SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guide	e explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed
3 COMMITTEE NAME	OFFICE USE ONLY		
Human Rights Cam	paign Houston Equal Rights P	PAC	Dale Received 1112 AM
4 COMMITTEE ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: 1640 Rhode Island Ave NW Washington DC 20036	CITY: STATE, ZIP CODE	RECEIVED JUL 1 3 2015 Date Hand-delivered or Schottstripping
5 CAMPAIGN TREASURER NAME	James NICKNAME LAST Rinefierd	M	Date Imaged
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / 1640 Rhode Island Ave NW Washington DC 20036	SUITE#; CITY: STATE.	ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS Change of Address	STREET ADDRESS OR PO BOX. APT / 1640 Rhode Island Ave NW Washington DC 20036	SUITE #; CITY; STATE,	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (202) 216-1549	EXTENSION	
9 REPORT TYPE		day before election	Exceeded \$500 limit Dissolution (Attach PAC-DR) 10th day after campaign treasurer termination
10 PERIOD COVERED	Month Day Year 4 /30 /2015	THROUGH	Month Day Year 6 / 30 / 2015
11 ELECTION	ELECTION DATE Month Day Year Primary General	Description	
	GO TO	D PAGE 2	

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

PURPOSE AND TOTALS COVER			R SHEET PG 2
12 COMMITTEE NAME Hu	ıman Rights Campa	ign Houston Equal Rights PAC	ID (Ethics Commission Filers)
14 COMMITTEE PURPOSE		CANDIDATE/OFFICEHOLDER NAME	
(Attach lists on plain paper to complete this report if necessary.)	CANDIDATE		
SUPPORT (Candidate or Measure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	
OPPOSE (Candidate or Measure)			
- ADGIOT		BALLOTIDENTIFICATION/# ELECTIO Manth Day	
(Officeholder)	MEASURE	Houston Equal Rights Ordinance F	Repeal Referendum
15 CONTRIBUTION TOTALS		CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, OR GUARANTEES OF LOANS). UNLESS ITEMIZED	\$0.00
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL	EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZE	\$0.00
	4. TOTAL POLITICA	AL EXPENDITURES	\$0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$0.00		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$0.00		
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. EXP. Signature of Campaign Treasurer Sworn to and subscribed before me, by the said			
Signature of officer adminis	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath		
5#			

SUBTOTALS-SPAC

FORM SPAC COVER SHEET PG 3

17	COMMITTEE NAME Human Rights Campaign Houston Equal Rights PAC	nmission Filers)
19	SCHEDULE SUBTOTALS N/A - no activity	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	s 0.00
2.	SCHEDULE A2 NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s0.00
3	SCHEDULE B PLEDGED CONTRIBUTIONS	\$0.00
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$0.00
5	SCHEDULE C2 NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	s0.00
6.	SCHEDULE D. PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$0.00
7	SCHEDULE E: LOANS	50.00
8.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	s0.00
9	SCHEDULE F2 UNPAID INCURRED OBLIGATIONS	\$ 0 .00
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$0.00
11.	SCHEDULE H; PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	s0.00
12.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s0.00
13.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$0.00

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Human Rights Campaign Houston Equal Rights PAC (N/A no-activity) 4 Date 5 Full name of contributor 7 Amount of contribution (S) Out-of-state PAC (ID# 6 Contributor address; City, State: Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Out of state PAC (ID#: Amount of contribution (\$) City, State; Zip Code Contributor address: Principal occupation / Job title (See Instructions) Employer (See Instructions) 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) Date Full name of contributor Amount of contribution (\$) Out-of-state PAC (ID#__ 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Human Righ	nts Campaign Houston Equal Rights PAC (N/A - r	no activity)		
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor)	8 Amount of . 9 In-kind contribution Contribution 5 . description	
	7 Contributor address; City, State Zip Cod	 (e	Check if travel outside of Texas, complete Schedule T	
10 Principal or	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	r (FOR NON-JUDICIAL)(See Instructions)	
io i incipai oc	individual in the first state of the state o	,, employe		
12 Contributor	s principal occupation (FOR JUDICIAL)	13 Contribu	tor'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 contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor		Amount of In-kind contribution Contribution \$ description	
	Contributor address; City, State, Zip Co	de	Check if travel outside of Texas, complete Schedule T	
Principal o	ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL)(See Instructions)	
Contributor	's principal occupation (FOR JUDICIAL)	Contribu	stor's job title (FOR JUDICIAL) (See Instructions)	
Contributor	's employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	!		
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instruction			

PLEDGED CONTRIBUTIONS SCHEDULE B 1 Total pages Schedule B; The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Human Rights Campaign Houston Equal Rights PAC (N/A - no activity) 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date 6 Full name of pledgor Out-of-state PAC (ID# 8 Amount . 9 In-kind contribution of Pledge \$ description 7 Pledgor address; City, State, Zip Code Check if travel outside of Texas, complete Schedule T 11 Employer (See Instructions) 10 Principal occupation / Job title (See Instructions) Date Amount In-kind contribution Full name of pledgor Out-of state PAC (ID#_ of Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas, complete Schedule T Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of Out-of-state PAC (D#____ In-kind contribution Full name of pledgor Pledge 5 description City; State; Zip Code Pledgor address; Check if travel outside of Texas, complete Schedule T Employer (See Instructions) Principal occupation / Job title (See Instructions) Date In-kind contribution Amount of Full name of pledgor ____ out-of-state PAC (ID#:___ description Pledge S City; State, Zip Code Pledgor address; Check if travel outside of Texas, complete Schedule T Employer (See Instructions) Principal occupation / Job title (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 CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE C1

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule C1
2 FILER NAM Human Rig	n∈ ghts Campaign Houston Equal Rights PAC (N/A - no activity)	3 Filer ID (Ethics Commission Filers)
4 Date	5 Corporation / Labor Organization name	7 Amount of contribution (\$)
	6 Corporation / Labor Organization address; City; State; Zip Code	
Date	Corporation / Labor Organization name	Amount of contribution (\$)
	Corporation / Labor Organization address; City; State; Zip Code	
Date	Corporation / Labor Organization name	Amount of contribution (\$)
	Corporation / Labor Organization address; City: State: Zip Code	
Date	Corporation / Labor Organization name	Amount of contribution (\$)
	Corporation / Labor Organization address; City; State; Zip Code	
Date	Corporation / Labor Organization name	Amount of contribution (\$)
	Corporation / Labor Organization address; City; State; Zip Code	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED
	ATTACH ADDITIONAL COFIES OF THIS SCHEDULE AS	(V to to to to to

NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE C2

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule C2
2 FILER NAM	ne	3 Filer ID (Ethics Commission Filers)
Human Rig	hts Campaign Houston Equal Rights PAC (N/A - no activity)	,
4 Date	5 Corporation / Labor Organization name	7 Amount of 8 In-kind contribution Contribution 5 description
	6 Corporation / Labor Organization address, City, State, Zip Code	,
	o osipoiditori, Essoti organization addition, origi, orato, alp codo	
		Check if travel outside of Texas, complete Schedule T
Date	Corporation / Labor Organization name	Amount of . In-kind contribution
		Contribution \$ - description
	Corporation / Labor Organization address; City; State; Zip Code	•
	Corporation Copin Cigamization actions, Only, Cipic, Elp Copi	
		·
		Check if travel outside of Texas, complete Schedule T
Date	Corporation / Labor Organization name	Amount of In-kind contribution
Date	Corporation / Labor Organization name	Contribution \$ description
		,
		,
	Corporation / Labor Organization address; City; State, Zip Code	•
		-
_		Check if travel outside of Texas, complete Schedule T
Date	Corporation / Labor Organization name	Amount of In-kind contribution
Jaio	Superior Committee of the Committee of t	Contribution \$ description
	Comparison / Labor Opportunition and france City States 7th Contra	·
	Corporation / Labor Organization address; City; State; Zip Code	
		,
		Check if travel outside of Texas, complete Schedule T
Dat e	Corporation / Labor Organization name	Amount of In-kind contribution Contribution S description
		Contribution S description
	Corporation / Labor Organization address; City; State; Zip Code	
		·
		Check if travel outside of Texas, complete Schedule T
4		
1		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		
l	priving a resource property and the same and some over the same of	

PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE D 1 Total pages Schedule D The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Human Rights Campaign Houston Equal Rights PAC (N/A - no activity) 4 Date Amount of 8 In-kind contribution 5 Corporation / Labor Organization name Contribution \$ description 6 Corporation / Labor Organization address; City; State; Zip Code Check if travel outside of Texas, complete Schedule T

1				
Date	Corporation / Labor Organization name	Amount of In-kind contribution Contribution \$ description		
	Corporation / Labor Organization address; City; State; Zip Code			
		Check if travel outside of Texas, complete Schedule T		
Date	Corporation / Labor Organization name	Amount of In-kind contribution Contribution 5 description		
reference of a figure and a figure and a figure and a figure and a figure a figure a figure a figure a figure a	Corporation / Labor Organization address, City, State; Zip Code			
***************************************		Check if travel outside of Texas, complete Schedule T		
Date	Corporation / Labor Organization name	Amount of In-kind contribution Contribution S description		
	Corporation / Labor Organization address, City, State; Zip Code			
		Check if travel outside of Texas, complete Schedule T		
Date	Corporation / Labor Organization name	Amount of In-kind contribution Contribution S description		
	Corporation / Labor Organization address, City; State; Zip Code			
		Check if travel outside of Texas, complete Schedule T		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			
Forms provi	ided by Texas Ethics Commission www.ethics.state.tx.us	Revised 02/27/2019		

LOANS SCHEDULE E 1 Total pages Schedule E The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Human Rights Campaign Houston Equal Rights PAC (N/A - no activity) \$ 4 TOTAL OF UNITEMIZED LOANS 9 Loan Amount (\$) 5 Date of loan 7 Name of lender Out-of-state PAC (0# _____ 10 Interest rate is lender 8 Lender address; City: State; Zip Code a financial Institution? 11 Maturity date 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (5) INFORMATION 18 Guarantor address; City, State: Zip Code not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Loan Amount (\$) Date of loan Name of lender Out-of-state PAC (ID#____ Interest rate ls lender Lender address; City; State; Zip Code a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none Amount Guaranteed (\$) Name of guarantor **GUARANTOR** INFORMATION State: Zip Code City; Guarantor address; not applicable Principal Occupation (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Expense Legal Services Loan Repayment/Rembursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Lebor

Solicitation/Fundraising Exponse Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

	The instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1	2 FILER NAME Human Rights Campaign Houston Equal Rights PA	C (N/A - no activity) 3 Filer ID (Ethics Commission Filers)
\$ Date	5 Payee name	
5 Amount (\$)	7 Payee address: City, State; Zip Code	Naudi vissa myöstä myöntä keiket keiket keiketään konsonon keiken yä <u>nkäykeyksyn, än kirjan kalaja, M</u> anson kuun manna aunon a
8 PURPOSE OF EXPENDITURE	(a) Calegory (See calegories listed at the top of this schedule)	(b) Description Check if travel outside of Texas complete Schedule T Check if Austin TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date	Рауее пате	
Amount (\$)	Payee address; City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories sated at the top of this schedule)	Description Check if travel outside of Texas complete Schedule T Check if Austin TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories sted at the top of this schedule)	Description Check if travel outside of Texas, complete Schedule T Check if Austin TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Foos

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Exp Printing Ex Salaries/W		Travel In District Travel Out Of Dist Other (enter a cate	trict egory not listed above)
	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F2.	2 FILER I Human Rig	NAME ghts Campaign Houston Equal	I Rights PA	C (N/A - no activity)	3 Filer ID (Ethi	cs Commission Filers)
4 TOTAL OF UNITER	AIZED UN	NPAID INCURRED OBL	IGATION	s	\$	**************************************
5 Date	6 Payee	name		manus pergengagagagagaga an	L	
7 Amount (S)	8 Payee	address; City; State,	Zip Code		And an account of the second o	
9 TYPE OF EXPENDITURE	Pol	lítical	Non-Politica]		
10 PURPOSE OF EXPENDITURE	(a) Catego schedule	Ory (See calegories itsled at the lope)	of this		outside of Texas, comp TX, officeholder living	
11 Complete <u>QNLY</u> if direct expenditure to benefit C/Oi	Complete ONLY if direct			Office held		
Date	Payee	name				
Amount (\$)	Payee	address; City; State;	Zip Code			
TYPE OF EXPENDITURE	Po	Maical	Non-Politica)	mariana mariana di Maria di M	American de la constante de la
PURPOSE OF Expenditure	Catego schedule	OTY (See categories listed at the top a)	of this	=	outside of Texas, comp	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name	Activities and the second seco	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F3		
² FILER NAME Human Rights	Campaign Houston Equal Rights PAC (N/A - no activity)	3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; Cit	y, State, Zip Code
	7 Description of investment	
	8 Amount of investment (S)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; Cit	y, State; Zip Code
	Description of investment	
Amount of investment (5)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Exponse
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Cliftor (Applies a subsequent listed above)

Constitutions/Donations Made E Condidate/Officeholder/Politic		Polling Expense Travel In District Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Other (enter a calegory not if	isted above)
	The Instruction Guide explains	is how to complete this form.	
1	2 FILER NAME Human Rights Campaign Houston Equal R	Rights PAC (N/A - no activity) 3 Filer ID (Ethics Com	mission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address; City; State; Zig	ip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sch	chedule) (b) Description Check if travel outside of Texas complete Schedule Check if Austin TX, officeholder living expense	т
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office	e held
Date	Business name		And the state of t
Amount (S)	Business address, City; State; Zi	ip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sci	Check if Austin, TX officeholder living expense	: T
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office	e held
Date	Business name		WE WAS A STATE OF THE STATE OF
Amount (\$)	Business address; City; State; Zi	ip Code	The second secon
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this so	chedule) Description Check if travel outside of Texas, complete Schedule Check if Austin, TX officeholder living expense	, 1
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Offic	e held
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS NEEDED	

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule (2 FILER NAME Human Rights Campaign Houston Equal Rights PAC (N/A - no activity) 3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address: City: State: Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required)		
Date	Payee name			
Amount (\$)	Payee address, City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories)	Description (See instructions regarding type of Information required.)		
Date	Payee name			
Amount (\$)	Payee address; City: State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required)		
Date	Payee name			
Arnount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See Instructions regerding type of Information regulared)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K CONTRIBUTIONS RETURNED TO FILER 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Human Rights Campaign Houston Equal Rights PAC (N/A - no activity) 4 Date Amount (\$) 5 Name of person from whom amount is received 6 Address of person from whom amount is received. City; Zip Code 7 Purpose for which amount is received Check if political contribution returned to filer Amount (\$) Date Name of person from whom amount is received Address of person from whom amount is received; City; State: Zip Code Purpose for which amount is received Check if political contribution returned to filer Amount (\$) Date Name of person from whom amount is received Zip Code Address of person from whom amount is received; City; Purpose for which amount is received Check if political contribution returned to filer Amount (\$) Date Name of person from whom amount is received

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

State:

Check if political contribution returned to filer

Address of person from whom amount is received, City:

Purpose for which amount is received

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.					1 Total pages Schedule 1	1 Total pages Schedule T:	
2 FILER NAME Human Rights Campaign Houston Equal Rights PAC (N/A - no activity)					3 Filer ID (Ethics Com	mission Filers)	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
5 Contribution / Expenditure reported on:							
Schedule A2	Schedule B		Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2	Schedule G		Schedule H	Schedule COH-UC Schedule B-SS			
6 Dates of travel	7 Name of person(s) traveling						
	8 Departure city or name of departure location						
	9 Destination city or name of destination location						
10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)							
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
Contribution / Expenditure reported on:							
Schedule A2	Sched	dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2	Schedule G Schedule H Schedule COH-UC Schedule B-SS						
Dates of travel	Dates of travel Name of person(s) traveling						
	Departure city or name of departure location						
	Destination city or name of destination location						
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)					
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
Contribution / Expend	liture reported	on:					
Schedule A2	Schei	dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2	T	edule G	Schedule H	Schedule COH-U	C Schedule B-SS		
Dates of travel	Name of person(s) traveling						
	Departure city or name of departure location						
	Destination city or name of destination location						
Means of transporta	Purpose of travet (including name of conference, seminar, or other event)						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							