

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: <div style="font-size: 2em; text-align: center;">15</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / <input checked="" type="radio"/> MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">Abigail D</div> NICKNAME LAST SUFFIX Abby Whitmire	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3522 Deerbrook Dr. Kingwood TX 77339	Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 968 - 4965	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / <input checked="" type="radio"/> MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">Kelli</div> NICKNAME LAST SUFFIX Gillespie	Receipt # Amount \$	Date Processed
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 13914 Cole Point Dr., Humble, TX 77396		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 471 - 0468		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input 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 THROUGH Month Day Year 2 / 17 / 2017 4 / 7 / 2017		
11 ELECTION	ELECTION DATE Month Day Year 5 / 6 / 2017	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) n/a	13 OFFICE SOUGHT (if known) Humble ISD Board of Trustees, Position 4	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Abby Whitmire 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.


<input type="checkbox"/> Additional Pages	<input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE Humble Area Democrats
	COMMITTEE NAME Humble Area Democrats	
	COMMITTEE ADDRESS P.O. Box 3863, Humble, TX 77343	
	COMMITTEE CAMPAIGN TREASURER NAME Jason Dawkins	
COMMITTEE CAMPAIGN TREASURER ADDRESS 26710 Fairway Oaks Ct., Huffman, TX 77336		

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 262.93
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,347.93
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,969.84
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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 15, Election Code.

Abby Whitmire
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Abby Whitmire, this the 7th day of April, 2017, to certify which, witness my hand and seal of office.

Jessica Villanueva Jessica Villanueva CSR
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Abby Whitwire</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>2347.93</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>370.31</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>2969.84</i>
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: **6**

2 FILER NAME **Abday Whitmore**

3 Filer ID (Ethics Commission Filers)

4 Date
2/22/17

5 Full name of contributor out-of-state PAC (ID#: _____)
Kelli Gillespie
6 Contributor address; City; State; Zip Code
13914 Cole Point Dr Humble TX 77396

7 Amount of contribution (\$)
\$100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)
Houston Energy Advisors, LLC

Date
2/26/17

Full name of contributor out-of-state PAC (ID#: _____)
Melanie Riddick
Contributor address; City; State; Zip Code
4418 6th Ave NW Seattle, WA 98107

Amount of contribution (\$)
\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)
Amazon

Date
2/26/17

Full name of contributor out-of-state PAC (ID#: _____)
Ken Roberts
Contributor address; City; State; Zip Code
2710 Sabine St. #114 Houston TX 77009

Amount of contribution (\$)
\$125

Principal occupation / Job title (See Instructions)

Employer (See Instructions)
Hewlett-Packard Enterprise

Date
2/27/17

Full name of contributor out-of-state PAC (ID#: _____)
Paul Rubin
Contributor address; City; State; Zip Code
1158 Naples St. San Francisco, CA 94112

Amount of contribution (\$)
\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)
Institute for the Study of Somatic Education

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6**

2 FILER NAME
Way Whitwire

3 Filer ID (Ethics Commission Filers)

4 Date
3/2/17

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

Lars Karlstrom

7 Amount of contribution (\$)

\$60

6 Contributor address; City; State; Zip Code

3522 Maple Park Dr. Kingwood TX 77339

8 Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Deerwood Golf Club

Date

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

Amount of contribution (\$)

3/2/17

Aminaton Saw

\$200

Contributor address; City; State; Zip Code

591 Noe St. San Francisco CA 94114

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Self-employed

Date

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

Amount of contribution (\$)

3/3/17

MaryBeth Smith

\$50

Contributor address; City; State; Zip Code

2420 Yorktown #516 Houston, TX 77056

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Feldenkrais Center of Houston

Date

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

Amount of contribution (\$)

3/3/17

Allison Geggatt

\$50

Contributor address; City; State; Zip Code

1925 W. 15th St. Houston, TX 77003

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Squire Patton Boggs (US) LLP

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6**

2 FILER NAME

Adag Whitwire

3 Filer ID (Ethics Commission Filers)

4 Date

3/9/17

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

Irene Anderson

7 Amount of contribution (\$)

\$100

6 Contributor address; City; State; Zip Code

3 E. Green Gables Cir., Spring, TX 77382

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Martech Media

Date

3/9/17

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

Tim Smith

Amount of contribution (\$)

\$500

Contributor address; City; State; Zip Code

155 S. Court Ave #2211 Orlando, FL 32801

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

All Saints Episcopal Church

Date

3/16/17

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

John Cotter

Amount of contribution (\$)

\$50

Contributor address; City; State; Zip Code

4223 Terrace Pines Dr, Kingwood TX 77345

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

United Airlines

Date

3/24/17

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

Margaret Beth Lee

Amount of contribution (\$)

\$50

Contributor address; City; State; Zip Code

312 Hawthorne #4 Houston, TX 77006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Plains All American Pipeline, LP

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6**

2 FILER NAME **Alday Whitwire**

3 Filer ID (Ethics Commission Filers)

4 Date **3/24/17**
 5 Full name of contributor out-of-state PAC (ID#: _____)
Mathew Woodyard
 6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)
\$100

2924 W. Cullom Ave Apt 3 Chicago IL 60618

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)
Bank of America

Date **3/26/17**
 Full name of contributor out-of-state PAC (ID#: _____)
Andrea Cherry
 Contributor address; City; State; Zip Code

Amount of contribution (\$)
\$100

2611 Silver Falls Dr. Kingwood TX 77339

Principal occupation / Job title (See Instructions)

Employer (See Instructions)
Navigating Behavior Solutions

Date **3/26/17**
 Full name of contributor out-of-state PAC (ID#: _____)
Beth Lavin
 Contributor address; City; State; Zip Code

Amount of contribution (\$)
\$50

5016 Laurel St. New Orleans LA 70115

Principal occupation / Job title (See Instructions)

Employer (See Instructions)
Contemporary Arts Center New Orleans

Date **3/29/17**
 Full name of contributor out-of-state PAC (ID#: _____)
Jessica Abad-Serpas
 Contributor address; City; State; Zip Code

Amount of contribution (\$)
\$50

6221 Grape St. Houston, TX 77074

Principal occupation / Job title (See Instructions)

Employer (See Instructions)
**Alzheimer's Association, Houston
 & Southeast Texas Chapter**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6**

2 FILER NAME

Ally Whitwire

3 Filer ID (Ethics Commission Filers)

4 Date

3/30/17

5 Full name of contributor

Marilyn Burgess

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$50

6 Contributor address; City; State; Zip Code

4043 Buckeye Creek Rd. Kingwood TX 77339

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

The Fastener Connection

Date

3/30/17

Full name of contributor

Deborah Monrey

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

3414 Kingsway Ct. Kingwood TX 77339

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Date

3/30/17

Full name of contributor

Angie Talbert

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50

Contributor address; City; State; Zip Code

1903 Portsmouth #30 Houston, TX 77098

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Planned Parenthood Gulf Coast

Date

3/31/17

Full name of contributor

Tina D. Hopkins

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50

Contributor address; City; State; Zip Code

4207 Forest Holly Dr. Kingwood TX 77345

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Joseph Hopkins & Associates

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Adag Whitwire		3 Filer ID (Ethics Commission Filers)
4 Date 3/3/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthew Logan	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code 4007 Hill Springs Dr. Kingwood, TX 77345		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Capstone Asset Management
Date 4/3/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin McManis	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code 5802 Berkshire Hills Dr. Kingwood TX 77345		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Sysco
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2
2 FILER NAME Aday Whitmire		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0
5 Date 3/24/17	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Humble Area Democrats PAC 7 Contributor address; City; State; Zip Code P.O. Box 3863 Humble TX 77348	8 Amount of Contribution \$ 199.50 9 In-kind contribution description Postcard Printing <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 3/31/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lars Karlstrom Contributor address; City; State; Zip Code 3522 Maple Park Dr Kingwood TX 77339	Amount of Contribution \$ \$92.98 In-kind contribution description Party supplies & cake <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: **2**

2 FILER NAME **Abby Whitnive**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ **0**

5 Date

3/31/17

6 Full name of contributor out-of-state PAC (ID#: _____)

Kelli Gillespie

7 Contributor address; City; State; Zip Code

13914 Cole Point Dr Humble TX 77396

8 Amount of Contribution \$

77.83

9 In-kind contribution description

Facebook ads

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

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

Contributor address; City; State; Zip Code

Amount of Contribution \$

In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 4	2 FILER NAME Abby Whitwire	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 0
5 Date 2/26/17	6 Payee name PCG Uniforms	
7 Amount (\$) \$373.47	8 Payee address; City; State; Zip Code 25683 Chestnut Ln, Splendora, TX 77372	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Abby Whitwire	Office sought Humble ISD Board of Trustees, Pos. 4
	Office held - N/A	
Date 2/19/17	Payee name TASB Store	
Amount (\$) \$16.25	Payee address; City; State; Zip Code P.O. Box 400 Austin, TX 78767	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other - educational	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name See # 11 above	Office sought
		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <p style="text-align:center; font-size: 2em;">4</p>	2 FILER NAME <p style="text-align:center; font-size: 1.5em;">Abby Whitwire</p>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 0
5 Date <p style="font-size: 1.5em;">2/21/17</p>	6 Payee name <p style="font-size: 1.5em;">Signs on the Cheap</p>	
7 Amount (\$) <p style="font-size: 1.5em;">\$827.44</p>	8 Payee address; City; State; Zip Code <p style="font-size: 1.5em;">11525A Stonehollow Dr Suite 100, Austin TX 78758</p>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <p style="font-size: 1.5em;">Advertising</p>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <p style="font-size: 1.5em;">Abby Whitwire</p>	Office sought <p style="font-size: 1.5em;">Humble 18D</p>
Date <p style="font-size: 1.5em;">3/2/17</p>	Payee name <p style="font-size: 1.5em;">Goldtyger</p>	
Amount (\$) <p style="font-size: 1.5em;">\$135</p>	Payee address; City; State; Zip Code <p style="font-size: 1.5em;">2121 Keystone Dr New Braunfels, TX 78130</p>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <p style="font-size: 1.5em;">Advertising</p>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <p style="font-size: 1.5em;">See # 11 above</p>	Office sought <p style="font-size: 1.5em;">See # 11 above</p>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 4	2 FILER NAME Alyssa Whitwire	3 Filer ID (Ethics Commission Filers)
--	--	--

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0
--	------

5 Date 3/22/17	6 Payee name Signs on the Cheap
--------------------------	---

7 Amount (\$)	8 Payee address; City; State; Zip Code 11625A Stonehollow Dr Suite 100 Austin TX 78758
----------------------	--

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
----------------------------------	--	--

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Alyssa Whitwire	Office sought Humble ISD	Office held NA
---	--	-----------------------------	-------------------

Date 3/24/17	Payee name Collective Industries Inc.
-----------------	--

Amount (\$) 329.40	Payee address; City; State; Zip Code 5018 Tampa West Blvd, Tampa, FL 33634
-----------------------	---

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
----------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other - postage other-postage	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name See #11 above	Office sought	Office held
---	--	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 4	2 FILER NAME Abby Whitwire	3 Filer ID (Ethics Commission Filers)
--	--------------------------------------	--

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0
--	------

5 Date 3/14/17	6 Payee name VistaPrint
--------------------------	-----------------------------------

7 Amount (\$) 78.99	8 Payee address; City; State; Zip Code 275 Wyman St. Waltham, MA 02451
-------------------------------	--

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------------	---	--

11 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
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED