# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

1 Filer ID (Ethics Commission Filers) 2 Total pages filed:						
The C/OH Instruction G	2 Total pages filed:					
3 CANDIDATE/	MS / MRS / MR FIRST	MI	office research			
OFFICEHOLDER	٧ ٧		OFFICE USE ONLY			
NAME	MS. NATIVELINA	SUFFIX	Date Received			
	Dawso	n				
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE				
OFFICEHOLDER MAILING ADDRESS	326 Cinnamon Oal	k Lane				
Change of Address	Houston, Texas	77079				
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked			
OFFICEHOLDER PHONE	(713) 827-750	Γ(	Date Hand-derivered of Date : definances			
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$			
TREASURER NAME	. Mrs		Date Processed			
	Beth Cale	221,	Date Imaged			
Z CAMBAICNI: 3	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE #: CITY; STATE;	ZIP CODE			
TREASURER	12922 Hermitag					
ADDRESS (Residence or Business)						
(residence of Eddinoso)	Houston, IX 7	7019				
+25	ARTA CORE DIONE ANIMOED	EXTENSION				
8 CAMPAIGN TREASURER PHONE	(713) 784-4176					
And the second	Ç.					
9 REPORT TYPE	January 15 30th day before a	election Aunoff	15th day after campaign treasurer appointment (Officeholder Only)			
	July 15 8th day before el	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)			
·	July 15 our day besore en	<u> </u>				
10 PERIOD	Month Day Year	THROM CONTRACT	The second secon			
COVERED	1 /17 /17	DE 15 THE DUDNIT STREET OF TEXAS SIDE EXPIRES	STATE THAT YEAR ON THE TATE OF THE			
11 ELECTION	ELECTION DATE	ELECTION TYPE	FEB.			
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12 OFFICE	OFFICE HELD (if any)	3 OFFICE SOUGHT (If know	n) .			
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	SBISD Trustee	3				
Position 3						
GO TO PAGE 2						

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME	J. L. Day	uson	5 Filer ID (Ethics Commission Filers)				
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDED ON THE POLITICAL EXPENDENCE OF POLITICAL EXPENDENCE OF THE POLITICAL EXPENDENC	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S				
	COMMITTEE TYPE	COMMITTEE NAME					
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	SPECIFIC	COMMITTEE ADDRESS	) di v				
		Bit is a respect to the	ot i sa suferi				
		COMMITTEE CAMPAIGN TREASURER NAME	, ,				
Additional Pages			£4.1				
		COMMITTEE CAMPAIGN TREASURER ADDRESS					
			Harris (1)				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OF LESS (OTHER THATS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ					
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-				
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ - O -						
. , . , , , ,	4. TOTAL	POLITICAL EXPENDITURES A TOTAL AND A STATE OF THE POLITICAL EXPENDITURES	\$ 392.36				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 4, 382.35						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ - O -						
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.  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.							
5,300		Signature of Can	didate or Officeholder				
AFFIX NOTARY STAMI	P/SEALABOVE	A	17/h.				
Sworn to and subscr	ribed before me, l	by the said Katherine L. Dawson	, this the				
day of May	, 20,	to certify which, witness my hand and seal of office.					
_ Diane Di	ckens	Diane Dickens	notary				
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath				

#### SUBTOTALS - C/OH

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

	00,11.1							
19	FILER NAME 20 Filer ID (Ethics Con	nmission Filers)						
	Katherine L. Dawson							
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT						
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS							
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -0 -8						
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-						
4.	SCHEDULE E: LOANS	\$ - 0- 8						
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -O-						
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS							
7.	\$ -0 -							
8.	\$							
9,	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$						
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH							
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <b>-</b> 0 -						
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <b>-</b> Ø <b>-</b>						

www.ethics.state.tx.us

	EXPENDITURE CATE	GORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking	Event Expense Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense
Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel in District Travel Out Of District Other (enter a category not listed above)
Carlotte Carlotte	•	ns how to complete this form.	onto famo a octobol monotos and
1 Total pages Schedule F4:	2 FILERNAME Katherine L. Daws	m	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED	TOACREDITCARD	\$
5 Date	6 Payee name		
d-8-11	Constant Contact  8 Payee address; City; State;	Zh Cada	
7 Amount (\$)		ad; Suite 329	
TP. T P &	<b>1</b>	2451	
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of thi	is schedule) (b) Description	ΣΠ
PURPOSE OF	Advertising Expens	Check if	travel outside of Texas. Complete Schedule T.
EXPENDITURE	0.00	Check	If Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
3-8-17	Payee name  Constant Contay	ct	·
Amount (\$)	Payee address; City; State;	Zip Gode	
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TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of this		
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	EXPENDITURE CATE	EGORIES FOR BOX 10(a)	
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		ains how to complete this form.	
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4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGEI	D TO A CREDIT CARD	\$
5 Date	6 Payee name		
4-8-17	Constant Contr	act.	
7 Amount (\$)		; Zip Code	
\$53.30	1601 Trapelo Waltham, M	Road; Suite, 1A 02451	<i>32</i> 9·
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of t	this schedule) (b) Description	DN
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol-	Candidate / Officeholder name I	Office sought	Office held
Date	Payee name		
5 - 8-17	Constant Contr	act	
Amount (\$)	Payee address; City; State;		
\$53.30	1601 Trapelo Roa Watham, MA	od' Svi te 329 0245]	
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1 Total pages Schedule F4:	2 FILER NAME  Katherine Dawson  3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 Date	6 Payee name Constant Contact
7 Amount (\$) \$53.30	8 Payee address; City: State: Zip Code 1601 Tropelo Road; Suite 329
9 TYPE OF EXPENDITURE	Waltham, MA 0245/ Political Non-Political
10 PURPOSE OF EXPENDITURE	(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
11 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought Office held
Date 7 - 8-17	Payee name Constant Contact
Amount (\$)	Payee address; City; State; Zip Code 1601 Trapelo Road; Svite 329 Waltham, MA 0245/
TYPE OF EXPENDITURE	Political Non-Political
PURPOSE OF EXPENDITURE	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 / Office holder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	The Instruction Guide ex	oplains how to complete this for	m
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4 TOTAL OF UNITEM	IZED EXPENDITURES CHARG	iED TO A CREDIT CARD	\$
5 Date	6 Payee name		k
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7 Amount (\$)	8 Payee address; Ucity; Sta	ate: Zip Code Roccol	
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9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top	p of this schedule) (b) Desc	ription
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11 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name I	Office sought	Office held
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expenditure to benefit C/OH			
	ATTACH ADDITIONAL COPIES	S OF THIS SCHEDULE AS	NEEDED

#### **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

#### SCHEDULE G

		EXPE	ENDITURE CAT	EGORIE	S FOR BOX 8(a)	·	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment		Legal Servic	age Expense Memorials Expense es	Office ( Polling Printing Salarie	lepayment/Reimbursement Overhead/Rental Expense Expense g Expense ss/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Exp Travel In District Travel Out Of District Other (enter a category not listed above)	
,		The instr	uction Guide expla	ins how t	o complete this form.		
1 Total pages Schedule G:	1		, D			3 Filer ID (Ethics Commission File	ers)
4 Date	5 Payee name		L. Daws	07C			
4 Date			_				
1-17-17			Expre	<u>'S5</u>			
6 Amount (\$)	7 Payee add	tress;	City; State; 2	Zip Code			
Reimbursement from		•	650448				
intended	Dall	<u>as, 7</u>	x 752 s listed at the top of this	65-	0448		
8 PURPOSE							
OF	Credit	t Caro	x Payment	ter		fe of Texas. Complete Schedule T.	
EXPENDITURE	Poli	tical	Advert	Siha	Check if Austin, T	X, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/	Candida		holder name	9	Office sought	Office held	
Date	Payee nan	ne				-	
2-14-17	Am	סוכנכמ	in Exm	ross			
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\$47.97	P.O.	Box	6504	48			
political contributions Intended	Dall	as,	Tx 75	5265	5-0448 (b) Description		
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PURPOSE OF	Credi	+ cow	ed Paym	ient	Gheck if travel outsid	le of Texas. Complete Schedule T.	
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Complete ONLY if direct			holder name	<u> </u>	Office sought	Office held	
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3-11-11		orica	un Exp	ress			
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political contributions intended	Dai	llas,	TX 7	520	5-0448		
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Forms provided by Texas El	thics Commission	on	www.ethi	ics.state.t	x.us	Revised 9/	8/2015

### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

		EXPE	NDITUR	E CATEG	ORIE	S FOR BOX 8(a)			
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4 Date	5 Payee nai		٠. ٠						
4-110-17	Ame	rican	Ex	ores S					
6 Amount (\$)	7 Payee ad	iress;	City: 8	State; Zip	Code				
\$53.30	P. O.	Box	65	5044	8				
Reimbursement from political contributions	Dall	7	5/	752	45	-0448			
intended	·	<u>ας, /</u>	<u>X</u>			(b) Description			
8 PURPOSE	- 1	(See Categories I		•			nsteida n	f Texas, Complete Scheo	Takı
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Complete ONLY If direct expenditure to benefit C/		ate / Officeho	older nar	ne		Office sought			Office field
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le-16-11	Hm	nerica	<b></b>	LX	pre	<u>SS</u>			
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### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politi Credit Card Payment	ical Committee Legal Services Sa	Alaries/Wages/Contract Labor Other (enter a category not listed above)			
	The instruction Guide explains he	ow to complete this form.			
1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethlcs Commission Filers)			
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4 Date	5 Payee name				
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6 Amount (\$)	7 Payee address; City; State; Zip Co				
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Reimbursement from political contributions	P.B. 130x 94014	•			
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8 PURPOSE	(a) Category (See Categories listed at the top of this schedule				
OF	Credit Card Payment	Check if travel outside of Texas. Complete Schedule T.			
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9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought Office held			
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EXPENDITURE		Check If Austin, TX, officeholder living expense			
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					