

Official Public Records of Harris County
Diane Trautman
County Clerk

Campaign Finance Report

STATE OF THE PROPERTY OF THE P

ue Trantman

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 G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	Mrs.	Diane	Date Received
	NICKNAME LAST	SUFFIX	Date December
	Trautman	, 	
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	
OFFICEHOLDER MAILING	P. O. Box 6067		
ADDRESS	Kingwood, TX 77325		
Change of Address			
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	
OFFICEHOLDER PHONE	(713) 417-4235		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$
NAME	Mr. Tim		Date Processed
	Trautman		Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE #; CITY; STATE;	ZIP CODE
TREASURER ADDRESS	P. O. Box 6067		
(Residence or Business)	Kingwood, TX 77325		
	3		
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	(713) 417-4235		
THOME			
		₩	
9 REPORT TYPE			
	January 15 30th day before e	election Runoff	15th day after campaign treasurer appointment
			(Officeholder Only)
	July 15 Sth day before ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year
00121120	1 / 1 / 2019	THROUGH 6	30 / 2019
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	General	Special	
	/ / _		1900
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	0)
	Harris County Clerk		
	GO ТО	PAGE 2	
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14	C/OH NAME	Diane Trautma	1	15 Filer ID (Ethics Commission Filers)		
POLITICAL SUPPORT THE CAN			OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WINSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THURES.	ITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S		
		COMMITTEE TYPE	COMMITTEE NAME			
		GENERAL				
		SPECIFIC	COMMITTEE ADDRESS			
	*		COMMITTEE CAMPAIGN TREASURER NAME			
	Additional Pages					
			COMMITTEE CAMPAIGN TREASURER ADDRESS			
	CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI			
			POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,325.00		
	EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ -0-		
		4. TOTAL	POLITICAL EXPENDITURES	\$ 5,778.36		
	CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	\$ 22,450.36		
	OUTSTANDING LOAN TOTALS	1	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$ -0-		
18	AFFIDAVIT					
				perjury, that the accompanying report is		
	STILL BY PUBLISHED	STHER CARDENAS ry Public, State of T	7 11	formation required to be reported by me		
	Com	nm. Expires 06-14-2	022			
	OF TRUE N	otary ID 12985170	2 Aiaue	Trautman		
			Signature of Car	ndidate or Officeholder		
	AFFIX NOTARY STAMP / SEAL ABOVE					
;	Sworn to and subscribed before me, by the said <u>Diane Trautman</u> , this the					
	day of Uly	, 20 <u>.19</u> ,	to certify which, witness my hand and seal of office			
	Elfa C	ardy	Esther Cardenas	Notary Public		
	Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Comm					
	Diane Trautman					
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT				
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,325.00				
2.	X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,000.00				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$				
4.	SCHEDULE E: LOANS	3				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$ 5,778.36				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS \$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$				
9.	X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS \$ 3,673.32				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS \$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	TIONS \$.				

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Diane Trautman 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ 2/14/19 \$300.00 Sharon Cunningham 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) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) 2/15/19 \$20.00 Norman Dolch Contributor address: City; State; Zip Code 18122 Norwood Oaks Dr., Spring, Tx 77379 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date ut-of-state PAC (ID# Amount of contribution (\$) 2/28/19 \$20.00 James Davis City: State; Zip Code Contributor address; 414 Cherry Springs Lane, Spring, TX 77373 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date¹ Full name of contributor Amount of contribution (\$) out-of-state PAC (ID# Lavon Thomas 3/4/19 \$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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Diane Trautman 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ 3/11/19 \$250.00 Mark Jordan 6 Contributor address; City; State; Zip Code 914 Main St., Houston, TX 77002 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) 313/19 \$50.00 Ingrid Bond City; State; Zip Code Contributor address: 2504 Del Monte, Houston, TX 77019 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) 3/16/19 \$250.00 **Lavon Thomas** City; State; Zip Code Contributor address: 15422 Mauna Loa, Jersey Village, TX 77040 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID) 3/18/19 Linda Hoffman \$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.

SCHEDULE A1

			
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Diane Trautman		,
4 Date 3/20/19	5 Full name of contributor	C (ID#:)	7 Amount of contribution (\$) \$2,500.00
,	6 Contributor address; City; State	,	
9 Principal acqu	207 Circle HVN, Canyon Lake Tx 78 pation / Job title (See Instructions)		
Consultant	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date 3/23/19	Darci Hubbard	C (ID#:)	Amount of contribution (\$) \$200.00
	163 Warrenton, Houston, TX 77024		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date 3/25/19	Norma Eiman Contributor address; Out-of-state PA		Amount of contribution (\$) \$35.00
	4103 Aberdeen Way, Houston, TX	77025	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date 3/27/19	Full name of contributor	.C ((10#:)	Amount of contribution (\$) \$50.00
	Contributor address; City; Stat	te; Zip Code	·
	1302 Waugh Dr. #279, Houston,	TX 77019	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
	•		
	ATTACH ADDITIONAL COPIES (If contributor is out-of-state PAC, please see ins	_ · · · · · · · · · · · · ·	

Forms provided by Texas Ethics Commission

SCHEDULE A1

		SOMEDOLE AT
Th	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAM		3 Filer ID (Ethics Commission Filers)
4 Date 3/27/19	Diane Trautman 5 Full name of contributor	7 Amount of contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code	
	5919 Caelwood Dr., Humble, TX 77346	
8 Principal occ	cupation / Job title (See Instructions) 9 Employer (See Instructions)	structions)
Date 3/27/19	Full name of contributor	Amount of contribution (\$) \$1,000.00
	3743 Purdue St., Houston, TX 77005	
Principal occ	cupation / Job title (See Instructions) Employer (See Ins	
Date 3/27/19	Full name of contributor Vincent Sanders Contributor address; City; State; Zip Code	Amount of contribution (\$) \$50.00
·	10907 Villa Lea Ln., Houston, TX 77071	
Principal occ	cupation / Job title (See Instructions) Employer (See Ins	structions)
Date 3/27/19	Full name of contributor	Amount of contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 1510 Bland St., Houston, TX 77091	
Principal occ	cupation / Job title (See Instructions) Employer (See Ins	structions)
!	-	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	S NEEDED

 $\label{lem:contributor} \textbf{If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.}$

SCHEDULE A1

	·					
The	Instruction Guide explains how	to complete this form.	1 Total pages Schedule A1:			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
	Diane Trautman		,			
4 Date	5 Full name of contributor	out-of-state PAC (ID#:)	7 Amount of contribution- (\$)			
3/27/19	Many Thompson		\$50.00			
	Mary Thompson					
	6 Contributor address;	City; State; Zip Code				
	7111 Phillips St., Housto	on, TX 77088				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)			
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of contribution (\$)			
3/27/19		-	\$100.00			
	Elizabeth Phillips		¥100.00			
	Contributor address;	City; State; Zip Code				
	119 Plantation Rd., Hou	ston, TX 77024				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)			
Date	Full name of contributor	out-of-state PAC (ID#:	Amount of contribution (\$)			
3/27/19	Bryan Long		\$200.00			
	Contributor address;	City; State; Zip Code				
	7214 Bayou Woods Dr.	, Houston, TX 77088				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	otions)			
Date	Full name of contributor	out-of-state PAC (ID#:	Amount of contribution (\$)			
3/27/19	Vonda Washington	out-of-state PAG (low)	\$50.00			
	Contributor address;	City; State; Zip Code				
	3127 Quali Valley E.	Dr., Missouri City, Tx 77489				
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)			
			,			
·.	ATTACH ADDITI	ONAL COPIES OF THIS SCHEDULE AS N	EEDED			
		C, please see instruction guide for additiona				

SCHEDULE A1

Th	e Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	=		3 Filer ID (Ethics Commission Filers)
	Diane Trautman		
4 Date	5 Full name of contributor out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
3/27/19	Susan Bermack		\$50.00
	6 Contributor address; City; State	e; Zip Code	
	230 Tamerlaine Dr., Houston, TX 77	7024	
8 Principal occ	cupation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
3/27/19	Dianne Lyles		\$50.00
	Contributor address; City; Stat	e; Zip Code	,
		· .	
	18618 Copano Lane, Spring, Texas		
Principal occ	upation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date 3/30/19	Full name of contributor uut-of-state PA	Ċ (ID#:)	Amount of contribution (\$)
3/30/19	Teamsters Drive Political Fund	\$2,500.00	
	Contributor address; City, State	e; Zip Code	
	4303 N. Sam Houston Pkwy E., Hou	iston TX 77032	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PA	C (ID#:	Amount of contribution (\$)
3/27/19	Tom and Treena Rowan	O (10#	\$50.00
1	Contributor address; City; Stat	
	1915 Millhouse Rd., Houston, TX	•	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruc	ctions)
			·
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED
	If contributor is out-of-state PAC, please see ins		

Forms provided by Texas Ethics Commission

SCHEDULE A1

		WENGE .
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Diane Trautman	
4 Date 3/27/19	5 Full name of contributor out-of-state PAC (ID#: Nancy Johnson 6 Contributor address; City; State; Zip Co	\$100.00
	2010 Fairwind, Houston, TX 77062	
8 Principal occu		loyer (See Instructions)
Date 4/4/19	Full name of contributor	Amount of contribution (\$) \$2,500.00
Principal occup	ation / Job title (See Instructions) Emp	loyer (See Instructions)
Owner/CEO	Kofile	
Date 4/6/19	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) \$50.00
Principal occup		oloyer (See Instructions)
Date 4/6/19	Full name of contributor Terrell J. Holiday Contributor address; City; State; Zip Co. 1519 W. Donovan St., Houston, TX 770	
Principal occup	pation / Job title (See Instructions) Emp	loyer (See Instructions)
	ATTACH ADDITIONAL CODIES CETTING	
	ATTACH ADDITIONAL COPIES OF THIS S	

SCHEDULE A1

		787	
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 ut-of-state PAC Roselyn Flannigan	C (ID#:)	7 Amount of contribution (\$) \$200.00
	6 Contributor address; City; State	e; Zip Code	
	4330 Cedar Ridge Trail, Houston, TX	77059	
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruc	ations)
Date 6/5/19	Full name of contributor , out-of-state PAC	C ((D#:)	Amount of contribution (\$) \$100.00
	Karen George Contributor address; City; State	e; Zip Code	Ψ100.00
	2328 Rice Blvd, Houston, TX 77005		·
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions) '
Date 6/5/19	Full name of contributor	3 (10#:)	Amount of contribution (\$) \$50.00
	Contributor address; City; State	e; Zip Code	
	15206 Via Verde Dr., Houston, TX	77083	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date 6/5/19	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$) \$25.00
	Contributor address; City; State	e; Zip Code	
	12504 Del Monte, Houston, TX 7	77019	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
	ATTACH ADDITIONAL COPIES O		

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME		1	3 Filer ID (Ethics Commission Filers)
	Diane Trautman		
4 Date	5 Full name of contributor Out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
6/5/19	Norman Dolch		\$25.00
	6 Contributor address; City; State;		
	-	•	
	18122 Norwood Oaks Dr., Spring, TX		
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state_PAC	(ID#:)	Amount of contribution (\$)
6/5/19	Mark Jordan		\$100.00
	Contributor address; City; State		
	5.0,	, 2,5 0000	·
	914 Main St, Houston, TX 77002		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
6/8/19	Sharon Cunningham		\$100.00
	Contributor address; City; State:	; Zip Code	
	3111 Sackett, Houston, TX 77098		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City; State	; Zip Code	
		•	·
District Co.	A Link May (Constitution)		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	ctions)
*			
			_
			•
	ATTACH ADDITIONAL CODICS	ETIIC COUEDIU E ACA	
	ATTACH ADDITIONAL COPIES O	r This schedule as N	EEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

	<u> </u>		
Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAME	Diane Trautman		3 Filer ID (Ethics Commission Filers)
4 TOTAL OI Type text	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ \$1,000.00
5 Date 3/27/18	6 Full name of contributor □ out-of-state PAC (ID#:		8 Amount of Contribution \$ In-kind contribution description \$1,000.00 Event expense for rent, food and drink Check if travel outside of Texas, Complete Schedule T.
	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	-	er (FOR NON-JUDICIAL) (See Instructions)
Real Estate I	principal occupation (FOR JUDICIAL)	Self emplo	utor'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	de	Amount of In-kind contribution Contribution \$ description Check if travel outside of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL) (See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
If	ATTACH ADDITIONAL COPIES OF contributor is out-of-state PAC, please see instruction		

Forms provided by Texas Ethics Commission

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking 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 Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Travel In District Travel Out Of District

Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Diane Trautman 4 Date 5 Payee name Diane Trautman 1/16/19 6 Amount (\$) 7 Payee address; City; State; Zip Code P. O. Box 6067, Kingwood, TX 77325 \$600.00 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Reimbursement for PPH Event OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 2/26/19 **LULAC** Amount (\$) Payee address; City; State: Zip Code P. O. Box 8620 \$250.00 Houston, TX 77249 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Event expense ☐ Check if Austin, TX, officeholder living expense **EXPENDITURE** Cinco de Mayo Parade Fee Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 3/7/19 Diane Trautman Amount (\$) Payee address: City; State; Zip Code \$2,500.00 P. O. Box 6067, Kingwood, TX 77325 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Reimbursement for Event expense OF Check if Austin, TX, officeholder living expense **EXPENDITURE** for JRR Luncheon Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 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 3 Filer ID (Ethics Commission Filers) Diane Trautman 4 Date 5 Payee name League of Women Voters 4/10/19 Payee address; 6 Amount (\$) City; State; Zip Code 4001 N. Shepherd \$1,038.18 Houston, TX 77018 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Event expense for LWV luncheon OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Houston GLBT Political Caucus 5/2/19 Amount (\$) City; State; Zip Code Payee address; \$40.00 1124 W. Gray Houston, TX 77019 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Membership fee Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date 5/8/19 Walk for Mental Health Amount (\$) Pavee address: City; State; Zip Code \$300.00 5535 Memorial Drive, Suite F-209 Houston, TX 77007 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Contribution Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services			Travel In District Travel Out Of District	ar not listed above)
Credit Card Payment	ii Committee	5			Other (enter a categor	y not listed above)
The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
· Total pages defledule 11.	2	Diane Trautmar	1			3
4 Date	5 Payee na	ıme				
5/31/19	Acres	of Angels		,		
6 Amount (\$)	7 Payee a		tate; Zip Code			
\$75.00		axroy St. n, TX 77091			•	
8	(a) Category	/ (See Categories listed at the to	op of this schedule)	(b) Description		
PURPOSE	Advor	ising Evnonso for A	4	Check if tra	vel oútside of Texas. Complete Sc	hedule T.
OF EXPENDITURE	Adver	ising Expense for A	u	Check if	Austin, TX, officeholder living e	expense .
9 Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name		Office sough	t	Office held
Date	Payee na	ıme		·		
6/7/19		RPC Globa	al Printing & De	esign		
Amount (\$)	Payee a		tate; Zip Code			
\$250.00		P. O. Box 21523, I	Houston, TX 7	77226		
	Categor	/ (See Categories listed at the t	op of this schedule)	Description		
PURPOSE	_			Check if tra	vel outside of Texas. Complete Sci	nedule T.
OF EXPENDITURE	Pr	inting expense		Check if #	Austin, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name	,	Office sough	t	Office held
Date	· Payee n	ame				-
5/2/19	 Women	Professionals in G	overnment			
Amount (\$)	Payee a		tate; Zip Code			
\$101.50	P. O. Bo	ox 1278, Houston	n, TX 77251			
	Categor	(See Categories listed at the t	op of this schedule)	Description		
PURPOSE		t ovnonec			ivel outside of Texas. Complete Sci	
OF EXPENDITURE	Ever	t expense		Check if I	Austin, TX, officeholder living e	expense
Complete ONLY if direct		late / Officeholder name	e	Office sough	nt	Office held
expenditure to benefit C/Oh	-				AF-	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	y Gift/Awards/Memorials Expense P	rinting Expense Tra	ivel In District ivel Out Of District our (onter a category not listed above)							
Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F1:	2 FILER NAME Diane Trautman	3 1	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 C P. O. Box 6067, Kingwood, TX 7732									
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense									
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held							
Date	Payee name									
6/30/19	Paypal									
Amount (\$)	Payee address; City; State; Zip (Dode								
\$50.36	2211 N. First St. San Jose, CA 95131									
	Category (See Categories listed at the top of this sche	.								
PURPOSE OF EXPENDITURE	Bank fees for JanJune		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held							
Date	Payee name		· .							
Amount (\$)	Payee address; City; State; Zip	Code	······································							
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	Check if travel outside of	of Texas. Complete Schedule T. officeholder living expense							
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held							
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED									
1										

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 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

Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	•		strict tegory not listed above)				
1 Total pages Schedule G:	1 -		hics Commission Filers)				
4 Date	5 Payee name						
1/14/19	Lubys Cafeteria Catering						
6 Amount (\$)	7 Payee address; City; State; Zip Code	е					
\$287.92	201 Caroline Houston, TX 77002						
Reimbursement from political contributions intended	11000011, 17. 17.002						
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
OF	Check if travel outside of Texas. Complete Schedule T.						
EXPENDITURE	Event expense for swearing in ceremor	Check if Austin, TX, officeholder living	expense				
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held				
Date	Payee name						
1/16/19	Planned Parenthood Gulf Coast		· 				
Amount (\$)	Payee address; City; State: Zip Cod	e					
\$600.00	4600 Gulf Freeway						
Reimbursement from political contributions intended	Houston, TX 77023						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office expense - domain renewal	(b) Description Check if travel outside of Texas. Complete S Check if Austin, TX, officeholder living					
Complete ONLY if direct expenditure to benefit C/		Office sought	Office held				
Date	Payee name						
3/7/19	Harris County Democratic Party						
Amount (\$)	Payee address; City; State; Zip Cod	e					
\$2,500.00	4619 Lyons Avenue						
Reimbursement from political contributions intended	Houston, TX 77020						
	Category (See Categories listed at the top of this schedule)	(b) Description					
PURPOSE OF	Event augustes for IDD Luncheau	Check if travel outside of Texas, Complete S	Schedule T.				
EXPENDITURE Event expense for JRR Luncheon Check if Austin, TX, officeholder living expense							
Complete <u>ONLY</u> if direct expenditure to benefit Co		Office sought	Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							
ANALOGA AND ANALOGA THIS CONTENDED TO MEEDED							

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Printing	Expense Expense s/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)			
Credit Card Payment The Instruction Guide explains how to complete this form.								
1	Total pages Schedule G:	2 FILER NA	ме Diane Trautman			3 Filer ID (Ethics Commission Filers)		
4	Date	5 Payee na	me					
	2/26/19	Act Blue	e - Texas Democratic Wo	men				
6	Amount (\$)	7 Payee ad		Zip Code				
	\$100.00 Reimbursement from political contributions intended		yons Avenue n, TX 77020					
8	PURPOSE	(a) Category	(See Categories listed at the top of this s	schedule)	(b) Description			
	OF EXPENDITURE	Event e	xpense for TDW luncheo	n	l — — //	le of Texas. Complete Schedule T. X, officeholder living expense		
9	Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office sought	Office held		
	Date	Payee na	me					
6	5/30/19	Cons	tant Contact		At the time of re	DER'S MEMORANDUM: acordation, this instrument was		
	Amount (\$)	Payee ad	dress; City; State; Z	Zip Code		equate for the best photographic cause of illegibility, carbon or		
	\$185.40	1601	Trapelo Rd.			olored paper, etc. All blockouts, langes were present at the time		
	Reimbursement from political contributions intended	Waltr	am, MA 02451		the instrument wi	as filed and recorded.		
PURPOSE OF EXPENDITURE			(See Categories listed at the top of this	schedule)	(b) Description Check if travel outside	de of Texas. Complete Schedule T.		
		Ad	vertising expense	T-0-11	l 	X, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name	T.T.	Office sought	Office held		
	Date	Payee na	me			·		
	Amount (\$) Reimbursement from political contributions intended	Payee ad	dress; City; State; 2	Zip Code				
	PURPOSE	Category	(See Categories listed at the top of this	schedule)	(b) Description			
	OF				I —	de of Texas. Complete Schedule T.		
	EXPENDITURE				Check if Austin, T	X, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/0		date / Officeholder name		Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							