

Received 9:10 AM, 10-4-2014

**SPECIFIC-PURPOSE COMMITTEE REPORT:  
PURPOSE AND TOTALS**

**FORM SPAC  
COVER SHEET PG 2**

12 COMMITTEE NAME One Katy PAC ACCOUNT # (Ethics Commission Filers)

13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME
	<input checked="" type="checkbox"/> SUPPORT (Candidate or Measure)	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input type="checkbox"/> OPPOSE (Candidate or Measure)	BALLOT IDENTIFICATION #
	<input type="checkbox"/> ASSIST (Officeholder)	MEASURE ELECTION DATE: Month / Day / Year <u>11 / 4 / 2014</u> DESCRIPTION: <u>Katy ISD Bond</u>

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$458.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$118,685.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$279.61
	4. TOTAL POLITICAL EXPENDITURES	\$63,104.11
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$62,712.94
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

15 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.



Melissa Nixon  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Melissa Nixon, this the 9 day of October, 20 14, to certify which, witness my hand and seal of office.

Sharon Nowak Sharon Nowak Secretary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

FORM COR-PAC

**CORRECTION/AMENDMENT AFFIDAVIT  
FOR POLITICAL COMMITTEE**

1 ACCOUNT #		2 Total pages filed: <u>2</u>	OFFICE USE ONLY	
3 COMMITTEE NAME	One Katy PAC		Date Received 10-9-2014	
4 TREASURER NAME	Melissa Nixon		Bill Haskett	
5 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	9:10 A.M.	
	<input type="checkbox"/> July 15	<input type="checkbox"/> 10th day after campaign treasurer termination	Date Hand-delivered or Postmarked	
	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution Report	Receipt #	Amount
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Other (specify _____)	Date Processed	Date Imaged
6 ORIGINAL PERIOD COVERED	Month Day Year	THROUGH	Month Day Year	
	8 / 5 / 2014		10 / 6 / 2014	

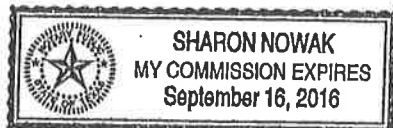
7 EXPLANATION OF CORRECTION *Misinterpreted instructions for lines 2+5 on cover sheet. TEC contacted for clarification.*  
 Line 2 was \$118,200.00 corrected to \$118,685.00  
 Line 5 was \$8,685.00 corrected to \$62,712.94

8 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

**Semiannual reports:** This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports (excluding semiannual reports due on or after September 1, 2011):** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



*Melissa Nixon*  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE  
 Sworn to and subscribed before me, by the said Melissa Nixon, this the 9 day of October.

20 14 *Sharon Nowak*, to certify which, witness my hand and seal of office.  
*Sharon Nowak* Secretary  
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections**

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: <b>31</b>
3 COMMITTEE NAME <b>One Katy PAC</b>		OFFICE USE ONLY	
4 COMMITTEE ADDRESS  <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>515 A., S. Fry Rd. #529 Katy, TX 77450</b>		Date Received
			Date Hand-delivered or Postmarked
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <b>Mrs. Melissa T</b>	NICKNAME LAST SUFFIX <b>Nixon</b>	Receipt # Amount
			Date Processed
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>5403 Blairmore Ct. Katy, TX 77450</b>		Date Imaged
7 CAMPAIGN TREASURER'S MAILING ADDRESS  <input type="checkbox"/> change of address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>5403 Blairmore Ct. Katy, TX 77450</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(281) 717-4814</b>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year      Month Day Year <b>8 / 5 / 2014</b> THROUGH <b>10 / 6 / 2014</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>11 / 4 / 2014</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

**RECEIVED**

**GOTO PAGE 2**

**OCT - 6 2014**

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

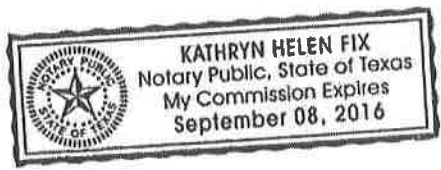
## FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME <i>One Katy PAC</i>		ACCOUNT # (Ethics Commission Filers)
13 COMMITTEE PURPOSE <small>(Attach lists on plain paper to complete this report if necessary.)</small>	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / #
<input checked="" type="checkbox"/> SUPPORT <small>(Candidate or Measure)</small>		ELECTION DATE Month Day Year <i>11 / 4 / 2014</i>
<input type="checkbox"/> OPPOSE <small>(Candidate or Measure)</small>		DESCRIPTION <i>Katy ISD School Bond</i>
<input type="checkbox"/> ASSIST <small>(Officeholder)</small>		

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 485.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 118,200.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 279.61
	4. TOTAL POLITICAL EXPENDITURES	\$ 63,104.11
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 118,685.00 <sup>net</sup>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

### 15 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.



*Melissa Nixon*  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Melissa Nixon, this the 6th day of October, 20 14, to certify which, witness my hand and seal of office.

*Kathryn Fix*      *Kathryn Fix*      *Administrative Assist*  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>6</b>	
2 FILER NAME <b>Melissa Nixon</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>8/12/2014</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Melissa Nixon</b>	7 Amount of contribution (\$) <b>\$100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>5403 Blairmore Ct. Katy, TX 77450</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>8/19/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Christina Crockett</b>	Amount of contribution (\$) <b>\$75.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1082 Ivory Ridge Ln Katy, TX 77494</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/19/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>David Crockett</b>	Amount of contribution (\$) <b>\$175.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1082 Ivory Ridge Ln Katy, TX 77494</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/20/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Stan Stanley</b>	Amount of contribution (\$) <b>\$500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2461 Sloughton Ct Katy, TX 77494</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>8/21/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Elizabeth Johnson</b>	Amount of contribution (\$) <b>\$60.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2331 Braypark Ln, Katy, TX 77450</b>		(If travel outside of Texas, complete Schedule T)	
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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6	
2 FILER NAME Melissa Dixon		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/21/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bryan Michalstky	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 819 Windson Wood Ln Katy TX 77494		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rebecca Fox	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 22110 Broken Pebble Court Katy, TX 77450		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SEE PAC	Amount of contribution (\$) \$2500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 6254 Katy TX 77491		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joseph Simmons	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 22810 Merrymount Dr. Katy TX 77450		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Charles Stevens	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2506 Wind Hawk Ct Katy TX 77494		(If travel outside of Texas, complete Schedule T)	
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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6	
2 FILER NAME Melissa Nixon		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/26/2014	5 Full name of contributor Deborah Deeter	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 25622 Corcy Cove Ln Katy TX 77494		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8/29/2014	Full name of contributor Barbara Vass	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4115 Wheat Harvest Ln Katy TX 77450		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/29/2014	Full name of contributor David Ammerman	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 201435 Autumn Terrace Ln Katy TX 77450		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/3/2014	Full name of contributor Susan Simpson	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8222 Rostrail Bend Ln Katy TX 77494		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/3/2014	Full name of contributor Robert Willeby	Amount of contribution (\$) \$6,250.00	In-kind contribution description (if applicable) web site design, graphics design
Contributor address; City; State; Zip Code 2310 Trotter Dr Katy TX 77493		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

6

3 ACCOUNT # (Ethics Commission Filers)

2 FILER NAME

Melissa Nixon

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

4 Date

9/11/2014

5 Full name of contributor

Douglas Fields

Contributor address; City; State; Zip Code

23239 Spruce Falls  
Katy TX 77494

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/12/2014

Full name of contributor

Robert Carpenter

Contributor address; City; State; Zip Code

3315 Decd Rd.  
Houston TX 77084

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/12/2014

Full name of contributor

Ashley Vann

Contributor address; City; State; Zip Code

5506 Bridgewater Ct  
Katy TX 77494

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/13/2014

Full name of contributor

Dan Moody

Contributor address; City; State; Zip Code

3003 W. Alabama  
Houston TX 77098

Amount of contribution (\$)

\$2,500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/13/2014

Full name of contributor

Anissa Fraley

Contributor address; City; State; Zip Code

29 Hollinger's Island  
Katy TX 77450

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:  
6

3 ACCOUNT # (Ethics Commission File#)

2 FILER NAME  
Melissa Nixon

4 Date  
9/17/2014

5 Full name of contributor  
Will Wilkerson

out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code  
410 Ashbury St  
Houston, TX 77007

7 Amount of contribution (\$)  
\$1,250.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
9/20/2014

Full name of contributor  
Edna Dugger

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code  
15830 N. Barkers Landing Rd.  
Houston, TX 77079

Amount of contribution (\$)  
\$200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
9/24/2014

Full name of contributor  
Daniel Batz

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code  
27706 Lodgemist Court  
Katy, TX 77494

Amount of contribution (\$)  
\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
9/27/2014

Full name of contributor  
Christinna Woods

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code  
907 Red Cedar Ln  
Katy, TX 77094

Amount of contribution (\$)  
\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
9/30/2014

Full name of contributor  
Stephanie Clift

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code  
26319 Whittmore Fields Dr  
Katy, TX 77494

Amount of contribution (\$)  
\$750.00

In-kind contribution description (if applicable)  
15 Hrs of Social Media Const. strategy

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

The instruction guide explains how to complete this form.

1 Total pages Schedule A: **6**

2 FILER NAME

Melissa Nixon

3 ACCOUNT # (Ethics Commission File)

4 Date

10/1/2014

5 Full name of contributor

Gary Joseph

out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

6458 Sweetgum  
Katy, TX 77493

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/3/2014

Full name of contributor

Henry Dibrell

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

918 Long Prairie Dr.  
Katy, TX 77450

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

# CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE C

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C: 6	
2 FILER NAME Melissa Nixon		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/21/2014	5 Corporation / Labor Organization name Consolidated Property Adv, CT.D. 6 Corporation / Labor Organization address; City; State; Zip Code 3003 W. Alabama Houston, TX 77008	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date 8/29/2014	Corporation / Labor Organization name Brook Orthodontics Corporation / Labor Organization address; City; State; Zip Code 22167 Westheimer Parkway, Suite 120 Katy, TX 77450	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date 8/29/2014	Corporation / Labor Organization name Home Watch Caregivers Corporation / Labor Organization address; City; State; Zip Code 16350 Park Ten Pl, Suite 222 Houston, TX 77084	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date 9/12/2014	Corporation / Labor Organization name Linebarger Grogan Blaire Simpson Corporation / Labor Organization address; City; State; Zip Code P.O. Box 17428 Austin, TX 78760	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date 9/12/2014	Corporation / Labor Organization name Joiner Partnershi P, Inc. Corporation / Labor Organization address; City; State; Zip Code 700 Rockmead Dr, Suite 265 Humble, TX 77339	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date 9/15/2014	Corporation / Labor Organization name Trendmaker Homes Corporation / Labor Organization address; City; State; Zip Code 1630 Park Ten Place, Suite 250 Houston, TX 77084	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE C

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C: 6	
2 FILER NAME Melissa Nixon		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/15/2014	5 Corporation / Labor Organization name Newmark Homes 6 Corporation / Labor Organization address; City; State; Zip Code 10455 Briar Forest, Suit 200 Houston, TX 77042	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
Date	Corporation / Labor Organization name Beazer Homes Corporation / Labor Organization address; City; State; Zip Code 10235 West Little York, Suite 200 Houston TX 77040	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Date 9/15/2014	Corporation / Labor Organization name MHI Partnership Corporation / Labor Organization address; City; State; Zip Code 7676 Woodway, Suite 104 Houston TX 77063	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Date 9/16/2014	Corporation / Labor Organization name Loesch Partnership Corporation / Labor Organization address; City; State; Zip Code 2002 Royal Downs Dr. Katy TX 77450	Amount of contribution (\$) \$240.00	In-kind contribution description (if applicable)
Date 9/16/2014	Corporation / Labor Organization name Millunzi and Associates Corporation / Labor Organization address; City; State; Zip Code 18777 Jones Road Houston TX 77070	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Date 9/16/2014	Corporation / Labor Organization name Perry Homes Corporation / Labor Organization address; City; State; Zip Code P.O. Box 34306 Houston TX 777234	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED