

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b>	<b>2 Total pages filed:</b> 13				
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR	FIRST Dee	MI	<b>OFFICE USE ONLY</b>			
	NICKNAME	LAST Howard	SUFFIX				
Date Received <i>12/7/18</i> <i>RF</i>							
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P. O. Box 6790  Huntsville, TX 77342		ZIP CODE	Date Hand-delivered or Date Postmarked <i>RF 12/7/18</i>			
				Receipt #			
				Amount			
				Date Processed <i>RF 12/7/18</i>			
Date Imaged <i>RF 12/7/18</i>							
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR	FIRST	MI				
NICKNAME		SUFFIX					
Campaign Treasurer Rosalyn Kelly 331 F M 247							
311 F M 247							
<b>6 CAMPAIGN TREASURER ADDRESS</b>  (Residence or Business)	STREET ADDRESS Huntsville, Tx 77320 936 661-0675		TE #;	CITY;	STATE;	ZIP CODE	
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION				
<b>8 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)						
<b>9 PERIOD COVERED</b>	Month	Day	Year	THROUGH	Month	Day	Year
10/28/2018      THROUGH      12/05/2018							
<b>10 ELECTION</b>	ELECTION DATE Month   Day   Year 12/15/2018			ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
<b>11 OFFICE</b>	OFFICE HELD (if any) None Walker			<b>12 OFFICE SOUGHT (if known)</b> City Council Place #2			

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

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

2 of 13

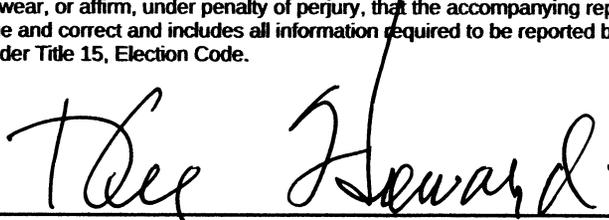
<b>13 C / OH NAME</b> Howard, Dee	<b>14 Filer ID</b>
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> 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	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>	
		<b>COMMITTEE ADDRESS</b>	
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>	
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>	

<b>16 CONTRIBUTION TOTALS</b>	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)	\$	2,070.00
<b>EXPENDITURE TOTALS</b>	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	2,518.15
<b>CONTRIBUTION BALANCE</b>	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,996.16
<b>OUTSTANDING LOAN TOTALS</b>	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17 AFFADAVIT**

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 Dee Howard, this the 7<sup>th</sup> day of December, 2018, to certify which, witness my hand and seal of office.

Signature of officer administering

Brenda Poe  
 Printed name of officer administering

Deputy City Secretary  
 Title of officer administering oath

**SUBTOTALS - C/OH**

<b>18 FILER NAME</b> Howard, Dee	<b>19 Filer ID</b>
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<b>20 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
<b>NAME OF SCHEDULE</b>		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,070.00
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	\$ 2,518.15
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 F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 100.00
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/3 Rpt: 4/13
<b>2</b> FILER NAME Howard, Dee		<b>3</b> Filer ID
<b>4</b> Date 12/04/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, JoeAnn (Ms.)	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>6</b> Contributor address; City; State; Zip Code 1067 Scales Road  Bedias, TX 77831		
<b>8</b> Principal occupation / Job title (See Instructions) Executive Assistant		<b>9</b> Employer (See Instructions) TDCJ
Date 12/01/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Tozaino	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code 324 FM 1960  Houston, TX 77073		
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Farmers Insurance
Date 11/24/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Covington, Steve	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code 213 Evergreen  Huntsville, TX 77340		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/01/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamb, Edward	Amount of Contribution (\$)  \$250.00
Contributor address; City; State; Zip Code 3602 S MacGregor Way  Houston, TX 77021		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/10/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Malcolm	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code P.O. Box 12161  Las Vegas, NV 89112		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/3 Rpt: 5/13
<b>2</b> FILER NAME Howard, Dee		<b>3</b> Filer ID
<b>4</b> Date 11/27/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudspeth, Mader	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Huntsville, TX		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/01/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Thomas	Amount of Contribution (\$)  \$250.00
Contributor address; City; State; Zip Code 4011 Charleston Street  Houston, TX 77021		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/19/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lehrmann, Ruby	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code 608 Kendall Parkway  Boerne, TX 78015		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/11/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massey, Joe (Mr.)	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code 2210 Easley Circle  Huntsville, TX 77320		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/01/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Ken	Amount of Contribution (\$)  \$500.00
Contributor address; City; State; Zip Code 1108 Bayou Road  La Marque, TX 77568		
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) State Farm

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/3 Rpt: 6/13
<b>2</b> FILER NAME Howard, Dee		<b>3</b> Filer ID
<b>4</b> Date 11/27/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Elaine	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>6</b> Contributor address; City; State; Zip Code 3341 Thornwood Way  Huntsville, TX 77340		
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 11/05/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smithers, Billie	Amount of Contribution (\$)  \$20.00
Contributor address; City; State; Zip Code  Huntsville, TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/01/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swindell, Charles	Amount of Contribution (\$)  \$200.00
Contributor address; City; State; Zip Code 9711 S. Mason Rd # 125  Richardmond, TX 77407		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/05/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace Ph.D, Shirley	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code P.O. Box 8715  Huntsville, TX 77340-0012		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/19/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins Ph.D, Helen (Mrs.)	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code P.O. Box 431  Huntsville, TX 77342-0431		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/5 Rpt: 7/13	<b>2</b> FILER NAME Howard, Dee	<b>3</b> Filer ID
<b>4</b> Date 11/09/2018	<b>5</b> Payee name City Hall Cafe	
<b>6</b> Amount (\$) \$433.00	<b>7</b> Payee address; City; State; Zip Code 1421 Sam Houston Ave  Huntsville, TX 77320	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reception/Fundraiser
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/07/2018	Payee name Dollar Tree	
Amount (\$) \$10.83	Payee address; City; State; Zip Code 257 C Hwy 45S  Huntsville, TX 77340	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reception
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/30/2018	Payee name Eagle Graphics	
Amount (\$) \$460.00	Payee address; City; State; Zip Code 1304 Sam Houston Ave #B  Huntsville, TX 77340	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 1000 Handbills
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/5 Rpt: 8/13	<b>2</b> FILER NAME Howard, Dee	<b>3</b> Filer ID
<b>4</b> Date 11/16/2018	<b>5</b> Payee name Extreme Signs	
<b>6</b> Amount (\$) \$418.39	<b>7</b> Payee address; City; State; Zip Code 1800 Old Sycamore  Huntsville, TX 77340	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 25 signs 18 x 24 dimensions
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 11/08/2018	Payee name Hobby Lobby	
Amount (\$) \$67.88	Payee address; City; State; Zip Code 3009 Hwy 30 West #300  Huntsville, TX 77340	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 11-9 Reception
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 11/17/2018	Payee name Home Depot	
Amount (\$) \$47.53	Payee address; City; State; Zip Code 215 N IH 45  Huntsville, TX 77320	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) sticks for outside campaign signs	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wood Sticks
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/5 Rpt: 9/13	<b>2</b> FILER NAME Howard, Dee	<b>3</b> Filer ID
<b>4</b> Date 10/29/2018	<b>5</b> Payee name KSAM Radio Station	
<b>6</b> Amount (\$) \$302.00	<b>7</b> Payee address; City; State; Zip Code 622 IH 45 S  Huntsville, TX 77340	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Radio Ad
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/03/2018	Payee name Kelly, Rosalyn (Mrs.)	
Amount (\$) \$185.37	Payee address; City; State; Zip Code 329 F M 247  Huntsville, TX 77320	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for 11-5 event check #125
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/14/2018	Payee name Office Depot	
Amount (\$) \$80.44	Payee address; City; State; Zip Code 133 Hwy 45 N  Huntsville, TX 77320	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) General Supplies	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Folders, ink, etc
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/5 Rpt: 10/13	<b>2</b> FILER NAME Howard, Dee	<b>3</b> Filer ID
<b>4</b> Date 11/06/2018	<b>5</b> Payee name Pizza Hut	
<b>6</b> Amount (\$) \$89.74	<b>7</b> Payee address; City; State; Zip Code Hwy 30 W  Huntsville, TX 77320	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pizza
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 10/30/2018	Payee name The Houstonian at SHSU	
Amount (\$) \$202.00	Payee address; City; State; Zip Code P. O. Box 2178  Huntsville, TX 77341	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Ad in college newspaper
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office held
Date 11/30/2018	Payee name Tough Shirts	
Amount (\$) \$174.55	Payee address; City; State; Zip Code 1304 Sam Houston Ave #B  Huntsville, TX 77320	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Tshirts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/5 Rpt: 11/13	<b>2</b> FILER NAME Howard, Dee	<b>3</b> Filer ID	
<b>4</b> Date 11/08/2018	<b>5</b> Payee name Walmart		
<b>6</b> Amount (\$) \$46.42	<b>7</b> Payee address; City; State; Zip Code 141 Hwy 45  Huntsville, TX 77340		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Plates, cups, etc	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate/Officeholder name	Office sought	Office held

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 1/1 Rpt:	<b>2</b> FILER NAME Howard, Dee	<b>3</b> Filer ID
<b>4</b> Date 11/27/2018	<b>5</b> Payee name Mu Mu Omega Chap c/o E. Smith	
<b>6</b> Amount (\$) 100.00	<b>7</b> Payee Address; City; State; Zip 3341 Thornwood Way  Huntsville, TX 77340	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Non-Profit Organization	<b>(b)</b> Description (See instructions regarding type of information required.) Scholarship Luncheon 4 tickets

# TEXT ANNOTATION

Sch: 1/1 Rpt: 13/13

FILER NAME  
Howard, Dee

Filer ID

Schedule  
I

Information entered by filer as a memo:

Four tickets were purchased and given away for Scholarship Luncheon.