

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

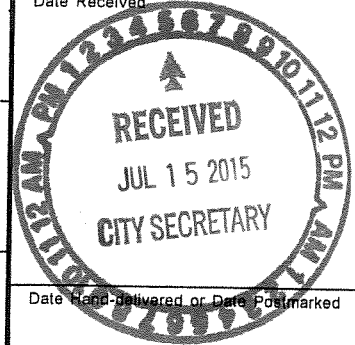
The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

OFFICE USE ONLY

Date Received



Date Hand-Delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS (MR) FIRST MI
NICKNAME LAST SUFFIX
Christopher W.
Oliver

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

2706 Skyview Chase Lane
Houston, TX 77047

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(713) 413-1634

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
NICKNAME LAST SUFFIX
Fred
Zidman

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

3719 Olympia, Houston, TX 77019

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(713) 385-0508

9 REPORT TYPE

- January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
- July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year
1 / 01 / 15 THROUGH 6 / 30 / 15

11 ELECTION

ELECTION DATE ELECTION TYPE

Month Day Year Primary Runoff Other Description

11 / 03 / 15 General Special

12 OFFICE

OFFICE HELD (if any)

Trustee, District 11
Houston Community
College System

13 OFFICE SOUGHT (if known)

Houston City Council
At Large Position 1

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT


FORM C/OH
COVER SHEET PG 2

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
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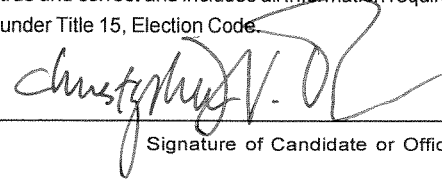
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S 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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 37,585
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3913.44
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 23671.56
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Christopher Oliver, this the 15th day of July, 20 15, to certify which, witness my hand and seal of office.

<u>Kelli F. Marshall</u>	<u>Kelli F. Marshall</u>	<u>Notary Public</u>
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

Christopher W. Oliver

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 27585
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 10000
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	\$ 3913.44
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
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: **13**

2 FILER NAME

Christopher W. Oliver

3 Filer ID (Ethics Commission Filers)

4 Date

2/4/15

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

FRANK J. GASKEY III

6 Contributor address; City; State; Zip Code

Katy, Tx 77450

7 Amount of contribution (\$)

\$ 3,000.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/5/15

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

Locke Loss LLP

Contributor address; City; State; Zip Code

Dallas, Tx 75201

Amount of contribution (\$)

\$ 1,000.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/21/15

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

William W. Harmon

Contributor address; City; State; Zip Code

Houston, Tx 77021

Amount of contribution (\$)

\$ 300.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/24/15

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

Alan Jeffrey Bricker

Contributor address; City; State; Zip Code

Houston, Tx 77071

Amount of contribution (\$)

\$ 500.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **13**

2 FILER NAME

Christopher W. Oliver

3 Filer ID (Ethics Commission Filers)

4 Date

2/25/15

5 Full name of contributor

Larry E. Whaley

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

6 Contributor address;

City; State; Zip Code

Houston, Tx 77024

7 Amount of contribution (\$)

\$500.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/27/15

Full name of contributor

The Robinson Law Group PLLC

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

Contributor address;

City; State; Zip Code

Houston, Tx 77006

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/2/15

Full name of contributor

Bracewell & Giuliani Committee

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

Contributor address;

City; State; Zip Code

Houston, Tx 77002

Amount of contribution (\$)

\$1000.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/13/15

Full name of contributor

John L. Guess III

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

Contributor address;

City; State; Zip Code

Houston, Tx 77006

Amount of contribution (\$)

\$1,500.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **13**

2 FILER NAME

Christopher W. Oliver

3 Filer ID (Ethics Commission Filers)

4 Date

3/13/15

5 Full name of contributor

Marvin G. Daniels

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

6 Contributor address:

City; State; Zip Code

7 Amount of contribution (\$)

\$1,000.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/13/15

Full name of contributor

PATRICK C. OXFORD

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

Contributor address:

City; State; Zip Code

Amount of contribution (\$)

\$500.

HOUSTON, TX 77002

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/17/15

Full name of contributor

EDUARDO E. COLON P.C.

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

Contributor address:

City; State; Zip Code

Amount of contribution (\$)

\$1,000.

HOUSTON, TX 77007

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Lawyer

Edgardo E. Colon, P.C.

Date

3/19/15

Full name of contributor

C.C. Lee

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

Contributor address:

City; State; Zip Code

Amount of contribution (\$)

\$500.

HOUSTON, TX 77036

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **13**

2 FILER NAME
Christopher W. Oliver

3 Filer ID (Ethics Commission Filers)

4 Date: **3/24/15**
5 Full name of contributor: **Dr. Vernus C. Swisher**
 out-of-state PAC (ID#: _____)
6 Contributor address: _____
City: _____ State: _____ Zip Code: **Houston, Tx 77004**

7 Amount of contribution (\$)
\$ 250.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date: **4/2/15**
Full name of contributor: **Ranjana Roy**
 out-of-state PAC (ID#: _____)
Contributor address: _____
City: _____ State: _____ Zip Code: **Houston, Tx 77056**

Amount of contribution (\$)
\$ 1,500.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **4/22/15**
Full name of contributor: **Tony L Council**
 out-of-state PAC (ID#: _____)
Contributor address: _____
City: _____ State: _____ Zip Code: **Houston, Tx 77042**

Amount of contribution (\$)
\$ 500.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **4/27/15**
Full name of contributor: **Jacobs Metro Area Pac of Jacobs Engineering Group, Inc**
 out-of-state PAC (ID#: _____)
Contributor address: _____
City: _____ State: _____ Zip Code: _____

Amount of contribution (\$)
\$ 500.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **13**

2 FILER NAME

Christopher W. Oliver

3 Filer ID (Ethics Commission Filers)

4 Date

5/8/15

5 Full name of contributor

Patrick L. Pollan

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

7 Amount of contribution (\$)

\$1,000.

6 Contributor address;

City; State; Zip Code

Houston, TX 77055

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/20/15

Full name of contributor

Andrews North Texas Pac

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

Amount of contribution (\$)

\$500.

Contributor address;

City; State; Zip Code

Houston, TX 77002

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/27/15

Full name of contributor

Rolando Garcia, Jr.

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

Amount of contribution (\$)

\$500.

Contributor address;

City; State; Zip Code

Houston, TX 77042

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/27/15

Full name of contributor

Judge John W. Peavy

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

Amount of contribution (\$)

\$500.

Contributor address;

City; State; Zip Code

Houston, TX 77288

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

13

2 FILER NAME

Christopher W. Oliver

3 Filer ID (Ethics Commission Filers)

4 Date

5/27/15

5 Full name of contributor

C.C. Lee

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

6 Contributor address;

City; State; Zip Code

Houston, TX 77036

7 Amount of contribution (\$)

\$100.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/27/15

Full name of contributor

Zinetta A. Burney

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

Contributor address;

City; State; Zip Code

Houston, TX 77004

Amount of contribution (\$)

\$100.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/27/15

Full name of contributor

Welcome W. Wilson, Sr.

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

Contributor address;

City; State; Zip Code

Houston, TX 77057

Amount of contribution (\$)

\$1000.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/28/15

Full name of contributor

Terrence D. Smith

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

Contributor address;

City; State; Zip Code

Houston, TX 77071

Amount of contribution (\$)

\$500.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **13**

2 FILER NAME

Christopher W. Oliver

3 Filer ID (Ethics Commission Filers)

4 Date

6/6/15

5 Full name of contributor

MARIA L. MENSAH

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

6 Contributor address;

City; State; Zip Code

La Porte, TX 77572

7 Amount of contribution (\$)

\$25.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/7/15

Full name of contributor

FALCON S. COLE

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

Contributor address;

City; State; Zip Code

PEARLAND, TX 77581

Amount of contribution (\$)

\$35.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/7/15

Full name of contributor

CHARLES H. HERBERT, JR.

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

Contributor address;

City; State; Zip Code

HOUSTON, TX 77047

Amount of contribution (\$)

\$100.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/7/15

Full name of contributor

YOLONDA O. MILTON

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

Contributor address;

City; State; Zip Code

HOUSTON, TX 77089

Amount of contribution (\$)

\$50.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **13**

2 FILER NAME

Christopher W. Oliver

3 Filer ID (Ethics Commission Filers)

4 Date

6/7/15

5 Full name of contributor

Sandra A. Thomas

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

6 Contributor address:

City; State; Zip Code

Houston, Tx 77002

7 Amount of contribution (\$)

\$25.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/7/15

Full name of contributor

Theophilus Price

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

Contributor address:

City; State; Zip Code

Houston, Tx 77061

Amount of contribution (\$)

\$25.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/7/15

Full name of contributor

Michael Coles

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

Contributor address:

City; State; Zip Code

Houston, Tx 77073

Amount of contribution (\$)

\$25.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/7/15

Full name of contributor

Mary B. Rice

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

Contributor address:

City; State; Zip Code

Houston, Tx 77051

Amount of contribution (\$)

\$25.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **13**

2 FILER NAME

Christopher W. Oliver

3 Filer ID (Ethics Commission Filers)

4 Date

6/7/15

5 Full name of contributor

Jewel Housley

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

6 Contributor address;

City; State; Zip Code

Houston Tx 77087

7 Amount of contribution (\$)

\$50.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/9/15

Full name of contributor

Thompson & Houston LLP

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

Contributor address;

City; State; Zip Code

Houston, Tx 77027

Amount of contribution (\$)

\$500.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/9/15

Full name of contributor

Renée Michel

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

Contributor address;

City; State; Zip Code

Houston, Tx 77009

Amount of contribution (\$)

\$500.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/14/15

Full name of contributor

Napoleon B. Higgins

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

Contributor address;

City; State; Zip Code

Houston, Tx 77045

Amount of contribution (\$)

\$100.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **13**

2 FILER NAME

Christopher W. Oliver

3 Filer ID (Ethics Commission Filers)

4 Date

6/14/15

5 Full name of contributor

Mattie C. Howerton

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

6 Contributor address:

City; State; Zip Code

Pearland, TX 77581

7 Amount of contribution (\$)

\$ 25

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/14/15

Full name of contributor

Lillian Brown

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

Contributor address:

City; State; Zip Code

Houston, TX 77033

Amount of contribution (\$)

\$ 25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/14/15

Full name of contributor

Opal S. Barnes

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

Contributor address:

City; State; Zip Code

Houston, TX 77047

Amount of contribution (\$)

\$ 50.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/21/15

Full name of contributor

Ruby Thomas

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

Contributor address:

City; State; Zip Code

Houston, TX 77234

Amount of contribution (\$)

\$ 100.

Principal occupation / Job title (See Instructions)

Nursing

Employer (See Instructions)

Regent Care Center

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: 13
2 FILER NAME <i>Christopher W. Oliver</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>6/21/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LINDA SHEASER</i>	7 Amount of contribution (\$) <i>\$ 25.</i>
6 Contributor address; City; State; Zip Code <i>HOUSTON, TX 77020</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>6/22/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert Glenn Johnson</i>	Amount of contribution (\$) <i>\$ 100.</i>
Contributor address; City; State; Zip Code <i>HOUSTON TX 77048</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>6/24/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Martin J. Fein</i>	Amount of contribution (\$) <i>\$ 1,000.</i>
Contributor address; City; State; Zip Code <i>HOUSTON, TX 77056</i>		
Principal occupation / Job title (See Instructions) <i>Real Estate Developer</i>		Employer (See Instructions) <i>Martin Fein Interests, Ltd.</i>
Date <i>6/24/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lock Londe LLP</i>	Amount of contribution (\$) <i>\$ 1,000.</i>
Contributor address; City; State; Zip Code <i>HOUSTON TX 77002</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **13**

2 FILER NAME

Christopher W. Oliver

3 Filer ID (Ethics Commission Filers)

4 Date

6/28/15

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

Rajinder K. Bedi

7 Amount of contribution (\$)

\$1,000.

6 Contributor address; City; State; Zip Code

Houston, Tx 77019

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/30/15

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

Alan Jeffrey Bricker

Amount of contribution (\$)

\$1,000.

Contributor address; City; State; Zip Code

Houston, Tx 77071

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/30/15

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

Brian Smith

Amount of contribution (\$)

\$50.

Contributor address; City; State; Zip Code

Houston, Tx 77021

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/30/15

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

Joe McEllyn

Amount of contribution (\$)

\$3,000

Contributor address; City; State; Zip Code

Houston, Tx 77019

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Architect

BBR Studios, Inc.

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: **13**

2 FILER NAME

Christopher W. Oliver

3 Filer ID (Ethics Commission Filers)

4 Date

6/30/15

5 Full name of contributor

Jeri Brooks

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

7 Amount of contribution (\$)

\$250.

6 Contributor address;

City; State; Zip Code

Houston, TX 77254

8 Principal occupation / Job title (See Instructions)

CEO

9 Employer (See Instructions)

One World Strategy Group, LLC.

Date

6/30/15

Full name of contributor

Alice N. Sadeghpour

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

Amount of contribution (\$)

\$500.

Contributor address;

City; State; Zip Code

Houston, TX 77024

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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)

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: **1**

2 FILER NAME **Christopher Oliver**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ **10,000**

5 Date **4/1/15**

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

7 Contributor address: _____ City _____ State _____ Zip Code **Houston, TX 77006**

8 Amount of Contribution \$ **5,000**

9 In-kind contribution description
Consulting Services

Check if travel outside of Texas, complete Schedule T

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)
President/CEO

11 Employer (FOR NON-JUDICIAL) (See Instructions)
Elite Change, Inc.

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

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

Date **5/1/15**

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

Contributor address: _____ City _____ State _____ Zip Code **Houston, TX 77008**

Amount of Contribution \$ **5,000**

In-kind contribution description
Fundraising Services

Check if travel outside of Texas, complete Schedule T

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)
Fundraising Consultant

Employer (FOR NON-JUDICIAL) (See Instructions)
Self-employed

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

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

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	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	2 FILER NAME Christopher Oliver	3 Filer ID (Ethics Commission Filers)
4 Date 4/15/15	5 Payee name Bison Business Solutions	
6 Amount (\$) \$1,488.44	7 Payee address; City; State; Zip Code 10100 Clay Road, Suite G, Houston, TX 77000	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense signs
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 2/24/15	Payee name Mo Bang Media	
Amount (\$) \$325.00	Payee address; City; State; Zip Code 2646 S Loop W, Houston, TX 77054	
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 Puon Cards
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 3/19/15	Payee name Sure Thing, Inc.	
Amount (\$) \$350.00	Payee address; City; State; Zip Code P O Box 15855, Houston, TX 77220	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Participation in Parade
	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 | 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	2 FILER NAME Christopher Oliver	3 Filer ID (Ethics Commission Filers)
4 Date 5/11/15	5 Payee name K-Ree Signs	
6 Amount (\$) \$1750.00	7 Payee address; City; State; Zip Code 9211 Dulcimer Street, Houston, TX 77051	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign Placement
	9 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 ONLY 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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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