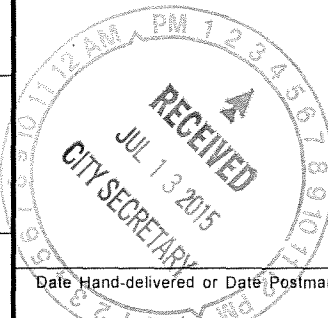


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | |
|--|---|---|--|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS (MR) FIRST MI NICKNAME LAST SUFFIX MICHAEL KUBOSH | OFFICE USE ONLY | |
| | 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1701 Lubbock St. Houston TX 77007 <input type="checkbox"/> Change of Address | | Date Received  |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (713) 222-0983 | Date Hand-delivered or Date Postmarked | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS (MR) FIRST MI NICKNAME LAST SUFFIX JAMES NASH | Receipt # | Amount \$ |
| | 7 CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1701 LUBBOCK ST Houston TX 77007 (Residence or Business) | | Date Processed |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (713) 222-0983 | Date Imaged | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year 01 / 01 / 2015 THROUGH 06 / 30 / 2015 | | |
| 11 ELECTION | ELECTION DATE Month Day Year 11 / 03 / 2015 | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special MUNICIPAL | |
| 12 OFFICE | OFFICE HELD (if any) HOUSTON CITY COUNCIL AT-LARGE NO. 3 | 13 OFFICE SOUGHT (if known) HOUSTON CITY COUNCIL AT-LARGE NO. 3 | |

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

14 C/OH NAME
MICHAEL KUBOSH AT-LARGE NO.3 CM

15 Filer ID (Ethics Commission Filers)

**16 NOTICE FROM
POLITICAL
COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL 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.

| | | |
|---|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

Additional Pages

**17 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ **0.00**

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ **63,205.00**

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ **0.00**

4. TOTAL POLITICAL EXPENDITURES \$ **23,322.68**

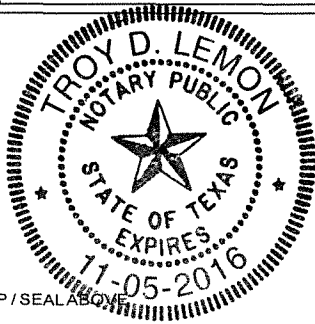
**CONTRIBUTION
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ **44,745.78**

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ **25,000.00**

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael Kubosh, this the 13th day of July, 2015, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - COH

**FORM C/OH
COVER SHEET PG 3**

| | | |
|---|---|--|
| 19 FILER NAME MICHAEL KUBOSH | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$63,205. ⁰⁰ |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$23,322. ⁶⁸ |
| 6. | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$25,000. ⁰⁰ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ |
| 9. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 10. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 11. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

MICHAEL KUBOSH

3 Filer ID (Ethics Commission Filers)

4 Date

06/30/15

5 Full name of contributor

S. L. APPLEWHITE

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

250.⁰⁰

6 Contributor address;

City; State; Zip Code

HOUSTON TX 77004

8 Principal occupation / Job title (See Instructions)

REAL ESTATE

9 Employer (See Instructions)

AYRSHIRE CORP.

Date

06/30/15

Full name of contributor

WILLIAM F. BURGE III

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.⁰⁰

Contributor address;

City; State; Zip Code

HOUSTON TX 77019

Principal occupation / Job title (See Instructions)

TRANSPORTATION

Employer (See Instructions)

BUFFALO MARINE SERVICES

Date

06/30/15

Full name of contributor

Dallas S. Jones

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.⁰⁰

Contributor address;

City; State; Zip Code

HOUSTON TX 77004

Principal occupation / Job title (See Instructions)

CONSULTANT

Employer (See Instructions)

SELF

Date

06/30/15

Full name of contributor

A-1 Bonding

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200.⁰⁰

Contributor address;

City; State; Zip Code

HOUSTON TX 77007

Principal occupation / Job title (See Instructions)

BAIL BONDSMAN

Employer (See Instructions)

SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

MICHAEL KUBOSH

3 Filer ID (Ethics Commission Filers)

4 Date

06/30/15

5 Full name of contributor

DIRK LAUKIEN

out-of-state PAC (ID#: _____)

6 Contributor address;

City; State; Zip Code

Spring Tx
77381

7 Amount of contribution (\$)

1,000.⁰⁰

8 Principal occupation / Job title (See Instructions)

AVIATION

9 Employer (See Instructions)

SELF

Date

06/29/15

Full name of contributor

TEXAS TAXI PAC

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

AUSTIN TX 78701

Amount of contribution (\$)

1,000.⁰⁰

Principal occupation / Job title (See Instructions)

TAXI CAB PAC

Employer (See Instructions)

Date

06/22/15

Full name of contributor

LILLY KNIGHT

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

HOUSTON TX 77030

Amount of contribution (\$)

50.⁰⁰

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

SELF

Date

06/22/15

Full name of contributor

James Nash

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

HOUSTON TX 77051

Amount of contribution (\$)

100.⁰⁰

Principal occupation / Job title (See Instructions)

PASTOR

Employer (See Instructions)

GREATER ST. PAUL MISSIONARY

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

MICHAEL KUBOSH

3 Filer ID (Ethics Commission Filers)

4 Date

06/22/15

5 Full name of contributor

out-of-state PAC (ID#: _____)

JOHN G. POHLMAN

6 Contributor address;

City; State; Zip Code

Houston TX 77008

7 Amount of contribution (\$)

50.⁰⁰

8 Principal occupation / Job title (See Instructions)

INSURANCE

9 Employer (See Instructions)

SELF

Date

06/22/15

Full name of contributor

out-of-state PAC (ID#: _____)

Joseph Villarreal

Contributor address;

City; State; Zip Code

HOUSTON TX 77023

Amount of contribution (\$)

500.⁰⁰

Principal occupation / Job title (See Instructions)

BAIL BONDS MAN

Employer (See Instructions)

SELF

Date

06/22/15

Full name of contributor

out-of-state PAC (ID#: _____)

John Burns

Contributor address;

City; State; Zip Code

HOUSTON TX 77007

Amount of contribution (\$)

250.⁰⁰

Principal occupation / Job title (See Instructions)

BAIL BONDS MAN

Employer (See Instructions)

SELF

Date

06/22/15

Full name of contributor

out-of-state PAC (ID#: _____)

ARTHUR LOPEZ

Contributor address;

City; State; Zip Code

Houston TX 77017

Amount of contribution (\$)

250.⁰⁰

Principal occupation / Job title (See Instructions)

GOLF COURSE MANAGER

Employer (See Instructions)

SELF

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

MICHAEL KUBOSH

3 Filer ID (Ethics Commission Filers)

4 Date

06/22/15

5 Full name of contributor

SUSAN E. LOVELL

out-of-state PAC (ID#: _____)

6 Contributor address;

City; State; Zip Code

HOUSTON TX 77098

7 Amount of contribution (\$)

100.⁰⁰

8 Principal occupation / Job title (See Instructions)

CONSULTANT

9 Employer (See Instructions)

self

Date

06/22/15

Full name of contributor

C. C. LEE

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

HOUSTON TX 77036

Amount of contribution (\$)

250.⁰⁰

Principal occupation / Job title (See Instructions)

ARCHITECTURAL

Employer (See Instructions)

SELF

Date

06/22/15

Full name of contributor

GARY MOSLEY

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

HOUSTON TX 77007

Amount of contribution (\$)

1,500.⁰⁰

Principal occupation / Job title (See Instructions)

restaurant / bar owner

Employer (See Instructions)

self

Date

06/22/15

Full name of contributor

JEANETTE RASH

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

HOUSTON TX 77020

Amount of contribution (\$)

500.⁰⁰

Principal occupation / Job title (See Instructions)

FAST TOW

Employer (See Instructions)

AUTO TOWING

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

MICHAEL KUBOSHA

3 Filer ID (Ethics Commission Filers)

4 Date

06/22/15

5 Full name of contributor out-of-state PAC (ID#: _____)

GERALD WOMACK

6 Contributor address;

City; State; Zip Code

Houston TX 77004

7 Amount of contribution (\$)

350.⁰⁰

8 Principal occupation / Job title (See Instructions)

ATTORNEY

9 Employer (See Instructions)

SELF

Date

06/22/15

Full name of contributor out-of-state PAC (ID#: _____)

C. Richard Piazza

Contributor address;

City; State; Zip Code

Houston TX 77006

Amount of contribution (\$)

250.⁰⁰

Principal occupation / Job title (See Instructions)

BUSINESS CONSULTANT

Employer (See Instructions)

SELF

Date

06/22/15

Full name of contributor out-of-state PAC (ID#: _____)

ANTHONY KOUZOUNIS

Contributor address;

City; State; Zip Code

HOUSTON TX 77098

Amount of contribution (\$)

100.⁰⁰

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

—

Date

06/22/15

Full name of contributor out-of-state PAC (ID#: _____)

ARTIE P. TROPOLI

Contributor address;

City; State; Zip Code

Houston TX 77237

Amount of contribution (\$)

100.⁰⁰

Principal occupation / Job title (See Instructions)

BUILDER

Employer (See Instructions)

SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

MICHAEL KUBOSH

3 Filer ID (Ethics Commission Filers)

4 Date

06/22/15

5 Full name of contributor

SALLY BRADFORD

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100.⁰⁰

6 Contributor address;

City; State; Zip Code

HOUSTON TX
77479

8 Principal occupation / Job title (See Instructions)

EXECUTIVE DIRECTOR

9 Employer (See Instructions)

GREENS POINT DEVELOPMENT

Date

06/22/15

Full name of contributor

PATRICIA JOINER

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.⁰⁰

Contributor address;

City; State; Zip Code

Houston TX 77024

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

KNUDSON

Date

06/22/15

Full name of contributor

PETER HECKLER

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1,000.⁰⁰

Contributor address;

City; State; Zip Code

- HOUSTON TX
77055

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

SELF

Date

06/22/15

Full name of contributor

DEMETRIUS G. Navarro

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.⁰⁰

Contributor address;

City; State; Zip Code

HOUSTON TX - 77024

Principal occupation / Job title (See Instructions)

PRESIDENT

Employer (See Instructions)

NAVARRO INSURANCE GRP

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

MICHAEL KUBOSH

3 Filer ID (Ethics Commission Filers)

4 Date

06/22/15

5 Full name of contributor

out-of-state PAC (ID#: _____)

John Mc Cluskey

6 Contributor address;

City; State; Zip Code

Houston TX 77002

7 Amount of contribution (\$)

250.⁰⁰/₁₀₀

8 Principal occupation / Job title (See Instructions)

bail bonds man

9 Employer (See Instructions)

SELF

Date

06/22/15

Full name of contributor

out-of-state PAC (ID#: _____)

Mahoney Law

Contributor address;

City; State; Zip Code

HOUSTON TX 77024

Amount of contribution (\$)

250.⁰⁰/₁₀₀

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

SELF

Date

06/22/15

Full name of contributor

out-of-state PAC (ID#: _____)

FRED ZEIDMAN

Contributor address;

City; State; Zip Code

Houston TX 77019

Amount of contribution (\$)

500.⁰⁰/₁₀₀

Principal occupation / Job title (See Instructions)

CHAIRMAN

Employer (See Instructions)

TEXAS HEART INSTITUTION

Date

06/22/15

Full name of contributor

out-of-state PAC (ID#: _____)

LOCKE LORD LLP

Contributor address;

City; State; Zip Code

DALLAS, TX 75201

Amount of contribution (\$)

500.⁰⁰/₁₀₀

Principal occupation / Job title (See Instructions)

CONSULTANTS

Employer (See Instructions)

SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

MICHAEL KUBOSH

3 Filer ID (Ethics Commission Filers)

4 Date

06/22/15

5 Full name of contributor

out-of-state PAC (ID#: _____)

HOUSTON POLICE OFFICERS UNION PAC

6 Contributor address;

City; State; Zip Code

HOUSTON TX 77007

7 Amount of contribution (\$)

5,000.⁰⁰

8 Principal occupation / Job title (See Instructions)

LAW ENFORCEMENT

9 Employer (See Instructions)

ASSOCIATION

Date

06/22/15

Full name of contributor

out-of-state PAC (ID#: _____)

James G. Rodriguez

Contributor address;

City; State; Zip Code

HOUSTON TX 77018

Amount of contribution (\$)

500.⁰⁰

Principal occupation / Job title (See Instructions)

POLITICAL CONSULTANT

Employer (See Instructions)

SELF

Date

06/22/15

Full name of contributor

out-of-state PAC (ID#: _____)

John E. McCLUSKEY

Contributor address;

City; State; Zip Code

HOUSTON TX 77002

Amount of contribution (\$)

250.⁰⁰

Principal occupation / Job title (See Instructions)

bail bondsman

Employer (See Instructions)

self

Date

06/22/15

Full name of contributor

out-of-state PAC (ID#: _____)

Randy Croix

Contributor address;

City; State; Zip Code

PEARLAND TX 77581

Amount of contribution (\$)

100.⁰⁰

Principal occupation / Job title (See Instructions)

INSURANCE AGENT

Employer (See Instructions)

SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

MICHAEL KUBOSH

3 Filer ID (Ethics Commission Filers)

4 Date

06/09/15

5 Full name of contributor

BAC - PAC

out-of-state PAC (ID#: _____)

6 Contributor address;

City; State; Zip Code

HOUSTON TX 77057

7 Amount of contribution (\$)

500.⁰⁰

8 Principal occupation / Job title (See Instructions)

BOMA PAC

9 Employer (See Instructions)

PAC

Date

Full name of contributor

Contributor address;

out-of-state PAC (ID#: _____)

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/27/15

Full name of contributor

BURNS BAIL BONDS

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

HOUSTON TX 77007

Amount of contribution (\$)

500.⁰⁰

Principal occupation / Job title (See Instructions)

BAIL BONDSMAN

Employer (See Instructions)

Date

05/27/15

Full name of contributor

HARTMAN PARTNERSHIP

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

HOUSTON TX 77057

Amount of contribution (\$)

500.⁰⁰

Principal occupation / Job title (See Instructions)

PROPERTY MANAGER

Employer (See Instructions)

SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

MICHAEL KUBOSH

3 Filer ID (Ethics Commission Filers)

4 Date

05/11/15

5 Full name of contributor

Comcast Corp. PAC

out-of-state PAC (ID#: _____)

6 Contributor address: City: State: Zip Code

PHILADELPHIA PA 19103

7 Amount of contribution (\$)

1,000.⁰⁰

8 Principal occupation / Job title (See Instructions)

UTILITY

9 Employer (See Instructions)

Date

05/08/15

Full name of contributor

Sandra A. Mullins

out-of-state PAC (ID#: _____)

Contributor address: City: State: Zip Code

HOUSTON TX 77077

Amount of contribution (\$)

50.⁰⁰

Principal occupation / Job title (See Instructions)

BOARD MEMBER

Employer (See Instructions)

HOUSTON COMMUNITY COLLEGE

Date

05/08/15

Full name of contributor

IEC TEXAS GULF Coast PAC

out-of-state PAC (ID#: _____)

Contributor address: City: State: Zip Code

HOUSTON TX 77007

Amount of contribution (\$)

1,000.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/08/15

Full name of contributor

GITI ZARINKELK

out-of-state PAC (ID#: _____)

Contributor address: City: State: Zip Code

THE WOODLANDS, TX 77380

Amount of contribution (\$)

500.⁰⁰

Principal occupation / Job title (See Instructions)

ENGINEER

Employer (See Instructions)

ZARINKELK ENGINEERING

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

MICHAEL KUBOSH

3 Filer ID (Ethics Commission Filers)

4 Date

05/08/15

5 Full name of contributor

ZINETTA A. BURNEY

out-of-state PAC (ID#: _____)

6 Contributor address;

City; State; Zip Code

HOUSTON TX 77004

7 Amount of contribution (\$)

100.⁰⁰

8 Principal occupation / Job title (See Instructions)

HOUSTON 8 PARTNER

9 Employer (See Instructions)

SELF

Date

05/08/15

Full name of contributor

KENDALL MILLER

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

HOUSTON TX 77056

Amount of contribution (\$)

500.⁰⁰

Principal occupation / Job title (See Instructions)

PRESIDENT

Employer (See Instructions)

TANGLEWOOD CORP.

Date

05/08/15

Full name of contributor

NORMAN ADAMS

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

HOUSTON TX 77008

Amount of contribution (\$)

1,000.⁰⁰

Principal occupation / Job title (See Instructions)

INSURANCE SALES

Employer (See Instructions)

OWNER / SELF

Date

05/08/15

Full name of contributor

FULBRIGHT & JAWORSKI PAC

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip

HOUSTON TX 77010

Amount of contribution (\$)

1,000.⁰⁰

Principal occupation / Job title (See Instructions)

ATTORNEY PAC

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

MICHAEL RUBOSH

3 Filer ID (Ethics Commission Filers)

4 Date

05/08/15

5 Full name of contributor

John Richard Breeding

out-of-state PAC (ID#: _____)

6 Contributor address:

HOUSTON TX 77056

State: Zip Code

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

EXECUTIVE DIRECTOR

9 Employer (See Instructions)

UPTOWN TIRZ

Date

05/08/15

Full name of contributor

CHRISTOPHER AKBARI

out-of-state PAC (ID#: _____)

Contributor address:

NEEDERLAND 1X 77627

City: State: Zip Code

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

PRESIDENT

Employer (See Instructions)

ITEX GROUP

Date

05/08/15

Full name of contributor

LINEBARGER, GOGGAN, BLAIR ...

out-of-state PAC (ID#: _____)

Contributor address:

HOUSTON TX 78760

City: State: Zip Code

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

COLLECTIONS

Employer (See Instructions)

PAC

Date

05/08/15

Full name of contributor

ROBIN FRANKS

out-of-state PAC (ID#: _____)

Contributor address:

CYPRESS, TX 77433

City: State: Zip Code

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

PRESIDENT

Employer (See Instructions)

TGE RESOURCES

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

MICHAEL KUBOSH

3 Filer ID (Ethics Commission Filers)

4 Date

05/08/15

5 Full name of contributor

out-of-state PAC (ID#: _____)

ALLEN BOONE HUMPHRIES ROBINSON

6 Contributor address:

City: State: Zip Code

HOUSTON TX 77027

7 Amount of contribution (\$)

1,000.⁰⁰

8 Principal occupation / Job title (See Instructions)

LEGAL-ATTORNEY

9 Employer (See Instructions)

PAC

Date

05/08/15

Full name of contributor

out-of-state PAC (ID#: _____)

HAYNES AND BOONE PAC

Contributor address:

City: State: Zip Code

RICHARDSON TX 75082

Amount of contribution (\$)

1,000.⁰⁰

Principal occupation / Job title (See Instructions)

LEGAL ATTORNEY

Employer (See Instructions)

PAC

Date

05/8/15

Full name of contributor

out-of-state PAC (ID#: _____)

Cobb Fendley PAC

Contributor address:

City: State: Zip Code

HOUSTON TX 77040

Amount of contribution (\$)

500.⁰⁰

Principal occupation / Job title (See Instructions)

ENGINEERING

Employer (See Instructions)

PAC

Date

05/08/15

Full name of contributor

out-of-state PAC (ID#: _____)

RPS KLOTZ PAC

Contributor address:

City: State: Zip Code

HOUSTON TX 77079

Amount of contribution (\$)

500.⁰⁰

Principal occupation / Job title (See Instructions)

ENGINEERING

Employer (See Instructions)

PAC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME MICHAEL KUBOJA | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 05/08/15 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAA BETTER GOVMT FUND 6 Contributor address: City: State: Zip Code HOUSTON TX 77041 | 7 Amount of contribution (\$) 500. ⁰⁰ |
| 8 Principal occupation / Job title (See Instructions) HOUSTON APT ASSOC. | | 9 Employer (See Instructions) PAC |
| Date 04/30/15 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DARRYL CARTER Contributor address: City: State: Zip Code HOUSTON TX 77019 | Amount of contribution (\$) 500. ⁰⁰ |
| Principal occupation / Job title (See Instructions) CONSULTING | | Employer (See Instructions) SELF |
| Date 04/24/15 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KATHALEEN WALL Contributor address: City: State: Zip Code HOUSTON TX 77001 | Amount of contribution (\$) 150. ⁰⁰ |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) |
| Date 04/20/15 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARRY'S RESTAURANT Contributor address: City: State: Zip Code HOUSTON TX 77006 | Amount of contribution (\$) 200. ⁰⁰ |
| Principal occupation / Job title (See Instructions) RESTAURANT | | Employer (See Instructions) |

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME MICHAEL KUBOSH | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/20/15 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAYMOND COLDREN 6 Contributor address: City: State: Zip Code HOUSTON TX 77040 | 7 Amount of contribution (\$) 20. ⁰⁰ |
| 8 Principal occupation / Job title (See Instructions) ATTORNEY | | 9 Employer (See Instructions) SELF |
| Date 4/16/15 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC/TX ASSOC OF REALTORS Contributor address: City: State: Zip Code AUSTIN TX 78768 | Amount of contribution (\$) 5,000. ⁰⁰ |
| Principal occupation / Job title (See Instructions) REAL ESTATE PAC | | Employer (See Instructions) PAC |
| Date 4/10/15 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES D. DANNENBAUM Contributor address: City: State: Zip Code HOUSTON TX 77078 | Amount of contribution (\$) 2,500. ⁰⁰ |
| Principal occupation / Job title (See Instructions) ENGINEER | | Employer (See Instructions) DANNENBAUM ENG. CORP |
| Date 4/7/15 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TINA LYLES Contributor address: City: State: Zip Code HOUSTON TX 77002 | Amount of contribution (\$) 500. ⁰⁰ |
| Principal occupation / Job title (See Instructions) BAIL BONDSMAN | | Employer (See Instructions) SELF |

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME MICHAEL KUBOSH | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/7/15 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NORMAN JOLLY JR 6 Contributor address; City; State; Zip Code HOUSTON TX 77007 | 7 Amount of contribution (\$) 500.⁰⁰ |
| 8 Principal occupation / Job title (See Instructions) ATTORNEY | | 9 Employer (See Instructions) SELF |
| Date 4/6/15 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PETER BROWN Contributor address; City; State; Zip Code HOUSTON TX 77098 | Amount of contribution (\$) 200.⁰⁰ |
| Principal occupation / Job title (See Instructions) RETIRED | | Employer (See Instructions) |
| Date 4/1/15 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOUSTON POLICE OFFICERS UNION PAC Contributor address; City; State; Zip Code HOUSTON TX 77007 | Amount of contribution (\$) 5,000.⁰⁰ |
| Principal occupation / Job title (See Instructions) LAW ENFORCEMENT | | Employer (See Instructions) PAC |
| Date 3/31/15 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CONTINENTAL AIRLINES EMPLOYEE PAC Contributor address; City; State; Zip Code HOUSTON TX 77002 | Amount of contribution (\$) 1,000.⁰⁰ |
| Principal occupation / Job title (See Instructions) AIRLINES | | Employer (See Instructions) PAC |

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard W. Weekley | 7 Amount of contribution (\$) 500. ⁰⁰ |
| | 6 Contributor address; City; State; Zip Code HOUSTON TX 77055 | |
| 8 Principal occupation / Job title (See Instructions) HOME BUILDER | | 9 Employer (See Instructions) SELF |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BERNADETTE Mc LEROY | Amount of contribution (\$) 100. ⁰⁰ |
| | Contributor address; City; State; Zip Code CONROE, TX 77302 | |
| Principal occupation / Job title (See Instructions) RETIRED | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas G. Smith | Amount of contribution (\$) 100. ⁰⁰ |
| | Contributor address; City; State; Zip Code HOUSTON TEXAS 77388 | |
| Principal occupation / Job title (See Instructions) MANAGEMENT | | Employer (See Instructions) PETROLEUM WHOLESALE |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan E Lovell | Amount of contribution (\$) 250. ⁰⁰ |
| | Contributor address; City; State; Zip Code HOUSTON TX 77098 | |
| Principal occupation / Job title (See Instructions) CONSULTANT | | Employer (See Instructions) SELF |

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

MICHAEL KUBOSH

3 Filer ID (Ethics Commission Filers)

4 Date

3/16/15

5 Full name of contributor

out-of-state PAC (ID#: _____)

ZINETTA A. BURNEY

Contributor address:

City: State: Zip Code

HOUSTON TX 77004

7 Amount of contribution (\$)

100.⁰⁰

8 Principal occupation / Job title (See Instructions)

HOUSTON 8 PARTNER

9 Employer (See Instructions)

SELF

Date

3/10/15

Full name of contributor

out-of-state PAC (ID#: _____)

JEANETTE RASH

Contributor address:

City: State: Zip Code

HOUSTON TX 77020

Amount of contribution (\$)

300.⁰⁰

Principal occupation / Job title (See Instructions)

FAST TOW

Employer (See Instructions)

AUTO TOWING

Date

3/10/15

Full name of contributor

out-of-state PAC (ID#: _____)

Judy Grandmason-Warren

Contributor address:

City: State: Zip Code

HOUSTON TX 77007

Amount of contribution (\$)

500.⁰⁰

Principal occupation / Job title (See Instructions)

bail bondsman

Employer (See Instructions)

SELF

Date

03/10/15

Full name of contributor

out-of-state PAC (ID#: _____)

The Creek Group

Contributor address:

City: State: Zip Code

HOUSTON TX 77007

Amount of contribution (\$)

500.⁰⁰

Principal occupation / Job title (See Instructions)

RESTAURANT

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

MICHAEL KUBOSH

3 Filer ID (Ethics Commission Filers)

4 Date

3/10/15

5 Full name of contributor

out-of-state PAC (ID#: _____)

CDM SMITH PAC

6 Contributor address:

City: State: Zip Code

HOUSTON TX 77056

7 Amount of contribution (\$)

500.⁰⁰

8 Principal occupation / Job title (See Instructions)

ENGINEERING CONSULTANTS

9 Employer (See Instructions)

PAC

Date

3/9/15

Full name of contributor

out-of-state PAC (ID#: _____)

DUANE KAMIS

Contributor address:

City: State: Zip Code

BELLAIRE TX 77401

Amount of contribution (\$)

500.⁰⁰

Principal occupation / Job title (See Instructions)

OWNER - TAXI CAB

Employer (See Instructions)

KAMIS INVESTMENT GRP

Date

3/6/15

Full name of contributor

out-of-state PAC (ID#: _____)

C Richard Piazza

Contributor address:

City: State: Zip Code

Houston TX 77006

Amount of contribution (\$)

200.⁰⁰

Principal occupation / Job title (See Instructions)

PRESIDENT

Employer (See Instructions)

SYNVIVO BIOTECHNOLOGY

Date

3/2/15

Full name of contributor

out-of-state PAC (ID#: _____)

CENTERPOINT ENERGY PAC

Contributor address:

City: State: Zip Code

HOUSTON TX 77210

Amount of contribution (\$)

1,000.⁰⁰

Principal occupation / Job title (See Instructions)

UTILITY

Employer (See Instructions)

PAC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

MICHAEL KUBOSH

3 Filer ID (Ethics Commission Filers)

4 Date

3/2/15

5 Full name of contributor

NORMAN E. ADAMS

out-of-state PAC (ID#: _____)

6 Contributor address:

City; State; Zip Code

HOUSTON TX 77008

7 Amount of contribution (\$)

1,000.⁰⁰

8 Principal occupation / Job title (See Instructions)

INSURANCE AGENT

9 Employer (See Instructions)

SELF

Date

2/26/15

Full name of contributor

Allen R. Hartman

out-of-state PAC (ID#: _____)

Contributor address:

City; State; Zip Code

Houston TX 77057

Amount of contribution (\$)

1,000.⁰⁰

Principal occupation / Job title (See Instructions)

PROPERTY MANAGEMENT

Employer (See Instructions)

HARTMAN REALESTATE

Date

2/26/15

Full name of contributor

Scott Wizig

out-of-state PAC (ID#: _____)

Contributor address:

City; State; Zip Code

HOUSTON TX 77274

Amount of contribution (\$)

600.⁰⁰

Principal occupation / Job title (See Instructions)

PRESIDENT-PROPERTY MGMT

Employer (See Instructions)

SELF

Date

2/26/15

Full name of contributor

TMC PAC

out-of-state PAC (ID#: _____)

Contributor address:

City; State; Zip Code

WACO TX 76708

Amount of contribution (\$)

2,500.⁰⁰

Principal occupation / Job title (See Instructions)

MASONRY CONTRACTORS

Employer (See Instructions)

PAC-TX MASONRY COUNCIL

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

MICHAEL KUBOSH

3 Filer ID (Ethics Commission Filers)

4 Date

2/26/15

5 Full name of contributor

JAMES V. Courtland SR.

out-of-state PAC (ID#: _____)

6 Contributor address;

City; State; Zip Code

HOUSTON TX 77030

7 Amount of contribution (\$)

100.⁰⁰/_—

8 Principal occupation / Job title (See Instructions)

ATTORNEY

9 Employer (See Instructions)

SELF

Date

2/26/15

Full name of contributor

PETER HECKLER

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

HOUSTON TX 77055

Amount of contribution (\$)

1,000.⁰⁰/_—

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

SELF

Date

2/26/15

Full name of contributor

CHRISTOPHER MC DONALD

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

BAYTOWN TX 77522

Amount of contribution (\$)

200.⁰⁰/_—

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

CLEAR VIEW AUTO SALES

Date

2/26/15

Full name of contributor

HOWARD E. RANSOM SR

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

HOUSTON TX 77077

Amount of contribution (\$)

25.⁰⁰/_—

Principal occupation / Job title (See Instructions)

TECHNICIAN

Employer (See Instructions)

TW TELE COM

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME
MICHAEL KUBOSH

3 Filer ID (Ethics Commission Filers)

4 Date
02/26/15

5 Full name of contributor out-of-state PAC (ID#: _____)
RICKY KAMIS
6 Contributor address; City; State; Zip Code
HOUSTON TX 77055

7 Amount of contribution (\$)
500.⁰⁰

8 Principal occupation / Job title (See Instructions)
OWNER

9 Employer (See Instructions)
KAMIS INVESTMENT GRP

Date
2/23/15

Full name of contributor out-of-state PAC (ID#: _____)
C.M. GARVER
Contributor address; City; State; Zip Code
HOUSTON TX 77098

Amount of contribution (\$)
1,000.⁰⁰

Principal occupation / Job title (See Instructions)
ENGINEER - OWNER

Employer (See Instructions)
GARVER CONSTRUCTION

Date
2/20/15

Full name of contributor out-of-state PAC (ID#: _____)
Randy CROIX
Contributor address; City; State; Zip Code
PEARLAND TEXAS 77581

Amount of contribution (\$)
100.⁰⁰

Principal occupation / Job title (See Instructions)
INSURANCE AGENT

Employer (See Instructions)
SELF

Date
2/20/15

Full name of contributor out-of-state PAC (ID#: _____)
MIKE HOLSEY
Contributor address; City; State; Zip Code
HOUSTON TX 77063

Amount of contribution (\$)
100.⁰⁰

Principal occupation / Job title (See Instructions)
TAILOR

Employer (See Instructions)
INTERNAL SOLUTIONS

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

MICHAEL KUBOSH

3 Filer ID (Ethics Commission Filers)

4 Date

2/20/15

5 Full name of contributor

ANDREWS & KURTH TEXAS PAC

out-of-state PAC (ID#: _____)

6 Contributor address:

City: State: Zip Code

HOUSTON TX 77002

7 Amount of contribution (\$)

1,000.⁰⁰

8 Principal occupation / Job title (See Instructions)

LAW FIRM

9 Employer (See Instructions)

PAC

Date

2/20/15

Full name of contributor

HOOVER SLOVACEK

out-of-state PAC (ID#: _____)

Contributor address:

City: State: Zip Code

HOUSTON TX 77210

Amount of contribution (\$)

250.⁰⁰

Principal occupation / Job title (See Instructions)

ATTORNEY - LAW FIRM

Employer (See Instructions)

PAC

Date

2/19/15

Full name of contributor

S. L. APPLEWHITE

out-of-state PAC (ID#: _____)

Contributor address:

City: State: Zip Code

WARWICK TOWERS HOUSTON TX 77004

Amount of contribution (\$)

250.⁰⁰

Principal occupation / Job title (See Instructions)

REAL ESTATOR

Employer (See Instructions)

AYRSHIRE CORP

Date

2/19/15

Full name of contributor

GREATER HOUSTON BUILDERS ASSOC. PAC

out-of-state PAC (ID#: _____)

Contributor address:

City: State: Zip Code

HOUSTON TX 77064

Amount of contribution (\$)

2,500.⁰⁰

Principal occupation / Job title (See Instructions)

CONSTRUCTION

Employer (See Instructions)

PAC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

02/13/15

LOCKE LORD PAC
 6 Contributor address; City; State; Zip Code
DALLAS TX 75201

1,000.⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

POLITICAL CONSULTANTS

PAC

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

02/09/15

BRYAN SAMUELSON
 Contributor address; City; State;
HOUSTON TX 77036

100.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTORNEY

SELF

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2/9/15

Thomas Nguyen
 Contributor address; City; State; Zip Code

200.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTORNEY

SELF

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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.

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: 27 | 2 FILER NAME MICHAEL KUBOSH | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1-5-15 | 5 Payee name ADP PAYMENTS | |
| 6 Amount (\$) 39.95 | 7 Payee address; City; State; Zip Code 13141 NORTHWEST FWY HOUSTON TX 77040 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) ACCOUNTING/BANKING | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | | | |
|-------------------------------|---|--|--|
| Date 1-5-15 | Payee name GLOBAL PAYMENTS | | |
| Amount (\$) 11.95 | Payee address; City; State; Zip Code 10231 GLENFIELD PARK LANE CYPRESS TX 77433 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) ACCOUNTING / BANKING | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | | | |
|-------------------------------|--|--|--|
| Date 1-8-15 | Payee name KTSU | | |
| Amount (\$) 500 | Payee address; City; State; Zip Code 3100 CLEBURNE HOUSTON TX 77004 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) ADVERTISING | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------|---------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME MICHAEL KUBOSH | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---------------------------------------|---------------------------------------|

| | |
|--------------------------|-----------------------------------|
| 4 Date 1-14-15 | 5 Payee name KCOH RADIO |
|--------------------------|-----------------------------------|

| | |
|-------------------------------|--|
| 6 Amount (\$) 1,000 | 7 Payee address; City; State; Zip Code 5011 Almeda Rd Houston TX 77004 |
|-------------------------------|--|

| | | |
|------------------------------------|--|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) ADVERTISING | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------------------|--|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------------------------|---------------------------------|
| Date 1-20-15 | Payee name LUBYS CAFE |
|------------------------|---------------------------------|

| | |
|------------------------------|---|
| Amount (\$) 249.45 | Payee address; City; State; Zip Code 1414 Waugh Dr Houston TX 77019 |
|------------------------------|---|

| | | |
|-------------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) FOOD/BEVERAGE | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|--|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------------------------|--------------------------------|
| Date 1-20-15 | Payee name KWIK KOPY |
|------------------------|--------------------------------|

| | |
|------------------------------|--|
| Amount (\$) 487.67 | Payee address; City; State; Zip Code 1405 Waugh Dr. Houston TX 77019 |
|------------------------------|--|

| | | |
|-------------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) ADVERTISING | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|--|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------|--------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|--------------|---------------------------------------|

| | |
|--------------------------|--------------------------------------|
| 4 Date 1-29-15 | 5 Payee name BURTON LEVINE |
|--------------------------|--------------------------------------|

| | |
|--|--|
| 6 Amount (\$) 50.⁰⁰ | 7 Payee address; City; State; Zip Code 9600 Glenfield Court Houston TX 77506 |
|--|--|

| | | |
|--|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Consulting | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|--|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------------------------|---------------------------------|
| Date 1-30-15 | Payee name CHASE BANK |
|------------------------|---------------------------------|

| | |
|--|---|
| Amount (\$) 15.⁰⁰ | Payee address; City; State; Zip Code 3034 Washington Ave Houston TX 77007 |
|--|---|

| | | |
|---------------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) ACCOUNTING | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|---------------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-----------------------|------------------------------|
| Date 2-2-15 | Payee name POSTNET |
|-----------------------|------------------------------|

| | |
|---|---|
| Amount (\$) 303.¹⁰ | Payee address; City; State; Zip Code 12320 Barker Cypress Rd Cypress TX 77429 |
|---|---|

| | | |
|---------------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) PRINTING | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|---------------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------|---------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME MICHAEL KUBOSH | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---------------------------------------|---------------------------------------|

| | |
|---------------------------|----------------------------------|
| 4 Date 02/02/15 | 5 Payee name FACE BOOK |
|---------------------------|----------------------------------|

| | |
|--|--|
| 6 Amount (\$) 17.94 xx | 7 Payee address; City; State; Zip Code 156 University Ave Palo Alto CA 94301 |
|--|--|

| | | |
|--|--|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) ADVERTISING | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|--|--|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|-----------------------------------|
| Date 02/03/15 | Payee name ADP PAYMENTS |
|-------------------------|-----------------------------------|

| | |
|--|---|
| Amount (\$) 39.95 xx | Payee address; City; State; Zip Code 13141 Northwest Fwy Houston TX 77040 |
|--|---|

| | | |
|---------------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) ACCOUNTING | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|---------------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|--------------------------------|
| Date 02/03/15 | Payee name FACE BOOK |
|-------------------------|--------------------------------|

| | |
|--|--|
| Amount (\$) 28.77 xx | Payee address; City; State; Zip Code 156 UNIVERSITY AVE PALO ALTO CA 94301 |
|--|--|

| | | |
|---------------------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|---------------------------------------|--|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------------|---|--|
| 1 Total pages Schedule F1: | 2 FILER NAME MICHAEL KUBOSH | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/03/15 | 5 Payee name GLOBAL PAYMENTS | |
| 6 Amount (\$) 11. <u>95</u> | 7 Payee address; City; State; Zip Code 10231 GLENFIELD PARK LANE CYPRESS TX 77429 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) ACCOUNTING | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|--|--|
| Date 02/05/15 | Payee name FACE BOOK |
| Amount (\$) 49. <u>98</u> xx | Payee address; City; State; Zip Code 156 University Ave Palo Alto CA 94301 |

| | | |
|-------------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) ADVERTISING | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|--|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------------------|--|
| Date 02/06/15 | Payee name FACE BOOK |
| Amount (\$) 50. <u>65</u> | Payee address; City; State; Zip Code 156 University Ave Palo Alto CA 94301 |

| | | |
|-------------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) ADVERTISING | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|--|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------|---------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME MICHAEL KUBOSH | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---------------------------------------|---------------------------------------|

| | |
|---------------------------|------------------------------------|
| 4 Date 02/10/15 | 5 Payee name BURT LEVINE |
|---------------------------|------------------------------------|

| | |
|-----------------------------|--|
| 6 Amount (\$) 600 | 7 Payee address; City; State; Zip Code 9600 Glenfield Crt Houston TX 77506 |
|-----------------------------|--|

| | | |
|------------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) CONSULTING | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|---------------------------|
| Date 02/11/15 | Payee name USPS |
|-------------------------|---------------------------|

| | |
|-----------------------------|---|
| Amount (\$) 49.98 | Payee address; City; State; Zip Code 700 Smith St. Houston TX 77002 |
|-----------------------------|---|

| | | |
|-------------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|--|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|------------------------------|
| Date 02/12/15 | Payee name STAPLES |
|-------------------------|------------------------------|

| | |
|-----------------------------|--|
| Amount (\$) 88.06 | Payee address; City; State; Zip Code 1919 TAYLOR ST HOUSTON TX 77007 |
|-----------------------------|--|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) PRINTING | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: | 2 FILER NAME MICHAEL KUBOSH | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/12/15 | 5 Payee name POSTNET | |
| 6 Amount (\$) 554.⁷⁸ | 7 Payee address; City; State; Zip Code 12320 Barker Cypress Rd Ste 600 Cypress TX 77429 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) PRINTING | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | | | |
|---|--|--|--|
| Date 02/17/15 | Payee name CRIME STOPPERS | | |
| Amount (\$) 100.⁰⁰ | Payee address; City; State; Zip Code 3001 Main St. Houston TX 77002 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) CONTRIBUTIONS | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | | | |
|---|--|--|--|
| Date 02/17/15 | Payee name HOUSTON LIVESTOCK SHOW | | |
| Amount (\$) 350.⁰⁰ | Payee address; City; State; Zip Code | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) OTHER | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------|---------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME MICHAEL KUBOSH | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---------------------------------------|---------------------------------------|

| | |
|---------------------------|---|
| 4 Date 02/17/15 | 5 Payee name HARRY'S RESTAURANT |
|---------------------------|---|

| | |
|--|--|
| 6 Amount (\$) 34.⁸⁵ | 7 Payee address; City; State; Zip Code 318 Tuam Houston TX 77006 |
|--|--|

| | | |
|--|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) FOOD | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|--|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|--|
| Date 02/18/15 | Payee name ALFREDA'S SOUL FOOD |
|-------------------------|--|

| | |
|--|--|
| Amount (\$) 45.⁷¹ | Payee address; City; State; Zip Code 5101 Almeda Rd Houston TX 77004 |
|--|--|

| | | |
|---------------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) FOOD | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|---------------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|-----------------------------------|
| Date 02/23/15 | Payee name OFFICE DEPOT |
|-------------------------|-----------------------------------|

| | |
|---|---|
| Amount (\$) 193.⁵⁴ | Payee address; City; State; Zip Code 3443 KIRBY DR HOUSTON TX 77098 |
|---|---|

| | | |
|---------------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) PRINTING | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|---------------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------|---------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME MICHAEL KUBOSH | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---------------------------------------|---------------------------------------|

| | |
|---------------------------|--------------------------------|
| 4 Date 02/24/15 | 5 Payee name POSTNET |
|---------------------------|--------------------------------|

| | |
|---|--|
| 6 Amount (\$) 990.⁹⁵ | 7 Payee address; City; State; Zip Code 12320 Barker Cypress Dr. Cypress TX 77429 |
|---|--|

| | | |
|------------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) PRINTING | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|--------------------------------------|
| Date 02/25/15 | Payee name JPBE CONSULTING |
|-------------------------|--------------------------------------|

| | |
|-----------------------------|--|
| Amount (\$) 1,000 | Payee address; City; State; Zip Code P.O. Box 14226 Houston TX 77221 |
|-----------------------------|--|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) CONSULTING | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|------------------------------|
| Date 02/26/15 | Payee name STAPLES |
|-------------------------|------------------------------|

| | |
|--|---|
| Amount (\$) 25.⁹⁸ | Payee address; City; State; Zip Code 1919 TAYLOR ST. HOUSTON TX 77007 |
|--|---|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) PRINTING | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------|---------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME MICHAEL KUBOSH | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---------------------------------------|---------------------------------------|

| | |
|---------------------------|--------------------------------|
| 4 Date 02/26/15 | 5 Payee name POSTNET |
|---------------------------|--------------------------------|

| | |
|---|---|
| 6 Amount (\$) 378.⁸⁸ | 7 Payee address; City; State; Zip Code 12320 Barker Cypress Rd Ste 600 Cypress TX 77429 |
|---|---|

| | | |
|------------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) PRINTING | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|---------------------------------|
| Date 02/27/15 | Payee name CHASE BANK |
|-------------------------|---------------------------------|

| | |
|--|---|
| Amount (\$) 15.⁰⁰ | Payee address; City; State; Zip Code 3034 Washington Ave Houston TX 77007 |
|--|---|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) ACCOUNTING | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|--------------------------------|
| Date 03/02/15 | Payee name FACE BOOK |
|-------------------------|--------------------------------|

| | |
|---|--|
| Amount (\$) 223.³² | Payee address; City; State; Zip Code 156 University Ave Palo Alto CA 94301 |
|---|--|

| | | |
|-------------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) ADVERTISING | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|--|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The instruction Guide explains how to complete this form.

| | | |
|----------------------------|---------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME MICHAEL KUBOSH | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---------------------------------------|---------------------------------------|

| | |
|---------------------------|--|
| 4 Date 03/02/15 | 5 Payee name SUNNYSIDE PLACE CDC |
|---------------------------|--|

| | |
|--|---|
| 6 Amount (\$) 125.⁰⁰ | 7 Payee address; City; State; Zip Code 2504 Alameda Genoa Rd Houston TX 77047 |
|--|---|

| | | |
|------------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) contribution | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|-----------------------------------|
| Date 03/03/15 | Payee name ADP PAYMENTS |
|-------------------------|-----------------------------------|

| | |
|-------------------------------------|---|
| Amount (\$) 39.⁹⁵ | Payee address; City; State; Zip Code 13141 Northwest Fwy Houston TX 77040 |
|-------------------------------------|---|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) ACCOUNTING | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|--------------------------------------|
| Date 03/03/15 | Payee name GLOBAL PAYMENTS |
|-------------------------|--------------------------------------|

| | |
|-------------------------------------|---|
| Amount (\$) 11.⁹⁵ | Payee address; City; State; Zip Code 10231 Glenfield Park Lane Cypress TX 77429 |
|-------------------------------------|---|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) ACCOUNTING | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------|---------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME MICHAEL KUBOSH | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---------------------------------------|---------------------------------------|

| | |
|---------------------------|-------------------------------|
| 4 Date 03/06/15 | 5 Payee name KROGER |
|---------------------------|-------------------------------|

| | |
|--|--|
| 6 Amount (\$) 95.⁸³ | 7 Payee address; City; State; Zip Code 1440 Studemont St, Houston TX 77007 |
|--|--|

| | | |
|------------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) FOOD | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|--|
| Date 03/09/15 | Payee name DELTA SIGMA THETA |
|-------------------------|--|

| | |
|---|--|
| Amount (\$) 500.⁰⁰ | Payee address; City; State; Zip Code 702 Jackson Hill St, Houston TX 77007 |
|---|--|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) CONTRIBUTION | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|----------------------------------|
| Date 03/10/15 | Payee name CAFE GINGER |
|-------------------------|----------------------------------|

| | |
|--|---|
| Amount (\$) 59.⁸³ | Payee address; City; State; Zip Code 1952 W. GRAY ST HOUSTON TX 77019 |
|--|---|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) FOOD | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------|---------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME MICHAEL KUBOSH | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---------------------------------------|---------------------------------------|

| | |
|---------------------------|-----------------------------------|
| 4 Date 03/10/15 | 5 Payee name KCOH RADIO |
|---------------------------|-----------------------------------|

| | |
|--|--|
| 6 Amount (\$) 1,000.⁰⁰ | 7 Payee address; City; State; Zip Code 5011 Almeda Rd Houston TX 77004 |
|--|--|

| | | |
|------------------------------------|--|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) ADVERTISING | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------------------|--|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|----------------------------------|
| Date 03/16/15 | Payee name LIBY'S CAFE |
|-------------------------|----------------------------------|

| | |
|--------------------------------------|--|
| Amount (\$) 159.¹⁷ | Payee address; City; State; Zip Code 1414 Waugh Dr. Houston TX 77019 |
|--------------------------------------|--|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) FOOD | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|----------------------------------|
| Date 03/16/15 | Payee name BURT LEVINE |
|-------------------------|----------------------------------|

| | |
|------------------------|--|
| Amount (\$) 600 | Payee address; City; State; Zip Code 9600 Glenfield Crt Houston TX 77506 |
|------------------------|--|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) CONSULTING | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------|---------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME MICHAEL KUBOSH | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---------------------------------------|---------------------------------------|

| | |
|---------------------------|--------------------------------|
| 4 Date 03/17/15 | 5 Payee name STAPLES |
|---------------------------|--------------------------------|

| | |
|-------------------------------|---|
| 6 Amount (\$) 84.05 | 7 Payee address; City; State; Zip Code 1919 Taylor St. Houston TX 77007 |
|-------------------------------|---|

| | | |
|------------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) PRINTING | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|-------------------------------------|
| Date 03/19/15 | Payee name RANDALLS STORE |
|-------------------------|-------------------------------------|

| | |
|-----------------------------|---|
| Amount (\$) 74.38 | Payee address; City; State; Zip Code 2225 LOUISIANA ST HOUSTON TX 77002 |
|-----------------------------|---|

| | | |
|-------------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) OTHER | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|--|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|-------------------------------|
| Date 04/01/15 | Payee name FACEBOOK |
|-------------------------|-------------------------------|

| | |
|-----------------------------|--|
| Amount (\$) 60.60 | Payee address; City; State; Zip Code 156 University Ave Palo Alto CA 94301 |
|-----------------------------|--|

| | | |
|-------------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) ADVERTISING | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|--|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------|---------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME MICHAEL KUBOSH | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---------------------------------------|---------------------------------------|

| | |
|---------------------------|-----------------------------|
| 4 Date 04/02/15 | 5 Payee name JPBE |
|---------------------------|-----------------------------|

| | |
|-------------------------------|--|
| 6 Amount (\$) 1,000 | 7 Payee address; City; State; Zip Code P.O. Box 14226 Houston TX 77221 |
|-------------------------------|--|

| | | |
|------------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) CONSULTING | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|-----------------------------------|
| Date 04/02/15 | Payee name ADP PAYMENTS |
|-------------------------|-----------------------------------|

| | |
|-----------------------------|---|
| Amount (\$) 39.95 | Payee address; City; State; Zip Code 13141 Northwest Fwy Houston TX 77040 |
|-----------------------------|---|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) ACCOUNTING | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|--------------------------------------|
| Date 04/02/15 | Payee name GLOBAL PAYMENTS |
|-------------------------|--------------------------------------|

| | |
|-----------------------------|---|
| Amount (\$) 11.95 | Payee address; City; State; Zip Code 10231 Glenfield Park Ln Cypress TX 77429 |
|-----------------------------|---|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) ACCOUNTING | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------|---------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME MICHAEL KUBOSH | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---------------------------------------|---------------------------------------|

| | |
|---------------------------|--------------------------------|
| 4 Date 04/07/15 | 5 Payee name ARTISTA |
|---------------------------|--------------------------------|

| | |
|-----------------------------|---|
| 6 Amount (\$) 100 | 7 Payee address; City; State; Zip Code 800 Bagby St. Houston TX 77002 |
|-----------------------------|---|

| | | |
|------------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) FOOD | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|------------------------------|
| Date 04/07/15 | Payee name ARAMARK |
|-------------------------|------------------------------|

| | |
|---|---|
| Amount (\$) 1,353.⁶⁰ | Payee address; City; State; Zip Code 510 Preston St. Houston TX 77002 |
|---|---|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) FOOD | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|---|
| Date 04/07/15 | Payee name CALVARY MISSIONARY BAPTIST |
|-------------------------|---|

| | |
|---|--------------------------------------|
| Amount (\$) 150.⁰⁰ | Payee address; City; State; Zip Code |
|---|--------------------------------------|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Donation | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------|---------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME MICHAEL KUBOSH | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---------------------------------------|---------------------------------------|

| | |
|---------------------------|------------------------------------|
| 4 Date 04/13/15 | 5 Payee name RED LOBSTER |
|---------------------------|------------------------------------|

| | |
|---|---|
| 6 Amount (\$) 213.⁶⁸ | 7 Payee address; City; State; Zip Code 13232 Northwest Fwy Houston TX 77040 |
|---|---|

| | | |
|------------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) FOOD | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|--------------------------------------|
| Date 04/13/15 | Payee name JPBE CONSULTING |
|-------------------------|--------------------------------------|

| | |
|---|--|
| Amount (\$) 1,000.⁰⁰ | Payee address; City; State; Zip Code P.O. Box 14226 Houston TX 77221 |
|---|--|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) CONSULTING | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|---|
| Date 04/16/15 | Payee name PHARMS HELPING ARMS FOUNDATION |
|-------------------------|---|

| | |
|---|--|
| Amount (\$) 300.⁰⁰ | Payee address; City; State; Zip Code 4700 Wenda St. Houston TX 77033 |
|---|--|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) CONTRIBUTION | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------|---------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME MICHAEL KUBOSH | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---------------------------------------|---------------------------------------|

| | |
|---------------------------|---|
| 4 Date 04/17/15 | 5 Payee name SUNRISE SUPER STOP |
|---------------------------|---|

| | |
|--|--|
| 6 Amount (\$) 47.¹¹ | 7 Payee address; City; State; Zip Code |
|--|--|

| | | |
|------------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) TRAVEL IN DISTRICT | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|-----------------------------------|
| Date 04/20/15 | Payee name DAVID FURLOW |
|-------------------------|-----------------------------------|

| | |
|---|--|
| Amount (\$) 200.⁰⁰ | Payee address; City; State; Zip Code 4126 RICE BLVD HOUSTON TX 77005 |
|---|--|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) LEGAL SERVICES | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|----------------------------------|
| Date 04/22/15 | Payee name BURT LEVINE |
|-------------------------|----------------------------------|

| | |
|---|--|
| Amount (\$) 600.⁰⁰ | Payee address; City; State; Zip Code 9600 Glenfield Court Houston TX 77506 |
|---|--|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) CONSULTING | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------|---------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME MICHAEL KUBOSH | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---------------------------------------|---------------------------------------|

| | |
|---------------------------|--------------------------------|
| 4 Date 04/23/15 | 5 Payee name POSTNET |
|---------------------------|--------------------------------|

| | |
|---|---|
| 6 Amount (\$) 270.⁶³ | 7 Payee address; City; State; Zip Code 12320 Barker Cypress Rd Cypress TX 77429 |
|---|---|

| | | |
|------------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) PRINTING | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|----------------------------------|
| Date 04/27/15 | Payee name CAFE GINGER |
|-------------------------|----------------------------------|

| | |
|---|---|
| Amount (\$) 132.⁷⁵ | Payee address; City; State; Zip Code 1952 W. GRAY ST HOUSTON TX 77019 |
|---|---|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) FOOD | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|---|
| Date 05/04/15 | Payee name HOUSTON LIVESTOCK SHOW |
|-------------------------|---|

| | |
|---|--|
| Amount (\$) 100.⁰⁰ | Payee address; City; State; Zip Code 3 NRG PARK HOUSTON TX 77054 |
|---|--|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) CONTRIBUTION | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------|---------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME MICHAEL KUBOSH | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---------------------------------------|---------------------------------------|

| | |
|---------------------------|---|
| 4 Date 05/04/15 | 5 Payee name KIM SON RESTAURANT |
|---------------------------|---|

| | |
|---|---|
| 6 Amount (\$) 101.⁷³ | 7 Payee address; City; State; Zip Code 2001 JEFFERSON ST HOUSTON TX 77003 |
|---|---|

| | | |
|------------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) FOOD | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|---------------------------------|
| Date 05/04/15 | Payee name LUBYS CAFE |
|-------------------------|---------------------------------|

| | |
|---|--|
| Amount (\$) 116.⁴¹ | Payee address; City; State; Zip Code 1414 Waugh Dr. HOUSTON TX 77019 |
|---|--|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) FOOD | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|-----------------------------------|
| Date 05/04/15 | Payee name ADP PAYMENTS |
|-------------------------|-----------------------------------|

| | |
|--|---|
| Amount (\$) 39.⁹⁵ | Payee address; City; State; Zip Code 13141 Northwest Fwy HOUSTON TX 77040 |
|--|---|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) ACCOUNTING | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME MICHAEL KUBOSH 3 Filer ID (Ethics Commission Filers)

4 Date 05/04/15 5 Payee name GLOBAL PAYMENTS

6 Amount (\$) 11.95 7 Payee address; City; State; Zip Code 10231 Glenfield Park Ln Cypress TX 77433

8 PURPOSE OF EXPENDITURE ACCOUNTING (a) Category (See categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense

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

Date 05/13/15 Payee name ESTHERS CAJUN CAFE

Amount (\$) 34.27 Payee address; City; State; Zip Code 5204 Yale St. Houston TX 77022

PURPOSE OF EXPENDITURE FOOD Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense

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

Date 05/13/15 Payee name ESTHERS CAJUN CAFE

Amount (\$) 16.23 Payee address; City; State; Zip Code 5204 Yale St. Houston TX 77022

PURPOSE OF EXPENDITURE FOOD Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: | 2 FILER NAME MICHAEL KUBOSH | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 05/13/15 | 5 Payee name POSTNET | |
| 6 Amount (\$) 250.⁰⁰ | 7 Payee address; City; State; Zip Code 12320 Barker Cypress Rd Cypress TX 77429 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) PRINTING | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____ | |
| Date 05/13/15 | Payee name KCOH RADIO | |
| Amount (\$) 1,000.⁰⁰ | Payee address; City; State; Zip Code 5011 Almeda Rd Houston TX 77004 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) ADVERTISING | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | Candidate / Officeholder name _____ Office sought _____ Office held _____ | |
| Date 05/15/15 | Payee name STAPLES | |
| Amount (\$) 16.²⁴ | Payee address; City; State; Zip Code 1919 TAYLOR ST HOUSTON TX 77007 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) PRINTING | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | Candidate / Officeholder name _____ Office sought _____ Office held _____ | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------|---------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME MICHAEL KUBOSH | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---------------------------------------|---------------------------------------|

| | |
|---------------------------|--|
| 4 Date 05/29/15 | 5 Payee name JPBE CONSULTING |
|---------------------------|--|

| | |
|---|--|
| 6 Amount (\$) 1,000.⁰⁰ | 7 Payee address; City; State; Zip Code P.O. Box 14226 Houston TX 77221 |
|---|--|

| | | |
|------------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) CONSULTING | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|----------------------------------|
| Date 06/01/15 | Payee name BURT LEVINE |
|-------------------------|----------------------------------|

| | |
|---|--|
| Amount (\$) 600.⁰⁰ | Payee address; City; State; Zip Code 9600 Glenfield Court Houston TX 77506 |
|---|--|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) CONSULTING | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|--|
| Date 06/02/15 | Payee name LEGAMCY COMMUNITY |
|-------------------------|--|

| | |
|---|---|
| Amount (\$) 379.⁰⁰ | Payee address; City; State; Zip Code 1415 California St. Houston TX 77006 |
|---|---|

| | | |
|-------------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) OTHER | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|--|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------|---------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME MICHAEL KUBOSH | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---------------------------------------|---------------------------------------|

| | |
|---------------------------|-------------------------------------|
| 4 Date 06/02/15 | 5 Payee name ADP PAYMENTS |
|---------------------------|-------------------------------------|

| | |
|--|---|
| 6 Amount (\$) 39.⁹⁵ | 7 Payee address; City; State; Zip Code 13141 Northwest Fwy Houston TX 77040 |
|--|---|

| | | |
|------------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) ACCOUNTING | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|--------------------------------------|
| Date 06/02/15 | Payee name GLOBAL PAYMENTS |
|-------------------------|--------------------------------------|

| | |
|--|---|
| Amount (\$) 11.⁹⁵ | Payee address; City; State; Zip Code 10231 Glenfield Park Lane Cypress TX 77433 |
|--|---|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) ACCOUNTING | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|---|
| Date 06/05/15 | Payee name HARRY'S RESTAURANT |
|-------------------------|---|

| | |
|--|--|
| Amount (\$) 48.⁷⁶ | Payee address; City; State; Zip Code 318 Tuam St. Houston TX 77006 |
|--|--|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) FOOD | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------|--------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME MICHAEL KUBOSH | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|--------------------------------|---------------------------------------|

| | |
|--------------------|-------------------------|
| 4 Date 06/08/15 | 5 Payee name POSTNET |
|--------------------|-------------------------|

| | |
|-------------------------------------|---|
| 6 Amount (\$) 180. ⁷⁸ | 7 Payee address; City; State; Zip Code 12320 Barker Cypress Cypress TX 77429 |
|-------------------------------------|---|

| | | |
|-----------------------------|--|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) PRINTING | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-----------------------------|--|--|

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

| | |
|------------------|---------------------------------------|
| Date 06/15/15 | Payee name ACADEMY AWARDS TROPHIES |
|------------------|---------------------------------------|

| | |
|-----------------------------------|--|
| Amount (\$) 734. ⁶⁶ | Payee address; City; State; Zip Code 4106 Fannin St. Houston TX 77004 |
|-----------------------------------|--|

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) OTHER | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|---|--|

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

| | |
|------------------|-----------------------------------|
| Date 06/16/15 | Payee name ARAMARK MINUTE MAID |
|------------------|-----------------------------------|

| | |
|-----------------------------------|---|
| Amount (\$) 280. ⁸⁰ | Payee address; City; State; Zip Code 501 CRAWFORD ST. HOUSTON TX 77002 |
|-----------------------------------|---|

| | | |
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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) FOOD | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|--|--|

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME MICHAEL KUBOSH 3 Filer ID (Ethics Commission Filers)

4 Date 06/19/15 5 Payee name LA GRIGLIA

6 Amount (\$) 1,114.⁰⁴ 7 Payee address; City; State; Zip Code 2002 W. GRAY ST. HOUSTON TX 77019

8 PURPOSE OF EXPENDITURE FOOD (a) Category (See categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense

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

Date 06/19/15 Payee name JPBE CONSULTING

Amount (\$) 350.⁰⁰ Payee address; City; State; Zip Code P.O. BOX 14226 HOUSTON TX 77221

PURPOSE OF EXPENDITURE CONSULTING (a) Category (See categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense

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

Date 06/22/15 Payee name LUBYS CAFE

Amount (\$) 248.⁰⁹ Payee address; City; State; Zip Code 1414 Waugh Dr. Houston TX 77019

PURPOSE OF EXPENDITURE FOOD (a) Category (See categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------|---------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME MICHAEL KUBOSH | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---------------------------------------|---------------------------------------|

| | |
|---------------------------|---------------------------------|
| 4 Date 06/25/15 | 5 Payee name FACEBOOK |
|---------------------------|---------------------------------|

| | |
|---|--|
| 6 Amount (\$) 250.⁰⁰ | 7 Payee address; City; State; Zip Code 156 University Ave Palo Alto CA 94301 |
|---|--|

| | | |
|------------------------------------|--|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) ADVERTISING | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------------------|--|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|----------------------------------|
| Date 06/30/15 | Payee name BURT LEVINE |
|-------------------------|----------------------------------|

| | |
|---|--|
| Amount (\$) 600.⁰⁰ | Payee address; City; State; Zip Code 9600 GLENFIELD COURT HOUSTON TX 77506 |
|---|--|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) CONSULTING | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|---|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

| | | |
|-------------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|--|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED