; City; State: 6250 WSTPARK DR, STE 134, HOUSTO	Zip Code N, TX 77057	\$ 100.00
	·	principal occupation	Contributor's job title	
ATTORNEY			l firm - f	
Contributor's employer/law firm			Law firm of contributor!	s spouse (II any)
ROBERT B. HINSLEY, ATTORNEY AT LAW If contributor is a child, law firm of parent(s) (if any)				
		a come, law min or paronits) (ii arry)	·	
_				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A(J)1

•	The Instruction Guide explains how to complete this form	n. Total pages Schedule A(J)1: 31 of 38	
2 FILER NAME	DAVID M. PATRONELLA	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor Qui-of-state PAC ID#	7 Amount of contribution (\$)	
10/14/2016	6 Contributor address; City; State; 6250 WESTPARK DR, STE 134, HOUSTO	Zip Code \$ 100.00 DN, TX 77057	
8 Contributor's ATTORNEY	principal occupation	Contributor's job title	
10 Contributor's	employer/law firm	11 Law firm of contributor's spouse (if any)	
BOB ROSE	NBERG, ATTORNEY AT LAW		
12 If contributor	is a child, law firm of parent(s) (if any)		
Date	Full name of contributor	Amount of contribution (\$)	
10/14/2016	Contributor address; City; State; 9811 KINDLETREE, HOUSTON, TX 7704	Zip Code \$ 100.00	
Contributor's	principal occupation	Contributor's job title	
ATTORNEY			
Contributor's	Contributor's employer/law firm Law firm of contributor's spouse (if any)		
	LEY, ATTORNEY		
If contributor	is a child, law firm of parent(s) (if any)		
Date	Full name of contributor	Amount of contribution (\$)	
10/14/2016	Contributor address; City; State: 14015 SW FWY, STE 4, SUGAR LAND, T	Zip Code \$ 50.00 X 77478	
Contributor's	principal occupation	Contributor's job title	
Contributor's	employer/law firm	Law firm of contributor's spouse (if any)	
lf contributor	is a child, law firm of parent(s) (if any)		

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1: 32 of 38
2 FILER NAME DAVID M. PATRONELLA	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor GEORGIA ANN DIXON Description: 4 Date 5 Full name of contributor GEORGIA ANN DIXON	7 Amount of contribution (\$)
10/14/2016 6 Contributor address; City; State; Zip Co	Ψ 10.00
	ntributor's job title
10 Contributor's employer/law firm	v firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor out-of-state PAC ID#: JOANN DELGADO	Amount of contribution (\$)
10/14/2016 Contributor address; City; State; Zip Co 2106 THREE WOOD DR, HOUSTON, TX 7708	l l
Contributor's principal occupation Co	ntributor's job title
JUDGE	
	y firm of contributor's spouse (if any)
HARRIS COUNTY	
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor out-of-state PAC ID#:	Amount of contribution (\$)
10/25/2016 Contributor address; City; State: Zip Contributor Address City; State: Zip	
Contributor's principal occupation Co	entributor's job title
ATTORNEY	
Contributor's employer/law firm La	w firm of contributor's spouse (if any)
Monthly and the second	
If contributor is a child, law firm of parent(s) (if any)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A(J)1

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1: 33 of 38			
2 FILER	DAVID M. PATRONELLA	3 Filer ID (Ethics Commission Filers)			
4 Date 10/25/	5 Full name of contributor Out-of-state PAC ID#: JOSE JAVIER ANZIANI Contributor address; City; State; Zip Code	7 Amount of contribution (\$) . \$ 100.00			
	201 LAVACA ST #534, AUSTIN, TX 78701	Ψ 100.00			
8 Contribu	utor's principal occupation 9 Contributor's job title				
ATTO					
10 Contrib	utor's employer/law firm 11 Law firm of contributo	r's spouse (if any)			
12 If contri	butor is a child, law firm of parent(s) (if any)				
Date	Full name of contributor	Amount of contribution (\$)			
10/25/	2016 Contributor address; City; State; Zip Code 7 MARTIN CT, HOUSTON, TX 77055	\$ 500.00			
Contrib	utor's principal occupation Contributor's job title				
TAX C	ONSULTANT ·				
Contrib	utor's employer/law firm	or's spouse (if any)			
If contri	butor is a child, law firm of parent(s) (if any)				
Date	Full name of contributor	Amount of contribution (\$)			
10/25/2	Contributor address; City; State: Zip Code 3350 McCUE RD, APT 1903, HOUSTON, TX 77056	\$ 100.00			
Contrib	utor's principal occupation Contributor's job title				
INSUR	ANCE				
	Contributor's employer/law firm Law firm of contributor's spouse (if any)				
If contri	ibutor is a child, law firm of parent(s) (if any)				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A(J)1

		V	
	T	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1: 34 of 38
2	FILER NAME	DAVID M. PATRONELLA	3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor Out-of-state PAC ID#:	7 Amount of contribution (\$)
_	10/25/2016	Gontributor address; City; State; Zip Code 1518 GARDENIA DR, HOUSTON, TX 77018	\$ 250.00
8	Contributor's p	principal occupation 9 Contri	outor's job title
10	Contributor's 6	employer/law firm 11 Law fir	rm of contributor's spouse (if any)
12	If contributor is	s a child, law firm of parent(s) (if any)	
	Date	Full name of contributor out-of-state PAC ID#:	Amount of contribution (\$)
	10/25/2016	Contributor address; City; State; Zip Code 1138 WISTERWOOD DR, HOUSTON, TX 77043	\$ 250.00
	·		butor's job title
		DGE, MEDIATOR employer/law firm Law fi	rm of contributor's spouse (if any)
	If contributor i	s a child, law firm of parent(s) (if any)	
	Date	Full name of contributor	Amount of contribution (\$)
	10/25/2016	Contributor address; City; State: Zip Code 1506 HOLLY RIVER DR, HOUSTON, TX 77077	
		F	butor's job title
	RETIRED AT		
	Contributor's	employer/law firm Law f	irm of contributor's spouse (if any)
	If contributor i	s a child, law firm of parent(s) (if any)	
			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A(J)1

	Т	he Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A(J)1: 35 of 38
2	FILER NAME	DAVID M. PATRONELLA		3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor	:	7 Amount of contribution (\$)
	10/25/2016	6 Contributor address; City; State; 1100 UPTOWN PARK BLVD, UNIT 272, F	·	\$ 100.00
8	Contributor's p	principal occupation §	Gontributor's job title	
10	Contributor's e	employer/law firm -	11 Law firm of contributor	's spouse (if any)
12	If contributor is	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor		Amount of contribution (\$)
	10/25/2016	Contributor address; City; State; 9219 KATY FWY, STE 220, HOUSTON, T	Zip Code X 77024	\$ 250.00
	Contributor's	principal occupation	Contributor's job title	
	ATTORNEY			
	Contributor's	employer/law firm	Law firm of contributor	's spouse (if any)
	LAW OFFICE	S OF ROBERT W EUTSLER	\	
	If contributor is	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor):)	Amount of contribution (\$)
	10/25/2016	Contributor address; City; State: 3 PIN OAK ESTES DR, BELLAIRE, TX 7		\$ 250.00
	Contributor's	principal occupation	Contributor's job title	
		employer/law firm	Law firm of contributo	r's spouse (if any)
	If contributor i	s a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A(J)1

Т	he Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1: 36 of 38			
2 FILER NAME	DAVID M. PATRONELLA		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor	D#:)	7 Amount of contribution (\$)			
10/25/2016	6 Contributor address; City; State; 1875 POST OAK PARK DR, APT 417, He		\$ 150.00			
8 Contributor's p	principal occupation	9 Contributor's job title				
ATTORNEY						
10 Contributor's	employer/law firm	11 Law firm of contributor	s spouse (if any)			
ROBINSON	LAW GROUP, PLLC					
	s a child, law firm of parent(s) (if any)					
Date	Full name of contributor		Amount of contribution (\$)			
10/25/2016	Contributor address; City; State; P.O. BOX 17428, AUSTIN, TX 78760	Zip Code	\$ 500.00			
Contributor's	principal occupation	Contributor's job title				
LAW FIRM						
	employer/law firm R GOGGAN BLAIR & SAMPSON, LLP	Law firm of contributor	s spouse (if any)			
If contributor i	s a child, law firm of parent(s) (if any)					
Date	Full name of contributor	D#:)	Amount of contribution (\$)			
10/27/2016	Contributor address; City; State: 523 N POST OAK LN, HOUSTON, TX 7	77024	\$ 250.00			
Contributor's	principal occupation	Contributor's job title				
ATTORNEY						
	Contributor's employer/law firm Law firm of contributor's spouse (if any)					
If contributor	is a child, law firm of parent(s) (if any)					

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

SCHEDULE A(J)1

TI	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1: 37 of 38
2 FILER NAME	DAVID M. PATRONELLA	3 Filer ID (Ethics Commission Filers)
4 Date 10/27/2016	5 Full name of contributor out-of-state PAC ID#: ROBERT C. SARTAIN 6 Contributor address; City; State; Zip 101 ASBURY ST, HOUSTON, TX 77007	7 Amount of contribution (\$) Code \$ 1,000.00
	\	Contributor's job title
BUSINESS O	· · · · · · · · · · · · · · · · · · ·	
10 Contributor's e	mployer/law firm 11 L	aw firm of contributor's spouse (if any)
12 If contributor is	a child, law firm of parent(s) (if any)	
Date	Full name of contributor out-of-state PAC ID#:PLUMBERS LOCAL UNION NO. 68	Amount of contribution (\$)
11/02/2016	Contributor address; City; State; Zip P.O. BOX 8746, HOUSTON, TX 77206	\$ 500.00
Contributor's p	rincipal occupation	Contributor's job title
Contributor's e	mployer/law firm	aw firm of contributor's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)	
Date	Full name of contributor	Amount of contribution (\$)
11/30/2016	Contributor address; City; State: Zip 525 WOODLAND ST, HOUSTON, TX 77009	\$ 50.00
Contributor's p	principal occupation	Contributor's job title
RETIRED		
Contributor's e	amployer/law firm	aw firm of contributor's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

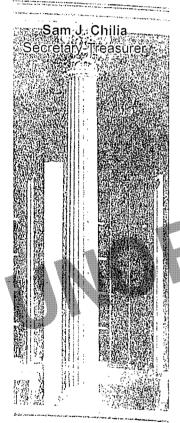
SCHEDULE A(J)1

	T	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1: 38 of 38			
2	FILER NAME	DAVID M. PATRONELLA	3 Filer ID (Ethics Commission Filers)			
4	Date	5 Full name of contributor	7 Amount of contribution (\$)			
		JEFFREY S. REDDALL	İ			
	11/30/2016	6 Contributor address; City; State; Zip Code	\$ 100.00			
		1 SUGAR CK CTR BLVD, STE 925, SUGAR LAND, TX 77478	ψ 100.00			
_						
8	•	principal occupation 9 Contributor's job title				
	ATTORNEY					
10		employer/law firm 11 Law firm of contributor ES OF JEFFREY S. REDDALL	s spouse (if any)			
12		s a child, law firm of parent(s) (if any)				
-	ii contributor is	s a clinic, law lifth of parent(s) (if any)				
	Date	Full name of contributor	Amount of contribution (\$)			
			\$ 200.00			
		Contributor address; City; State; Zip Code	4 200.00			
	Contributor's p	principal occupation Contributor's job title				
Contributor's employer/law firm Law firm of contributor's spouse (if any)						
		Law mini di Commonioni	a apoulae (ii airy)			
	If contributor is	a child, law firm of parent(s) (if any)				
		9800000000000				
	<u> </u>					
	Date	Full name of contributor	Amount of contribution (\$)			
		Contributor address; City; State: Zip Code				
	Contributor's	orincipal occupation Contributor's job title				
Contributor's employer/law firm Law firm of contributor's spouse (if any)						
	If contributor i	s a child, law firm of parent(s) (if any)				
Ì		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I	NEEDED			
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED			



Rolltical/Legislative Affairs Department

> Edwin D. Hill Chairman



International Brotherhood of Electrical Workers

900 Seventh Street, NW Washington, DC 20001

PH: 202.728.6046, FX: 202.728.6144

pewpoliticaldept@ibew.org

Form 945

and the second second in the second s

MEMORANDUM

I certify that the enclosed is a copy of the International Brotherhood of Electrical Workers Political Action Committee's statement or organization filed as required by law with the Federal Election Commission. The FEC identification number assigned is C00027342.

With best wishes, Lam

Sincerely yours.

Salvatore (Sam) J. Chilia Secretary-Treasurer

SJC:mlm Opeiu #2

FEC FORM 1	ORGANIZATION				flice Use Only
NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
International	<u>rotherho</u>	od of:Electrical Wor	kers Rolitical Action Co	mmittee , , ,	
		<u> </u>	; ! 1 3 1 1 1 1		
ADDRESS (number a	nd street)	[900 Seventh St.,I	<u>1,W; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; </u>		1111:11
⟨Check il a is changed	iddress !)			1 1 1 1 1 1	
		[Washington, , ,		DC L	20001 - [
COMMITTEE'S E-MA	AL ADDRES	SS			
(Check if a	nddress I)	PACReports@	bew.org. ; ; ; ;	<u> </u>	
		Optional Second E-Mail A			1011
COMMITTEE'S WEB (Check if a is changed) 2. DATE OR	address	RESS (URL)			
3. FEC IDENTIFIC	DATION NU	MBER ▶	C00027342		
4. IS THIS STATEM	MENT	NEW (N) OR	AMENDED (A)		
I certify that I have e		Salvatore J. Chili	at of my knowledge and belief i	t is true, correct and	complete.
Signature of Treasure	or Va	Mature	A Guy	Date 0,8	01" 2014"
NOTE: Submission of			n may subject the person signing TION SHOULD BE REPORTED V		penalties of 2 U.S.C. §437g.
Office Use Only			For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

Page 2

TYPE	OF C	COMMITTEE
Can	didate	e Committee:
(a)	() () () () () () () () () ()	This committee is a principal campaign committee. (Complete the candidate information below.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Name Candi		
Candi Party	idate Affiliati	Office State on Sought: House Senate A President District A
(c)	а в Э	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Candi		
Part	y Con	nmittee:
(d)		(National, State (Democratic, or subordinate) committee of the Republican, etc.) Party.
Polit	ical A	ction Committee (PAC):
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a
		Corporation Wo Capital Stock X Labor Organization
		: Membership Organization Trade Association :/ Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
		In addition, this committee is a Lobbyist/Registrant PAC.
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint	Fund	raising Representative:
(g)	j	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)	li i	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
	Com	mittees Participating in Joint Fundraiser
	1.	FEC ID number C
	2.	FEC ID number C
	3.	FEC ID number C
	A	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

FEC Form 1 (Revised 02/2009)

5.

FEC Form 1	(Revised 02/2009)	Page 3
Write or Type Comm	nittee Name	
International Brother	rhood of Electrical Workers Political Action Committee	
6. Name of Any Co	onnected Organization, Affiliated Committee, Joint Fundraising Representative	re, or Leadership PAC Sponsor
Unternational Pi	rotherhood of Electrical Workers	
	indication of the contract volkers is a first of the contract	
	900,7th Street, NW	
Mailing Address		<u> </u>
	Washington	20001 -
	CITY STATE	ZIP CODE
Relationship:	Connected Organization Affiliated Committee	ntative Leadership PAC Sponsor
. Custodian of Rec books and records	cords: Identify by name, address (phone number optional) and position of the s.	person in possession of committee
Full Name	Mrs Ann Miller	
Mailing Address	900 7th St	
	[Washington , , , , , , , , , , , , , , , , , , ,	20001 -
Title or Position	CITY STATE	ZIP CODE
Director, IB	BEW Polit Telephone number	202 - [728] - [6046
 Treasurer: List the any designated age 	ϵ name and address (phone number \sim optional) of the treasurer of the committeent (e.g., assistant treasurer).	e; and the name and address of
Full Name of Treasurer	Salvatore J. Chilia	
Mailing Address	[900,7th,St, N.W.	
J.		-
		20001
	Washington DC STATE	20001 - [
Title or Position LSecretary/Tit	roagurar	
Coordial y/ Til	Telephone number	202 - 7,28 - 6046

FEC F	orm 1 (Revised	0 2 /2009)		Page 4
			 	, age ,
Full Name of Designated Agent				
Mailing Addre	55	l , , , , , , , , , , , , , , , , , , ,		
	33			
		<u> </u>		
		CITY	STATE	ZIP CODE
Title or Positio	วท	Sir i	37/112	211 COBL
	1111	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Telephone number	
Banks or Oth	ner Depositorie boxes or maint	s: List all banks or other depositories i ains funds.	n which the committee deposits fu	nds. holds accounts, rents
Name of Bank	k. Depository, et	C.		
	Amalga	mated Bank		
	111	1825,K,Street, N,W.	1111111	<u> </u>
Mailing Addre	SS	Toda'v'aheer' in'ny'	1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11111111
		Washington	DC)	20006 -
		CITY	STATE	ZIP CODE
Name of Bank	k, Depository, et	c.	A. A	412.21.01.01.01.01.01.01.01.01.01.01.01.01.01
	HAT			<u> </u>
Mailing Addre	SS			1 1 1 1 1 1 1 1 1
			1 1 1 1 1 1 1 1 1	

SCHEDULE F1

	E	XPENDITURE CATE	GORIES F	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp y Gift/Awards/Memorials Expense Printing Ex		oense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:					3 Filer ID (Ethics Commission Filers)
5		DAVID M. PATRO	NELLA		
4 Date 06/15/2016	5 Payee name	OAK FOREST DE	MOCRAT	s	
6 Amount (\$)	7 Payee address	; City; State; 2	Zip Code		
\$ 40.00		5910 ACORN, HO	USTON,	TX 77092	
8 PURPOSE OF	(a) Category (See C	ategories listed at the top of this	schedule)		utside of Texas. Complete Schedule T n, TX, officeholder living expense
EXPENDITURE	DONATION				COI
Complete ONLY if direct expenditure to benefit C/OF		Officeholder name		Office sought	Office held
Date	Payee name				
07/19/2016		STEPHANIE CO	CHRAN		
Amount (\$)	Payee address	; City; State;	Zip Code		
\$ 29.14		2208 SHAKESF	PEAR, HO	USTON, TX 770	30
PURPOSE OF EXPENDITURE		Categories listed at the top of this			utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF		Officeholder name		Office sought	Office held
Date	Payee name				
08/09/2016		TONY'S RESTA	JRANT		
Amount (\$)	Payee address	; City; State;	Zip Code		
\$ 49.64		3755 RICHMON	D AVE, H	OUSTON, TX 77	046
PURPOSE	Category (See	Categories listed at the top of this	s schedule)	Description Check if travel o	utside of Texas. Complete Schedule T.
OF EXPENDITURE	FOOD / BE	VERAGE EXPENSE	Ē	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	-	Officeholder name		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Statics Manage (Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Contributions/Donations Made By Candidate/Officeholder/Politica		Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above)					
Credit Card Payment	The Instruction Guide explains	how to complete this form.					
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)					
5	DAVID M. PATRONE	- ·					
98/16/2016	5 Payee name MICRO CENTER						
6 Amount (\$)	7 Payee address; City; State; Zip	Code					
\$ 552.04	5305 S. RICE AVE, I	HOUSTON, TX 77081					
8	(a) Category (See Categories listed at the top of this scho	I —					
PURPOSE		Check if travel outside of Texas. Complete Schedule T.					
OF EXPENDITURE	OFFICE EXPENSE	Check if Austin, TX, officeholder living expense					
-	OFFICE EXPENSE						
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held					
Date	Payee name						
08/29/2016	J & N ENTERPRIS						
Amount (\$)	Payee address; City; State; Zip	O Code					
\$ 1,175.60	2015 W. 34th ST, HOUSTON, TX 77018						
	Category (See Categories listed at the top of this sch	Description Check it travel outside of Texas. Complete Schedule T.					
PURPOSE OF		Check if Austin, TX, officeholder living expense					
EXPENDITURE	PRINTING EXPENSE	Clieck in Additi, 12, discalled in mig expense					
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held					
Date	Payee name						
09/02/2016	U.S. POSTMASTEI	R					
Amount (\$)	Payee address; City; State; Zip	o Code					
\$ 282.00	3816 N. SHEPHERD, HOUSTON, TX 77018						
	Category (See Categories listed at the top of this sch						
PURPOSE		Check if travel outside of Texas. Complete Schedule T.					
OF EXPENDITURE	FUNDRAISING EXPENSE	Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held					
expenditure to benefit C/O							
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

Candidate/Officeholder/Politica Credit Card Payment	, ,	ages/Contract Labor Other (enter a category not listed above)					
1 Total pages Schedule F1:	2 FILER NAME DAVID M. PATRONELLA	3 Filer ID (Ethics Commission Filers)					
4 Date 09/17/2016	5 Payee name TEJANO DEMOCRATS						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$ 175.00	3213 HOUSTON AVE, HOUSTON, TX 77009						
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check If travel outside of Texas. Complete Schedule T.					
PURPOSE OF		Check if Austin, TX, officeholder living expense					
EXPENDITURE	ADVERTISING						
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held					
Date	Payee name						
09/18/2016	GOLDEN SEAFOOD						
Amount (\$)	Payee address; City; State; Zip Code						
\$ 88.63	2407 AIRLINE DR, HOUSTON, TX 77009						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD / BEVERAGE EXPENSE	Description Check If travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held					
Date	Payee name						
09/21/2016	TONY'S RESTAURANT						
Amount (\$)	Payee address; City; State; Zip Code						
\$ 46.79	3755 RICHMOND AVE, HOUSTON, TX 77046						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD / BEVERAGE EXPENSE	Description Check If travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense **Event Expense** Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME DAVID M. PATRONELLA 5 4 Date 5 Payee name 09/28/2016 U.S. POSTMASTER 6 Amount (\$) City; State; Zip Code 7 Payee address; 1500 HADLEY ST, HOUSTON, TX 77002 \$ 210.80 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE FUNDRAISING EXPENSE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 10/06/2016 U.S. POSTMASTER Amount (\$) Payee address; City; State; Zip Code 3816 N. SHEPHERD, HOUSTON, TX 77018 \$96.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **FUNDRAISING EXPENSE EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY If direct expenditure to benefit C/OH Payee name Date 10/14/2016 STEPHANIE NYCUM Amount (\$) Payee address; City; State; Zip Code \$ 163.98 6637 SYLVAN RD, HOUSTON, TX 77023 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder flving expense EXPENDITURE REIMBURSEMENT FOR MATERIALS Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Expense P morials Expense P	oan Repayment/Reimburseme office Overhead/Rental Expens folling Expense drinting Expense alaries/Wages/Contract Labo	se Transportation Equipme Travel In District Travel Out Of District	nt & Related Expense		
Credit Card Payment The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1: 5		ID M. PATRONE	LLA	3 Filer ID (Ethics C	ommission Filers)		
4 Date	5 Payee name						
12/04/2016	U.S.	POSTMASTER					
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$ 70.00	N. SHEPHERD, HOUSTON, TX 77018						
8 PURPOSE	(a) Category (See Categories	listed at the top of this sche		n travel outside of Texas. Complete Sche	dule T.		
OF EXPENDITURE	FUNDRAISING E	XPENSE	Check	If Austin, TX, officeholder living ex	ense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeho	der name	Office soug	-	fice held		
Date	Payee name	/>		At the time of recordati	on, this instrument was		
12/09/2016	S	TEPHANIE NYC	MK	reproduction because of photo copy, discolored	or the best photographic of illegibility, carbon or paper, etc. All blockouts,		
Amount (\$)	Payee address;	City; State; Zip	Code	the instrument was filed	were present at the time and recorded.		
\$ 500.00	6637 SYLVAN RD, HOUSTON, TX 77023						
	Category (See Categories	isted at the top of this sch	edule) Description	n			
PURPOSE OF EXPENDITURE	GIFT/AWARDS/M	IEMORIALS EXF		travel outside of Texas. Complete Sche f Austin, TX, officeholder living exp			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeho	der name	Office soug	ght O	ffice held		
Date	Payee name						
12/29/2016	ТН	INGS REMEMBE	ERED				
Amount (\$)	Payee address;	City; State; Zip	Code				
\$ 94.76	50	OS. BAILEY RD,	N. JACKSON, OH	44451			
PURPOSE	Category (See Categories	listed at the top of this sch	Check If	travel outside of Texas. Complete School If Austin, TX, officeholder living ex			
EXPENDITURE	GIFT/AWARDS/M	IEMORIALS EXF					
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeho	older name	Office sou	ight (Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							