



Official Public Records of
Harris County
Diane Trautman
County Clerk

Campaign Finance Report



Diane Trautman

COUNTY CLERK
HARRIS COUNTY, TEXAS

FileNo: 2019275
Received By Clerk: 7/15/2019
File Date: July 15, 2019
Office: County Attorney
Candidate: Menefee, Christian D.
Treasurer: Fombonne, Jonathan G.
Category: Contributions And Expenditures
Delivered By: Electronically Filed

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: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR NICKNAME	FIRST Christian LAST Menefee	MI Dashaun SUFFIX
	OFFICE USE ONLY Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5163 Oasis Park Houston TX 77021		
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (832)	PHONE NUMBER 7520258	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME	FIRST Jonathan LAST Fombonne	MI G.C. SUFFIX
	Date Hand-delivered or Date Postmarked		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1525 Bonnie Brae St, Houston TX 77006		
8 CAMPAIGN TREASURER PHONE	AREA CODE (610)	PHONE NUMBER 662-8910	EXTENSION
9 REPORT TYPE	<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	Month Day Year Month Day Year 01 / 01 / 2019 THROUGH 06 / 30 / 2019		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 03 / 03 / 2020 <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known) Harris County Attorney	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Christian D. Menefee

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL

☒ SPECIFIC

COMMITTEE NAME

Christian Menefee For Progress

COMMITTEE ADDRESS

5163 Oasis Park, Houston, TX 77021

COMMITTEE CAMPAIGN TREASURER NAME

Jonathan G.C. Fombonne

COMMITTEE CAMPAIGN TREASURER ADDRESS

1525 Bonnie Brae St., Houston, TX 77006

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 34,869.37

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 326.67

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

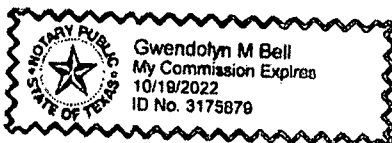
\$ 34,542.70

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

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 13, Election Code.

Christian D. Menefee

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Christian Menefee, this the 15th day of July, 20 19, to certify which, witness my hand and seal of office.

Gwendolyn M Bell
Signature of officer administering oath

Gwendolyn M Bell
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Christian D. Menefee		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ \$34,869.37
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 MADE FROM POLITICAL CONTRIBUTIONS	\$ \$326.67
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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: 4
2 FILER NAME Christian D. Menefee		3 Filer ID (Ethics Commission Filers)
4 Date 6/21/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christian Menefee For Progress 6 Contributor address; City; State; Zip Code 5163 Oasis Park Houston TX 77021	7 Amount of contribution (\$) \$26,599.37
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/21/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shauna Clark Contributor address; City; State; Zip Code 2510 Baywater Canyon Dr. Pearland TX 77584	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Norton Rose Fulbright
Date 6/21/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah Labowitz Contributor address; City; State; Zip Code 1517 Indiana St. Houston TX 77006	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Civil Servant		Employer (See Instructions) City of Houston
Date 6/21/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Modinat Kotun Contributor address; City; State; Zip Code 1503 Tuam St. A Houston TX 77004	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Winstead PC
<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: 4
2 FILER NAME Christian D. Menefee		3 Filer ID (Ethics Commission Filers)
4 Date 6/21/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allyson Miller 6 Contributor address; City; State; Zip Code 3917 S Indiana Ave, Unit 4N Chicago IL 60653	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Goldman Ismail
Date 6/27/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rikiya Thomas Contributor address; City; State; Zip Code 1405 Anita St. Houston TX 77004	Amount of contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Porter Hedges
Date 6/27/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brigham Cannon Contributor address; City; State; Zip Code 219 Heritage Oaks Ln. Houston TX 77024	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Kirkland & Ellis
Date 6/27/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christian Menefee Contributor address; City; State; Zip Code 3530 Discovery Creek Blvd. A Spring TX 77386	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Marine Inspector		Employer (See Instructions) Self Employed
<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: 4

2 FILER NAME Christian D. Menefee

3 Filer ID (Ethics Commission Filers)

4 Date
6/27/2019

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

7 Amount of contribution (\$)
\$250.00

6 Contributor address; City; State; Zip Code
721 E. 7th 1/2 St. Houston TX 77007

8 Principal occupation / Job title (See Instructions)
Attorney

9 Employer (See Instructions)
Chamberlain Hrdlicka

Date
6/27/2019

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
5324 Calhoun Rd. Houston TX 77021

\$150.00

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Norton Rose Fulbright

Date
6/27/2019

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
4936 Harvest Lane Houston, TX 77004

\$500.00

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Self Employed

Date
6/28/2019

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
2225 Dun Houston, TX 77005

\$1,000.00

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Norton Rose Fulbright

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4

2 FILER NAME Christian D. Menefee

3 Filer ID (Ethics Commission Filers)

4 Date
6/29/2019

5 Full name of contributor

☐ out-of-state PAC (ID#)

Lis Harper

7 Amount of contribution (\$)

6 Contributor address;

City; State; Zip Code

1709 Brun St.

Houston, TX 77019

\$20.00

8 Principal occupation / Job title (See Instructions)

Realtor

9 Employer (See Instructions)

Self-Employed

Date
6/30/2019

Full name of contributor

☐ out-of-state PAC (ID#)

Katie McNearney

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

2410 Waugh #4A

Houston, TX 77006

\$1,000.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Energy Transfer Partners

Date
6/30/2019

Full name of contributor

☐ out-of-state PAC (ID#)

Jonathan Fombonne

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

1525 Bonnie Brae St.

Houston, TX 77006

\$1,000.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Kirkland & Ellis

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1		2 FILER NAME Christian D. Menefee		3 Filer ID (Ethics Commission Filers)	
4 Date 6/30/2019		5 Payee name ActBlue Technical Services, Inc.			
6 Amount (\$) \$326.67		7 Payee address; City; State; Zip Code 14 Arrow St. Ste 11 Cambridge, MA 02138-506			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name		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 (\$)		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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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