



Official Public Records of
Harris County
Diane Trautman
County Clerk

Campaign Finance Report



Diane Trautman

COUNTY CLERK
HARRIS COUNTY, TEXAS

FileNo: 2019172
Received By Clerk: 7/1/2019
File Date: July 01, 2019
Office: County Clerk
Candidate: Trautman, Diane
Treasurer: Trautman, Tim
Category: Contributions And Expenditures
Delivered By: Personal Appearance
Type: COR

Harris County No Fee

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

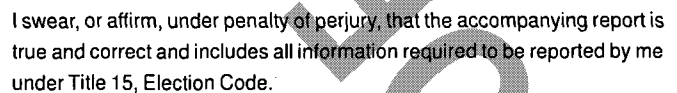
**FORM C/OH
COVER SHEET PG 1**

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 Mrs. Diane NICKNAME LAST SUFFIX Trautman			OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked <table style="width:100%;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged									
	Receipt #	Amount \$																	
Date Processed																			
Date Imaged																			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P. O. Box 6067 Kingwood, TX 77325																			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 417-4235																		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Tim NICKNAME LAST SUFFIX Trautman																		
	7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P. O. Box 6067 Kingwood, TX 77325																		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 417-4235																		
9 REPORT TYPE	<table style="width:100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>					<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)						
<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	<table style="width:100%;"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> <td></td> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td>1</td> <td>1</td> <td>2019</td> <td>THROUGH</td> <td>6</td> <td>30</td> <td>2019</td> </tr> </table>					Month	Day	Year		Month	Day	Year	1	1	2019	THROUGH	6	30	2019
Month	Day	Year		Month	Day	Year													
1	1	2019	THROUGH	6	30	2019													
11 ELECTION	ELECTION DATE Month Day Year / /		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special																
	12 OFFICE OFFICE HELD (if any) Harris County Clerk		13 OFFICE SOUGHT (if known)																

GO TO PAGE 2

FORM C/OH
COVER SHEET PG 2

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

Notary Public

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

Diane Trautman

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS**
NAME OF SCHEDULESUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,325.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,000.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,778.36
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3,673.32
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<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

Diane Trautman

3 Filer ID (Ethics Commission Filers)**4** Date
2/14/19**5** Full name of contributor☐ out-of-state PAC (ID#: _____)

Sharon Cunningham

7 Amount of contribution (\$)
\$300.00**6** Contributor address; City; State; Zip Code

3111 Sackett St. #100, Houston, TX 77098

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
2/15/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Norman Dolch

Amount of contribution (\$)
\$20.00

Contributor address; City; State; Zip Code

18122 Norwood Oaks Dr., Spring, Tx 77379

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2/28/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

James Davis

Amount of contribution (\$)
\$20.00

Contributor address; City; State; Zip Code

414 Cherry Springs Lane, Spring, TX 77373

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/4/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lavon Thomas

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code

15422 Mauna Loa Ln., Jersey Village, TX 77040

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:**2** FILER NAME

Diane Trautman

3 Filer ID (Ethics Commission Filers)**4** Date
3/11/19**5** Full name of contributor☐ out-of-state PAC (ID#: _____)

Mark Jordan

7 Amount of contribution (\$) **\$250.00****6** Contributor address;

City; State; Zip Code

914 Main St., Houston, TX 77002

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
3/13/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ingrid Bond

Amount of contribution (\$) **\$50.00**

Contributor address;

City; State; Zip Code

2504 Del Monte, Houston, TX 77019

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/16/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lavon Thomas

Amount of contribution (\$) **\$250.00**

Contributor address;

City; State; Zip Code

15422 Mauna Loa, Jersey Village, TX 77040

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/18/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Linda Hoffman

Amount of contribution (\$) **\$25.00**

Contributor address;

City; State; Zip Code

9850 Pagewood Lane, Houston, TX 77042

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:
2 FILER NAME Diane Trautman		3 Filer ID (Ethics Commission Filers)
4 Date 3/20/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Fausto 6 Contributor address; City; State; Zip Code 207 Circle HVN, Canyon Lake Tx 78133	7 Amount of contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Kofile
Date 3/23/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darci Hubbard Contributor address; City; State; Zip Code 163 Warrenton, Houston, TX 77024	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/25/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norma Eiman Contributor address; City; State; Zip Code 4103 Aberdeen Way, Houston, TX 77025	Amount of contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/27/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samson Babalola Contributor address; City; State; Zip Code 1302 Waugh Dr. #279, Houston, TX 77019	Amount of contribution (\$) \$50.00
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:**2** FILER NAME

Diane Trautman

3 Filer ID (Ethics Commission Filers)**4** Date
3/27/19**5** Full name of contributor☐ out-of-state PAC (ID#: _____)

Maureen Fisbeck

7 Amount of contribution (\$)
\$100.00**6** Contributor address;

City; State; Zip Code

5919 Caelwood Dr., Humble, TX 77346

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
3/27/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Tom Morin

Amount of contribution (\$)
\$1,000.00

Contributor address;

City; State; Zip Code

3743 Purdue St., Houston, TX 77005

Principal occupation / Job title (See Instructions)
Owner/CEOEmployer (See Instructions)
Daily Court ReviewDate
3/27/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Vincent Sanders

Amount of contribution (\$)
\$50.00

Contributor address;

City; State; Zip Code

10907 Villa Lea Ln., Houston, TX 77071

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/27/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Edwina Wilks

Amount of contribution (\$)
\$50.00

Contributor address;

City; State; Zip Code

1510 Bland St., Houston, TX 77091

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:
2 FILER NAME Diane Trautman		3 Filer ID (Ethics Commission Filers)
4 Date 3/27/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Thompson 6 Contributor address; City; State; Zip Code 7111 Phillips St., Houston, TX 77088	7 Amount of contribution- (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/27/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Phillips Contributor address; City; State; Zip Code 119 Plantation Rd., Houston, TX 77024	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/27/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan Long Contributor address; City; State; Zip Code 7214 Bayou Woods Dr., Houston, TX 77088	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/27/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vonda Washington Contributor address; City; State; Zip Code 3127 Quali Valley E. Dr., Missouri City, Tx 77489	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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:
2 FILER NAME Diane Trautman		3 Filer ID (Ethics Commission Filers)
4 Date 3/27/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Bermack 6 Contributor address; City; State; Zip Code 230 Tamerlaine Dr., Houston, TX 77024	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/27/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dianne Lyles Contributor address; City; State; Zip Code 18618 Copano Lane, Spring, Texas 77379	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/30/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teamsters Drive Political Fund Contributor address; City; State; Zip Code 4303 N. Sam Houston Pkwy E., Houston, TX 77032	Amount of contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/27/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom and Treena Rowan Contributor address; City; State; Zip Code 1915 Millhouse Rd., Houston, TX 77073	Amount of contribution (\$) \$50.00
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:
2 FILER NAME Diane Trautman		3 Filer ID (Ethics Commission Filers)
4 Date 3/27/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy Johnson 6 Contributor address; City; State; Zip Code 2010 Fairwind, Houston, TX 77062	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/4/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Oates Contributor address; City; State; Zip Code 4900 Lakeside Dr., Dallas, TX 75205	Amount of contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Owner/CEO		Employer (See Instructions) Kofile
Date 4/6/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parvin Richardson Contributor address; City; State; Zip Code 3607 Plum Glen, Houston, TX 77059	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/6/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terrell J. Holiday Contributor address; City; State; Zip Code 1519 W. Donovan St., Houston, TX 77091	Amount of contribution (\$) \$25.00
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:**2** FILER NAME

Diane Trautman

3 Filer ID (Ethics Commission Filers)**4** Date
4/6/19**5** Full name of contributor☐ out-of-state PAC (ID#: _____)

Roselyn Flannigan

7 Amount of contribution (\$)
\$200.00**6** Contributor address;

City; State; Zip Code

4330 Cedar Ridge Trail, Houston, TX 77059

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
6/5/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Karen George

Amount of contribution (\$)
\$100.00

Contributor address;

City; State; Zip Code

2328 Rice Blvd, Houston, TX 77005

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
6/5/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

John Martinez

Amount of contribution (\$)
\$50.00

Contributor address;

City; State; Zip Code

15206 Via Verde Dr., Houston, TX 77083

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
6/5/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ingrid Bond

Amount of contribution (\$)
\$25.00

Contributor address;

City; State; Zip Code

12504 Del Monte, Houston, TX 77019

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:
2 FILER NAME Diane Trautman		3 Filer ID (Ethics Commission Filers)
4 Date 6/5/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norman Dolch 6 Contributor address; City; State; Zip Code 18122 Norwood Oaks Dr., Spring, TX 77379	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/5/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Jordan Contributor address; City; State; Zip Code 914 Main St, Houston, TX 77002	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/8/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharon Cunningham Contributor address; City; State; Zip Code 3111 Sackett, Houston, TX 77098	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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 Diane Trautman		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Type text here		\$1,000.00	
5 Date 3/27/18	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dr. Ahmad Hassan	8 Amount of Contribution \$ \$1,000.00	9 In-kind contribution description Event expense for rent, food and drink
7 Contributor address; City; State; Zip Code 22607 Coriander Dr., Katy, TX 77450		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Real Estate Broker		11 Employer (FOR NON-JUDICIAL) (See Instructions) Self employed	
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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
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 MADE 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.

1 Total pages Schedule F1:		2 FILER NAME Diane Trautman		3 Filer ID (Ethics Commission Filers)	
4 Date 1/16/19		5 Payee name Diane Trautman			
6 Amount (\$) \$600.00		7 Payee address; City; State; Zip Code P. O. Box 6067, Kingwood, TX 77325			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Reimbursement for PPH Event		(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 2/26/19		Payee name LULAC			
Amount (\$) \$250.00		Payee address; City; State; Zip Code P. O. Box 8620 Houston, TX 77249			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event expense Cinco de Mayo Parade Fee		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 3/7/19		Payee name Diane Trautman			
Amount (\$) \$2,500.00		Payee address; City; State; Zip Code P. O. Box 6067, Kingwood, TX 77325			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Reimbursement for Event expense for JRR Luncheon		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 MADE 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.

1 Total pages Schedule F1:		2 FILER NAME Diane Trautman		3 Filer ID (Ethics Commission Filers)	
4 Date 4/10/19		5 Payee name League of Women Voters			
6 Amount (\$) \$1,038.18		7 Payee address; City; State; Zip Code 4001 N. Shepherd Houston, TX 77018			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event expense for LWW luncheon		(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 5/2/19		Payee name Houston GLBT Political Caucus			
Amount (\$) \$40.00		Payee address; City; State; Zip Code 1124 W. Gray Houston, TX 77019			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Membership fee		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 5/8/19		Payee name Walk for Mental Health			
Amount (\$) \$300.00		Payee address; City; State; Zip Code 5535 Memorial Drive, Suite F-209 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	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE 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.

1 Total pages Schedule F1:		2 FILER NAME Diane Trautman		3 Filer ID (Ethics Commission Filers)	
4 Date 5/31/19		5 Payee name Acres of Angels			
6 Amount (\$) \$75.00		7 Payee address; City; State; Zip Code 6205 Maxroy St. Houston, TX 77091			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense for Ad		(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 6/7/19		Payee name RPC Global Printing & Design			
Amount (\$) \$250.00		Payee address; City; State; Zip Code P. O. Box 21523, Houston, TX 77226			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing 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	
Date 5/2/19		Payee name Women Professionals in Government			
Amount (\$) \$101.50		Payee address; City; State; Zip Code P. O. Box 1278, Houston, TX 77251			
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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE 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.

1 Total pages Schedule F1:		2 FILER NAME Diane Trautman		3 Filer ID (Ethics Commission Filers)	
4 Date 6/15/19		5 Payee name Diane Trautman			
6 Amount (\$) \$573.32		7 Payee address; City; State; Zip Code P. O. Box 6067, Kingwood, TX 77325			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Reimbursement for swearing in event, TDW event, and constant contact		(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 6/30/19		Payee name Paypal			
Amount (\$) \$50.36		Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Bank fees for Jan.-June		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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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.

1 Total pages Schedule G:	2 FILER NAME Diane Trautman	3 Filer ID (Ethics Commission Filers)
4 Date 1/14/19	5 Payee name Lubys Cafeteria Catering	
6 Amount (\$) \$287.92 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 201 Caroline Houston, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expense for swearing in ceremony	(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 1/16/19	Payee name Planned Parenthood Gulf Coast	
Amount (\$) \$600.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4600 Gulf Freeway Houston, TX 77023	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office expense - domain renewal	(b) 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 3/7/19	Payee name Harris County Democratic Party	
Amount (\$) \$2,500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4619 Lyons Avenue Houston, TX 77020	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense for JRR Luncheon	(b) 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 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
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.

1 Total pages Schedule G:		2 FILER NAME Diane Trautman		3 Filer ID (Ethics Commission Filers)	
4 Date 2/26/19		5 Payee name Act Blue - Texas Democratic Women			
6 Amount (\$) \$100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 4619 Lyons Avenue Houston, TX 77020			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event expense for TDW luncheon		(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 6/30/19		Payee name Constant Contact		RECORDER'S MEMORANDUM: At the time of recordation, this instrument was found to be inadequate for the best photographic reproduction because of illegibility, carbon or photo copy, discolored paper, etc. All blockouts, additions and changes were present at the time the instrument was filed and recorded.	
Amount (\$) \$185.40 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1601 Trapelo Rd. Waltham, MA 02451			
PURPOSE OF EXPENDITURE		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	
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			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		(b) 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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