

**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
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI
	Mr.	STEPHEN	C
	NICKNAME	LAST	SUFFIX
		COSTELLO	
OFFICE USE ONLY			
Date Received			
10/26/2015			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of address	ADDRESS / PO BOX;	APT/SUITE #;	CITY; STATE; ZIP CODE
	PO BOX 541511		
Date Hand-delivered or Date Postmarked			
HOUSTON TX 77254			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(832)	563-2113	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI
	Mr.	PATRICK	J
	NICKNAME	LAST	SUFFIX
	PAT	KILEY	
Receipt #		Amount	
Date Processed			
Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (BUSINESS)	STREET ADDRESS (No PO Box Please);	APT/SUITE #;	CITY; STATE; ZIP CODE
	99 DETERING		
	104		
	HOUSTON TX 77007		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(713)	840-1775	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit		
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment(officeholder only)		
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	9/25/2014		10/24/2015
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	11/3/2015		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	City Council - At Large Position 1	Mayor	

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

14 FILER NAME STEPHEN C COSTELLO

15 Filer ID (Ethics Commission Filers)

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.

16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
--	---	--

17 CONTRIBUTION TOTALS	1	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$1,520.00
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$294,033.96
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$370.85
	4	TOTAL POLITICAL EXPENDITURES	\$731,861.74
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$278,987.52
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$90,000.00

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.

Stephen Costello

Signature of Candidate or Officeholder

AFFIX NOT STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

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

19 FILER NAME STEPHEN C COSTELLO		20 Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS	SUBTOTAL
	NAME OF SCHEDULE	AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	288850
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	3313.96
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	0
4.	SCHEDULE E: LOANS	0
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	731490.89
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	0
8.	SCHEDULE F4: EXPENDITURES MADE FROM CREDIT CARD	0
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	0
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	0

**CANDIDATE / OFFICEHOLDER REPORT:
NOTICE FROM POLITICAL COMMITTEE(S)**

**FORM C/OH
ADDENDUM**

C/OH NAME STEPHEN C COSTELLO

ACCOUNT # (Ethics
Commission filers)

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total Pages Schedule A1:
---	----------------------------

2 FILER NAME STEPHEN C COSTELLO	3 Filer ID (Ethics Commission filers)
---------------------------------	---------------------------------------

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)
10/14/2015	CHRISTOPHER AMANDES 6 Contributor address; City; State; Zip Code HOUSTON TX 77005	\$350.00

8 Principal occupation / Job title (See Instructions) ATTORNEY	9 Employer (See Instructions) MORGAN, LEWIS & BOCKIUS LLP
---	--

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)
10/7/2015	BARBARA AMELIO 6 Contributor address; City; State; Zip Code HOUSTON TX 77027	\$250.00

8 Principal occupation / Job title (See Instructions) PRINCIPAL	9 Employer (See Instructions) DEBNER+COMPANY
--	---

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)
10/23/2015	ANDREWS & KURTH TEXAS PAC 6 Contributor address; City; State; Zip Code HOUSTON TX 77002-2929	\$2,500.00

8 Principal occupation / Job title (See Instructions) N/A	9 Employer (See Instructions) N/A
--	--------------------------------------

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)
10/20/2015	JOSIAH BAKER 6 Contributor address; City; State; Zip Code HOUSTON TX 77006	\$100.00

8 Principal occupation / Job title (See Instructions) ARCHITECT	9 Employer (See Instructions) JAY BAKER ARCHITECTS
--	---

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	
--------	--	--

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A1:
2 FILER NAME STEPHEN C COSTELLO		3	Filer ID (Ethics Commission filers)
10/22/2015	PETER BARNHART ----- 6 Contributor address; City; State; Zip Code HOUSTON TX 77064-3460	7	Amount of contributions (\$) 1,000.00
8	Principal occupation / Job title (See Instructions) EXECUTIVE VICE PRESIDENT & PARTNER	9	Employer (See Instructions) CALDWELL COMPANIES
10/20/2015	JOHN BEEN ----- 6 Contributor address; City; State; Zip Code HOUSTON TX 77042-5220	7	Amount of contributions (\$) 500.00
8	Principal occupation / Job title (See Instructions) INSURANCE SALES	9	Employer (See Instructions) SELF
10/5/2015	KATE BELLIN ----- 6 Contributor address; City; State; Zip Code HOUSTON TX 77005	7	Amount of contributions (\$) 500.00
8	Principal occupation / Job title (See Instructions) ART CONSULTANT	9	Employer (See Instructions) SELF
10/16/2015	RANDALL BIRDWELL ----- 6 Contributor address; City; State; Zip Code BRYAN TX 77808-2431	7	Amount of contributions (\$) 500.00
8	Principal occupation / Job title (See Instructions) PRESIDENT	9	Employer (See Instructions) GRACEPOINT BUILDERS, LP
	NEIL BISHOP ----- 6 Contributor address; City; State; Zip Code	7	Amount of contributions (\$)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A1:
2 FILER NAME STEPHEN C COSTELLO		3 Filer ID (Ethics Commission filers)	
10/20/2015	6 Contributor address; City; State; Zip Code HOUSTON TX 77057		250.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) PETER BOESEL	7	Amount of contributions (\$)
10/7/2015	6 Contributor address; City; State; Zip Code HOUSTON TX 77019		100.00
8 Principal occupation / Job title (See Instructions) REALTOR		9 Employer (See Instructions) MINNETTE BOESEL PROPERTIES	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) KARLIE BONEM	7	Amount of contributions (\$)
10/13/2015	6 Contributor address; City; State; Zip Code HOUSTON TX 77096		200.00
8 Principal occupation / Job title (See Instructions) OPTOMETRIST		9 Employer (See Instructions) MANN EYE	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) CHREE BOYDSTUN	7	Amount of contributions (\$)
9/28/2015	6 Contributor address; City; State; Zip Code HOUSTON TX 77006-6171		100.00
8 Principal occupation / Job title (See Instructions) FUNDRAISER		9 Employer (See Instructions) LEGACY COMMUNITY HEALTH	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total Pages Schedule A1:
---	----------------------------

2 FILER NAME STEPHEN C COSTELLO	3 Filer ID (Ethics Commission filers)
---------------------------------	---------------------------------------

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	
	CHREE BOYDSTUN	7 Amount of contributions (\$)
	6 Contributor address; City; State; Zip Code	
9/29/2015	HOUSTON TX 77006-6171	250.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
FUNDRAISER	LEGACY COMMUNITY HEALTH

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	
	CATHERINE BROCK	7 Amount of contributions (\$)
	6 Contributor address; City; State; Zip Code	
9/28/2015	HOUSTON TX 77227-2209	100.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
VOLUNTEER	NONE

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	
	JOY BROWN	7 Amount of contributions (\$)
	6 Contributor address; City; State; Zip Code	
10/25/2015	HOUSTON TX 77019-4884	100.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
PRESIDENT AND CEO	NEW HOPE HOUSING, INC.

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	
	FRED CALDWELL	7 Amount of contributions (\$)
	6 Contributor address; City; State; Zip Code	
10/22/2015	HOUSTON TX 77064-3460	1,000.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
CEO	CALDWELL COMPANIES

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	
--------	--	--

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A1:
2 FILER NAME STEPHEN C COSTELLO		3 Filer ID (Ethics Commission filers)	
10/16/2015	FRANK CAMPISI ----- 6 Contributor address; City; State; Zip Code HOUSTON TX 77027-5342	7	Amount of contributions (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10/23/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) JOE CAREY ----- 6 Contributor address; City; State; Zip Code HOUSTON TX 77007	7	Amount of contributions (\$) 200.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED	
10/6/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) JOE CAREY ----- 6 Contributor address; City; State; Zip Code HOUSTON TX 77007	7	Amount of contributions (\$) 500.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED	
10/10/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) DARLENE CLARK ----- 6 Contributor address; City; State; Zip Code BELLAIRE TX 77401-2708	7	Amount of contributions (\$) 100.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED	
	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) DARLENE CLARK	7	Amount of contributions (\$)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total Pages Schedule A1:	
2 FILER NAME STEPHEN C COSTELLO		3 Filer ID (Ethics Commission filers)	
9/25/2015	6 Contributor address; City; State; Zip Code BELLAIRE TX 77401-2708		250.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED	
9/28/2015	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) CURTIS CLERKLEY 6 Contributor address; City; State; Zip Code HOUSTON TX 77025		500.00
8 Principal occupation / Job title (See Instructions) PRESIDENT		9 Employer (See Instructions) THE CLERKLEY WATKINS GROUP, INC.	
10/15/2015	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) GEORGE COLLISON 6 Contributor address; City; State; Zip Code HOUSTON TX 77099		100.00
8 Principal occupation / Job title (See Instructions) LAND SURVEYOR		9 Employer (See Instructions) TERRA SURVEYING	
10/14/2015	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) JEFFREY COMPTON 6 Contributor address; City; State; Zip Code HOUSTON TX 77098		500.00
8 Principal occupation / Job title (See Instructions) CPA		9 Employer (See Instructions) COMPTON & WENDLER PC	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total Pages Schedule A1:

2 FILER NAME STEPHEN C COSTELLO 3 Filer ID (Ethics Commission filers)

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) DAVID CORBIN	7 Amount of contributions (\$)
10/15/2015	6 Contributor address; City; State; Zip Code HOUSTON TX 77006-3457	500.00

8 Principal occupation / Job title (See Instructions) CIVIL ENGINEER	9 Employer (See Instructions) COSTELLO, INC.
---	---

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) RICHARD COSELLI	7 Amount of contributions (\$)
10/5/2015	6 Contributor address; City; State; Zip Code HOUSTON TX 77027-4140	500.00

8 Principal occupation / Job title (See Instructions) ATTORNEY	9 Employer (See Instructions) SELF
---	---------------------------------------

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) SUSAN CRINER	7 Amount of contributions (\$)
10/2/2015	6 Contributor address; City; State; Zip Code HOUSTON TX 77019-1511	1,000.00

8 Principal occupation / Job title (See Instructions) ENTERTAINMENT	9 Employer (See Instructions) CRINER INTERESTS INC
--	---

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) ANNE CULOTTA	7 Amount of contributions (\$)
10/25/2015	6 Contributor address; City; State; Zip Code HOUSTON TX 77019-1845	250.00

8 Principal occupation / Job title (See Instructions) HOMEMAKER	9 Employer (See Instructions) HOMEMAKER
--	--

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	
--------	--	--

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1	Total Pages Schedule A1:
2 FILER NAME STEPHEN C COSTELLO			3 Filer ID (Ethics Commission filers)	
9/30/2015	FRED DALLY ----- 6 Contributor address; City; State; Zip Code MISSOURI TX 77459 CITY		7	Amount of contributions (\$) 250.00
8 Principal occupation / Job title (See Instructions) ENGINEER		9 Employer (See Instructions) ASA DALLY		
10/23/2015	RUBY DANG ----- 6 Contributor address; City; State; Zip Code HOUSTON TX 77056-1501	<input type="checkbox"/>	7	Amount of contributions (\$) 350.00
8 Principal occupation / Job title (See Instructions) PARTNER		9 Employer (See Instructions) GARCIA HAMILTON AND ASSOCIATES		
10/16/2015	RONALD DAVIS ----- 6 Contributor address; City; State; Zip Code MISSOURI TX 77459 CITY	<input type="checkbox"/>	7	Amount of contributions (\$) 3,000.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED		
10/22/2015	MATTHEW DEAL ----- 6 Contributor address; City; State; Zip Code HOUSTON TX 77024-6726	<input type="checkbox"/>	7	Amount of contributions (\$) 500.00
8 Principal occupation / Job title (See Instructions) PRESIDENT		9 Employer (See Instructions) DEAL SIKES & ASSOCIATES		
4	Date	5 Full name of contributor	<input type="checkbox"/>	out of state PAC(ID#)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A1:
2 FILER NAME STEPHEN C COSTELLO		3	Filer ID (Ethics Commission filers)
9/30/2015	JOHN DEBOBEN ----- 6 Contributor address; City; State; Zip Code HOUSTON TX 77056-2131	7	Amount of contributions (\$) 500.00
8 Principal occupation / Job title (See Instructions) PRESIDENT		9 Employer (See Instructions) DEBOBEN PROPERTIES	
10/15/2015	Ronald J Dechert <input type="checkbox"/> out of state PAC(ID#) RONALD J DECHERT ----- 6 Contributor address; City; State; Zip Code KATY TX 77494-5763	7	Amount of contributions (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) ENGINEER		9 Employer (See Instructions) COSTELLO, INC.	
10/14/2015	William P Denison <input type="checkbox"/> out of state PAC(ID#) WILLIAM P DENISON ----- 6 Contributor address; City; State; Zip Code HOUSTON TX 77027	7	Amount of contributions (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10/4/2015	Hasmukh H Doshi <input type="checkbox"/> out of state PAC(ID#) HASMUKH H DOSHI ----- 6 Contributor address; City; State; Zip Code KATY TX 77494-2135	7	Amount of contributions (\$) 250.00
8 Principal occupation / Job title (See Instructions) ENGINEER		9 Employer (See Instructions)	
10/4/2015	Hasmukh Doshi <input type="checkbox"/> out of state PAC(ID#) HASMUKH DOSHI ----- 6 Contributor address; City; State; Zip Code KATY TX 77494-2135	7	Amount of contributions (\$) 250.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total Pages Schedule A1:	
2 FILER NAME STEPHEN C COSTELLO			3 Filer ID (Ethics Commission filers)	
10/22/2015	6 Contributor address; City; State; Zip Code KATY TX 77494-2135			200.00
8 Principal occupation / Job title (See Instructions) ENGINEER		9 Employer (See Instructions) DOSHI ENGINEERING & SURVEYING CO		
4 Date 9/25/2015	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) SUZANNE DUIN 6 Contributor address; City; State; Zip Code HOUSTON TX 77098			7 Amount of contributions (\$) 100.00
8 Principal occupation / Job title (See Instructions) INTERIOR DESIGNER		9 Employer (See Instructions) SELF		
4 Date 10/8/2015	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) THORNTON DYSON 6 Contributor address; City; State; Zip Code HOUSTON TX 77062-3310			7 Amount of contributions (\$) 100.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED		
4 Date 10/19/2015	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) SUZANNE FEATHER 6 Contributor address; City; State; Zip Code HOUSTON TX 77008-1412			7 Amount of contributions (\$) 500.00
8 Principal occupation / Job title (See Instructions) CONSULTANT		9 Employer (See Instructions) SELF		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total Pages Schedule A1:
---	----------------------------

2 FILER NAME STEPHEN C COSTELLO	3 Filer ID (Ethics Commission filers)
---------------------------------	---------------------------------------

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)
10/12/2015	RUTH FLOURNOY 6 Contributor address; City; State; Zip Code HOUSTON TX 77057-1426	250.00

8 Principal occupation / Job title (See Instructions) COMMUNITY VOLUNTEER	9 Employer (See Instructions) SELF
--	---------------------------------------

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)
10/12/2015	PATRICIA FRAYRE 6 Contributor address; City; State; Zip Code HOUSTON TX 77068-1425	250.00

8 Principal occupation / Job title (See Instructions) CIVIL ENGINEER	9 Employer (See Instructions) PATE ENGINEERS
---	---

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)
10/2/2015	TRISHA D FREDERICK 6 Contributor address; City; State; Zip Code FRESNO TX 77545	100.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
---	-------------------------------

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)
10/14/2015	KAREN H GARCIA 6 Contributor address; City; State; Zip Code HOUSTON TX 77042	1,000.00

8 Principal occupation / Job title (See Instructions) CEO	9 Employer (See Instructions) KHG CONSULTING
--	---

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	
--------	--	--

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A1:
2 FILER NAME STEPHEN C COSTELLO		3	Filer ID (Ethics Commission filers)
10/23/2015	GILBERT GARCIA ----- 6 Contributor address; City; State; Zip Code HOUSTON TX 77025-2516	7	Amount of contributions (\$) 350.00
8	Principal occupation / Job title (See Instructions) MANAGING PARTNER	9	Employer (See Instructions) GARCIA, HAMILTON & ASSOCIATES, LP
10/15/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) STEPHEN GBUR ----- 6 Contributor address; City; State; Zip Code HOUSTON TX 77018-1033	7	Amount of contributions (\$) 250.00
8	Principal occupation / Job title (See Instructions) ENGINEER	9	Employer (See Instructions) COSTELLO ENGINEERING
10/20/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) JULIE GEER ----- 6 Contributor address; City; State; Zip Code HOUSTON TX 77027	7	Amount of contributions (\$) 100.00
8	Principal occupation / Job title (See Instructions) GRAPHIC DESIGN	9	Employer (See Instructions) GEER DESIGN, INC.
9/30/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) MELBREN GLASSCOCK ----- 6 Contributor address; City; State; Zip Code HOUSTON TX 77227-2856	7	Amount of contributions (\$) 2,500.00
8	Principal occupation / Job title (See Instructions) CEO	9	Employer (See Instructions) TEXAS AROMATICO, LP
	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) BARBARA S GOLDFIELD	7	Amount of contributions (\$)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A1:
2 FILER NAME STEPHEN C COSTELLO		3 Filer ID (Ethics Commission filers)	
10/2/2015	6 Contributor address; City; State; Zip Code HOUSTON TX 77007		250.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) NATHAN LEGAL & CO.	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) CHAD HABLINSKI	7	Amount of contributions (\$)
10/21/2015	6 Contributor address; City; State; Zip Code KATY TX 77494-4224		2,500.00
8 Principal occupation / Job title (See Instructions) ENGINEER		9 Employer (See Instructions) COSTELLO, INC.	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) ANNE HADOW	7	Amount of contributions (\$)
10/5/2015	6 Contributor address; City; State; Zip Code HOUSTON TX 77007-5723		100.00
8 Principal occupation / Job title (See Instructions) ACCOUNT MANAGER		9 Employer (See Instructions) QWEST COMMUNICATIONS	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) HALFF ASSOCIATES - STATE PAC	7	Amount of contributions (\$)
10/5/2015	6 Contributor address; City; State; Zip Code RICHARDSO TX 75081-2262 N		1,000.00
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) HALFF ASSOCIATES - STATE PAC	7	Amount of contributions (\$)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total Pages Schedule A1:	
2 FILER NAME STEPHEN C COSTELLO		3 Filer ID (Ethics Commission filers)	
10/16/2015	6 Contributor address; RICHARDSON TX 75081-2262 N	City; TX	State; Zip Code 75081-2262
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A	
4 Date 10/12/2015	5 Full name of contributor PETER HARDING	<input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$) 250.00
	6 Contributor address; HOUSTON TX 77005-3854	City; TX	State; Zip Code 77005-3854
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SCHWARTZ, PAGE & HARDING, L.L.P.	
4 Date 10/22/2015	5 Full name of contributor PETER HARDING	<input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$) 250.00
	6 Contributor address; HOUSTON TX 77005-3854	City; TX	State; Zip Code 77005-3854
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SCHWARTZ,PAGE & HARDING, L.L.P.	
4 Date 9/25/2015	5 Full name of contributor MICHAEL HASSELL	<input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$) 1,000.00
	6 Contributor address; TOMBALL TX 77375	City; TX	State; Zip Code 77375
8 Principal occupation / Job title (See Instructions) SELF		9 Employer (See Instructions) SELF	
4 Date	5 Full name of contributor MARGARET HENRY	<input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A1:
2 FILER NAME STEPHEN C COSTELLO		3	Filer ID (Ethics Commission filers)
9/25/2015	6 Contributor address; City; State; Zip Code HOUSTON TX 77030		500.00
8	Principal occupation / Job title (See Instructions) HOMEMAKER	9	Employer (See Instructions) MY FAMILY
4	Date	5 Full name of contributor THOMAS H HERREN	7
		<input type="checkbox"/> out of state PAC(ID#)	Amount of contributions (\$)
10/14/2015	6 Contributor address; City; State; Zip Code HOUSTON TX 77027		100.00
8	Principal occupation / Job title (See Instructions)	9	Employer (See Instructions)
4	Date	5 Full name of contributor MAUREEN HIGDON	7
		<input type="checkbox"/> out of state PAC(ID#)	Amount of contributions (\$)
10/8/2015	6 Contributor address; City; State; Zip Code HOUSTON TX 77098		100.00
8	Principal occupation / Job title (See Instructions) RETIRED	9	Employer (See Instructions) RETIRED
4	Date	5 Full name of contributor JOHN HIGHTOWER	7
		<input type="checkbox"/> out of state PAC(ID#)	Amount of contributions (\$)
10/18/2015	6 Contributor address; City; State; Zip Code HOUSTON TX 77007		500.00
8	Principal occupation / Job title (See Instructions) MANAGING PARTNER	9	Employer (See Instructions) OLSON & OLSON

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total Pages Schedule A1:
---	----------------------------

2 FILER NAME STEPHEN C COSTELLO	3 Filer ID (Ethics Commission filers)
---------------------------------	---------------------------------------

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)
	PAUL W HOBBY	

	6 Contributor address; City; State; Zip Code	
10/8/2015	HOUSTON TX 77019	500.00

8 Principal occupation / Job title (See Instructions) ALPHEUS COMMUNICATIONS L.P.	9 Employer (See Instructions) MANAGING PARTNER
--	---

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)
	PAM HOLM	

	6 Contributor address; City; State; Zip Code	
9/26/2015	HOUSTON TX 77057	250.00

8 Principal occupation / Job title (See Instructions) COMMUNITY SERVICE	9 Employer (See Instructions) RETIRED
--	--

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)
	WILLIAM B HOPKINS	

	6 Contributor address; City; State; Zip Code	
9/25/2015	HOUSTON TX 77079-6420	25.00

8 Principal occupation / Job title (See Instructions) PETROLEUM CONSULTANT	9 Employer (See Instructions) HOPASSO COMPANY
---	--

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)
	WILLIAM B HOPKINS	

	6 Contributor address; City; State; Zip Code	
10/12/2015	HOUSTON TX 77079-6420	50.00

8 Principal occupation / Job title (See Instructions) PETROLEUM CONSULTANT	9 Employer (See Instructions) HOPASSO COMPANY
---	--

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	
--------	--	--

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1	Total Pages Schedule A1:
2 FILER NAME STEPHEN C COSTELLO			3 Filer ID (Ethics Commission filers)	
9/29/2015	JULIA HORIE ----- 6 Contributor address; City; State; Zip Code HOUSTON TX 77042		7	Amount of contributions (\$) 100.00
8 Principal occupation / Job title (See Instructions) ENGINEER		9 Employer (See Instructions) COSTELLO, INC.		
10/13/2015	DON HUML ----- 6 Contributor address; City; State; Zip Code HOUSTON TX 77023-4002	<input type="checkbox"/> out of state PAC(ID#)	7	Amount of contributions (\$) 100.00
8 Principal occupation / Job title (See Instructions) EXECUTIVE DIRECTOR		9 Employer (See Instructions) MEMORIAL CITY REDEVELOPMENT AUTHORITY		
10/5/2015	LINDA HUNSAKER ----- 6 Contributor address; City; State; Zip Code HOUSTON TX 77027-4014	<input type="checkbox"/> out of state PAC(ID#)	7	Amount of contributions (\$) 500.00
8 Principal occupation / Job title (See Instructions) COMMUNITY VOLUNTEER		9 Employer (See Instructions) NONE		
10/21/2015	BRIAN JAMES ----- 6 Contributor address; City; State; Zip Code HOUSTON TX 77056-1005	<input type="checkbox"/> out of state PAC(ID#)	7	Amount of contributions (\$) 250.00
8 Principal occupation / Job title (See Instructions) CONSULTANT		9 Employer (See Instructions) SAPIENT		
	BILL JAMESON ----- 6 Contributor address; City; State; Zip Code	<input type="checkbox"/> out of state PAC(ID#)	7	Amount of contributions (\$) 100.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1	Total Pages Schedule A1:
2 FILER NAME STEPHEN C COSTELLO			3 Filer ID (Ethics Commission filers)	
10/24/2015	6 Contributor address; SUGAR LAND	City; TX	State; 77478-3327	Zip Code 200.00
8 Principal occupation / Job title (See Instructions) FINANCIAL PLANNER			9 Employer (See Instructions) WJ INTERESTS, LLC	
4 Date 9/30/2015	5 Full name of contributor PAUL JOHNSON	<input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$) 100.00	
	6 Contributor address; HOUSTON	City; TX	State; 77025	Zip Code
8 Principal occupation / Job title (See Instructions) RETIRED			9 Employer (See Instructions) RETIRED	
4 Date 10/22/2015	5 Full name of contributor LOUIS JONES	<input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$) 5,000.00	
	6 Contributor address; HOUSTON	City; TX	State; 77098-2004	Zip Code
8 Principal occupation / Job title (See Instructions) MANAGER- DIRECTOR- SOUTH TEXAS			9 Employer (See Instructions) DANNENBAUM ENGINEERING CORP.	
4 Date 10/24/2015	5 Full name of contributor ASHLEY KAYLOR	<input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$) 200.00	
	6 Contributor address; SUGAR LAND	City; TX	State; 77479-5135	Zip Code
8 Principal occupation / Job title (See Instructions) MARKETING ASSISTANT			9 Employer (See Instructions) COSTELLO, INC.	
4 Date	5 Full name of contributor MAVIS KELSEY	<input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A1:
2 FILER NAME STEPHEN C COSTELLO		3 Filer ID (Ethics Commission filers)	
10/22/2015	6 Contributor address; City; State; Zip Code HOUSTON TX 77002-9531		100.00
8 Principal occupation / Job title (See Instructions) REAL ESTATE BROKER		9 Employer (See Instructions) SELF	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) LAURIE KING	7	Amount of contributions (\$)
10/15/2015	6 Contributor address; City; State; Zip Code HOUSTON TX 77009-7573		100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) DOUGLAS L LAWING	7	Amount of contributions (\$)
10/24/2015	6 Contributor address; City; State; Zip Code HOUSTON TX 77006-6521		250.00
8 Principal occupation / Job title (See Instructions) PRESIDENT		9 Employer (See Instructions) JOHN R ECKEL JR FOUNDATION	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) ALISON LE COMPTE	7	Amount of contributions (\$)
9/29/2015	6 Contributor address; City; State; Zip Code HOUSTON TX 77079		100.00
8 Principal occupation / Job title (See Instructions) PRESIDENT		9 Employer (See Instructions) PROSOURCESOLUTIONSINC.	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total Pages Schedule A1:

2 FILER NAME STEPHEN C COSTELLO 3 Filer ID (Ethics Commission filers)

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) L J LESTER	7 Amount of contributions (\$)
10/14/2015	6 Contributor address; City; State; Zip Code CONROE TX 77301	150.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) SHERMAN LEWIS	7 Amount of contributions (\$)
10/19/2015	6 Contributor address; City; State; Zip Code HOUSTON TX 77065-4005	100.00

8 Principal occupation / Job title (See Instructions) CEO	9 Employer (See Instructions) THE LEWIS GROUP
--	--

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) CAROL LIFFMAN	7 Amount of contributions (\$)
10/22/2015	6 Contributor address; City; State; Zip Code HOUSTON TX 77002-1749	100.00

8 Principal occupation / Job title (See Instructions) PROJECT MANAGER	9 Employer (See Instructions) HESS CORPORATION
--	---

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) JOSEPH LONGORIA	7 Amount of contributions (\$)
10/21/2015	6 Contributor address; City; State; Zip Code HOUSTON TX 77007-2626	250.00

8 Principal occupation / Job title (See Instructions) ATTORNEY	9 Employer (See Instructions) PERDUE BRANDON FIELDER COLLINS & MOTT
---	--

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1	Total Pages Schedule A1:
2 FILER NAME STEPHEN C COSTELLO			3 Filer ID (Ethics Commission filers)	
	JAMES LOPER		7	
10/22/2015	6 Contributor address; City; State; Zip Code DALLAS TX 75230-2115		Amount of contributions (\$) 5,000.00	
8 Principal occupation / Job title (See Instructions) ENGINEER			9 Employer (See Instructions) DANNENBAUM ENGINEERING	
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) KATHARINE C LORD	7	
10/12/2015	6 Contributor address; City; State; Zip Code HOUSTON TX 77030-3601		Amount of contributions (\$) 150.00	
8 Principal occupation / Job title (See Instructions) EXECUTIVE DIRECTOR			9 Employer (See Instructions) BAYOU PRESERVATION ASSOCIATION	
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) BRIAN MANNING	7	
10/13/2015	6 Contributor address; City; State; Zip Code KINGWOOD TX 77339-3653		Amount of contributions (\$) 500.00	
8 Principal occupation / Job title (See Instructions) CEO			9 Employer (See Instructions) MC2 CIVIL, INC.	
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) PRESTON MARSHALL	7	
10/15/2015	6 Contributor address; City; State; Zip Code HOUSTON TX 77040		Amount of contributions (\$) 5,000.00	
8 Principal occupation / Job title (See Instructions) EXECUTIVE			9 Employer (See Instructions) SELF	
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) ANASTASIA MARSHALL	7	
			Amount of contributions (\$) 5,000.00	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A1:
2 FILER NAME STEPHEN C COSTELLO		3	Filer ID (Ethics Commission filers)
10/15/2015	6 Contributor address; City; State; Zip Code HOUSTON TX 77040		5,000.00
8	Principal occupation / Job title (See Instructions) NONE	9	Employer (See Instructions) NONE
4	Date	5 Full name of contributor SHARONE MAYBERRY	7 Amount of contributions (\$)
		<input type="checkbox"/> out of state PAC(ID#)	
9/28/2015	6 Contributor address; City; State; Zip Code HOUSTON TX 77004-4523		1,000.00
8	Principal occupation / Job title (See Instructions) PRESIDENT/CEO	9	Employer (See Instructions) MAYBERRY HOMES, INC
4	Date	5 Full name of contributor EMELY MCHATTIE	7 Amount of contributions (\$)
		<input type="checkbox"/> out of state PAC(ID#)	
10/9/2015	6 Contributor address; City; State; Zip Code HOUSTON TX 77041		250.00
8	Principal occupation / Job title (See Instructions) CONSULTANT	9	Employer (See Instructions) PROSERV
4	Date	5 Full name of contributor COLIN MCHATTIE	7 Amount of contributions (\$)
		<input type="checkbox"/> out of state PAC(ID#)	
10/9/2015	6 Contributor address; City; State; Zip Code HOUSTON TX 77041		500.00
8	Principal occupation / Job title (See Instructions) NEW VENTURES DIRECTOR	9	Employer (See Instructions) HALLIBURTON

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total Pages Schedule A1:
---	----------------------------

2 FILER NAME STEPHEN C COSTELLO	3 Filer ID (Ethics Commission filers)
---------------------------------	---------------------------------------

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)
	DAVA MCWHORTER	
	6 Contributor address; City; State; Zip Code	
10/20/2015	HOUSTON TX 77079-3316	250.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
NONE	HOMEMAKER

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)
	ETAN MIRWIS	
	6 Contributor address; City; State; Zip Code	
10/21/2015	HOUSTON TX 77096	1,000.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
MANAGER	ROCKWELL MANAGEMENT CORP.

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)
	SARA MORGAN	
	6 Contributor address; City; State; Zip Code	
9/28/2015	HOUSTON TX 77019	5,000.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
RETIRED	RETIRED

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)
	PETER MORRIS	
	6 Contributor address; City; State; Zip Code	
10/19/2015	HOUSTON TX 77005	1,000.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
INVESTOR	SELF EMPLOYED

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	
--------	--	--

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A1:
2 FILER NAME STEPHEN C COSTELLO		3 Filer ID (Ethics Commission filers)	
10/20/2015	BRIAN MORRISON ----- 6 Contributor address; City; State; Zip Code HOUSTON TX 77008	7	Amount of contributions (\$) 500.00
8 Principal occupation / Job title (See Instructions) CONSTRUCTION		9 Employer (See Instructions) R & B GROUP, INC.	
10/16/2015	TODD MUELLER ----- 6 Contributor address; City; State; Zip Code HOUSTON TX 77063	7	Amount of contributions (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) PRESIDENT		9 Employer (See Instructions) AUC GROUP	
10/14/2015	BERNARD MURPHY ----- 6 Contributor address; City; State; Zip Code HOUSTON TX 77025-3935	7	Amount of contributions (\$) 100.00
8 Principal occupation / Job title (See Instructions) ENGINEER		9 Employer (See Instructions) LCR INC.	
9/29/2015	IRIS MUSHIN ----- 6 Contributor address; City; State; Zip Code HOUSTON TX 77024	7	Amount of contributions (\$) 250.00
8 Principal occupation / Job title (See Instructions) MANAGEMENT CONSULTANT		9 Employer (See Instructions) SELF	
	JOSEPH NAGAR ----- 6 Contributor address; City; State; Zip Code	7	Amount of contributions (\$) 250.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total Pages Schedule A1:	
2 FILER NAME STEPHEN C COSTELLO		3 Filer ID (Ethics Commission filers)	
10/13/2015	6 Contributor address; HOUSTON TX 77006	City; HOUSTON	State; Zip Code TX 77006
8 Principal occupation / Job title (See Instructions) CONSULTANT		9 Employer (See Instructions) EVERGE GROUP	
4 Date 10/2/2015	5 Full name of contributor LESA M NELSON	<input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$) 100.00
	6 Contributor address; LEAGUE CITY	City; LEAGUE CITY	State; Zip Code TX 77573
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
4 Date 10/3/2015	5 Full name of contributor CHARLES NETTLES	<input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$) 2,000.00
	6 Contributor address; CHANNELVI EW	City; CHANNELVI EW	State; Zip Code TX 77530
8 Principal occupation / Job title (See Instructions) ENGINEER		9 Employer (See Instructions) TEX-TRUDE	
4 Date 10/12/2015	5 Full name of contributor GREER PAGAN	<input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$) 250.00
	6 Contributor address; HOUSTON TX 77005	City; HOUSTON	State; Zip Code TX 77005
8 Principal occupation / Job title (See Instructions) PARTNER		9 Employer (See Instructions)	
4 Date	5 Full name of contributor JAMES PAPADATOS	<input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total Pages Schedule A1:	
2 FILER NAME STEPHEN C COSTELLO		3 Filer ID (Ethics Commission filers)	
10/24/2015	6 Contributor address; HOUSTON TX 77002	City; State; Zip Code	7 Amount of contributions (\$) 100.00
8 Principal occupation / Job title (See Instructions) PHARMACIST		9 Employer (See Instructions) SELF EMPLOYED	
10/19/2015	5 Full name of contributor JOHN PARKER	<input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$) 1,000.00
	6 Contributor address; ROSENBER TX 77471 G	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) OWNER		9 Employer (See Instructions) LONGHORN EXCAVATORS, INC.	
10/22/2015	5 Full name of contributor ERIN PATTERSON	<input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$) 500.00
	6 Contributor address; HOUSTON TX 77098-5023	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) HOMEMAKER		9 Employer (See Instructions) N/A	
10/23/2015	5 Full name of contributor DEANNA PENA-GARCIA	<input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$) 350.00
	6 Contributor address; HOUSTON TX 77025-2516	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) OPTOMETRIST		9 Employer (See Instructions) HOUSTON EYE ASSOCIATES	
	5 Full name of contributor JEFFREY PETERS	<input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1	Total Pages Schedule A1:
2 FILER NAME STEPHEN C COSTELLO			3 Filer ID (Ethics Commission filers)	
10/16/2015	6 Contributor address; ----- City; State; Zip Code SPRING TX 77379-5638			1,000.00
8 Principal occupation / Job title (See Instructions) ENGINEER			9 Employer (See Instructions) ARDURRA GROUP	
4 Date 10/14/2015	5 Full name of contributor JOANNE R PHELPS	<input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)	
	6 Contributor address; ----- City; State; Zip Code HOUSTON TX 77027			100.00
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)	
4 Date 10/15/2015	5 Full name of contributor KRIS PRASAD	<input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)	
	6 Contributor address; ----- City; State; Zip Code HOUSTON TX 77077-1601			500.00
8 Principal occupation / Job title (See Instructions) ENGINEER			9 Employer (See Instructions) KENALL	
4 Date 10/24/2015	5 Full name of contributor LAURA PUCKETT	<input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)	
	6 Contributor address; ----- City; State; Zip Code HOUSTON TX 77006			100.00
8 Principal occupation / Job title (See Instructions) RN			9 Employer (See Instructions) MEMORIAL HERMANN	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total Pages Schedule A1:	
2 FILER NAME STEPHEN C COSTELLO		3 Filer ID (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) BONNIE PURVIS	7	Amount of contributions (\$)
9/28/2015	6 Contributor address; City; State; Zip Code HOUSTON TX 77007		100.00
8 Principal occupation / Job title (See Instructions) BANKER		9 Employer (See Instructions) CENTRAL BANK	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) JONI RABA	7	Amount of contributions (\$)
10/15/2015	6 Contributor address; City; State; Zip Code SAN ANTONIO TX 78232-1810		2,500.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) SARAH RIVIN	7	Amount of contributions (\$)
10/20/2015	6 Contributor address; City; State; Zip Code JACKSON MS 39216		100.00
8 Principal occupation / Job title (See Instructions) FINANCE DIRECTOR		9 Employer (See Instructions) HOUSTON UNITES	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) JASON ROBINETT	7	Amount of contributions (\$)
10/9/2015	6 Contributor address; City; State; Zip Code HOUSTON TX 77043		75.00
8 Principal occupation / Job title (See Instructions) ENGINEER		9 Employer (See Instructions) COSTELLO, INC	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total Pages Schedule A1:
2 FILER NAME STEPHEN C COSTELLO			3 Filer ID (Ethics Commission filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) MICHAEL ROBINSON	7 Amount of contributions (\$)	
10/7/2015	6 Contributor address; City; State; Zip Code BELLAIRE TX 77401	500.00	
8 Principal occupation / Job title (See Instructions) SELF		9 Employer (See Instructions) SELF	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) DONALD ROSEMAN	7 Amount of contributions (\$)	
10/21/2015	6 Contributor address; City; State; Zip Code HOUSTON TX 77024-5501	250.00	
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) PERDUE BRANDON FIELDER COLLINS & MOTT LLP	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) CHESTER SAPPINGTON	7 Amount of contributions (\$)	
10/14/2015	6 Contributor address; City; State; Zip Code HOUSTON TX 77024	1,000.00	
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) ANNE SCHLUMBERGER	7 Amount of contributions (\$)	
10/5/2015	6 Contributor address; City; State; Zip Code HOUSTON TX 77005	1,000.00	
8 Principal occupation / Job title (See Instructions) NONE		9 Employer (See Instructions) NONE	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A1:
2 FILER NAME STEPHEN C COSTELLO		3	Filer ID (Ethics Commission filers)
10/21/2015	PHILIP SCHNEIDAU ----- 6 Contributor address; City; State; Zip Code HOUSTON TX 77027-5515	7	Amount of contributions (\$) 1,000.00
8	Principal occupation / Job title (See Instructions) PRESIDENT	9	Employer (See Instructions) BMS MANAGEMENT, INC.
10/14/2015	SUZY SEELEY ----- 6 Contributor address; City; State; Zip Code HOUSTON TX 77007-2035	7	Amount of contributions (\$) 100.00
8	Principal occupation / Job title (See Instructions) PROPERTY MANAGER	9	Employer (See Instructions) SEELEY ART&ADVERTISING
9/30/2015	WILLIAM J SEIFERT ----- 6 Contributor address; City; State; Zip Code KATY TX 77449-3023	7	Amount of contributions (\$) 1,000.00
8	Principal occupation / Job title (See Instructions) SENIOR VICE PRESIDENT/ENGINEER	9	Employer (See Instructions) LBG-GUYTON ASSOCIATES
10/22/2015	MARK SIKES ----- 6 Contributor address; City; State; Zip Code HOUSTON TX 77057-4407	7	Amount of contributions (\$) 500.00
8	Principal occupation / Job title (See Instructions) REAL ESTATE	9	Employer (See Instructions) DEAL SIKES & ASSOCIATES
	MELINDA D SILVA ----- 6 Contributor address; City; State; Zip Code	7	Amount of contributions (\$)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total Pages Schedule A1:	
2 FILER NAME STEPHEN C COSTELLO		3 Filer ID (Ethics Commission filers)	
10/2/2015	6 Contributor address; City; State; Zip Code TOMBALL TX 77377		150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) HARRY SIMEONIDIS	7 Amount of contributions (\$)	
9/25/2015	6 Contributor address; City; State; Zip Code HOUSTON TX 77055		
8 Principal occupation / Job title (See Instructions) CIVIL ENGINEER		9 Employer (See Instructions) ERGONOMIC TRANSPORTATION SOLUTIONS, INC.	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) ELLEN SIMMONS	7 Amount of contributions (\$)	
10/15/2015	6 Contributor address; City; State; Zip Code HOUSTON TX 77006		
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) JIM SLACK	7 Amount of contributions (\$)	
10/12/2015	6 Contributor address; City; State; Zip Code HOUSTON TX 77025-2313		
8 Principal occupation / Job title (See Instructions) CONSTRUCTION CO.		9 Employer (See Instructions) SLACK & CO. CONTRACTING, INC.	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A1:
2 FILER NAME STEPHEN C COSTELLO		3	Filer ID (Ethics Commission filers)
4	Date	5	Full name of contributor <input type="checkbox"/> out of state PAC(ID#)
	10/8/2015		J B SPALDING
		6	Contributor address; City; State; Zip Code
			HOUSTON TX 77025
		7	Amount of contributions (\$)
			250.00
8	Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
	ATTORNEY		LITTLER MENDELSON PC
4	Date	5	Full name of contributor <input type="checkbox"/> out of state PAC(ID#)
	10/16/2015		GAIL STALAROW
		6	Contributor address; City; State; Zip Code
			HOUSTON TX 77025
		7	Amount of contributions (\$)
			125.00
8	Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
	SALES		BUFFALO SPECIALTIES
4	Date	5	Full name of contributor <input type="checkbox"/> out of state PAC(ID#)
	10/16/2015		NORMAN STALAROW
		6	Contributor address; City; State; Zip Code
			HOUSTON TX 77025
		7	Amount of contributions (\$)
			125.00
8	Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
	SALES		BUFFALO SPECIALTIES
4	Date	5	Full name of contributor <input type="checkbox"/> out of state PAC(ID#)
	9/30/2015		TODD E SWOBODA
		6	Contributor address; City; State; Zip Code
			EAST BERNARD TX 77435
		7	Amount of contributions (\$)
			100.00
8	Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
	SENIOR PRINCIPAL		TERRACON CONSULTANTS, INC.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1	Total Pages Schedule A1:
2 FILER NAME STEPHEN C COSTELLO			3	Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) AQIL SYED	7	Amount of contributions (\$)
	10/5/2015	6 Contributor address; City; State; Zip Code SUGAR LAND TX 77479-5707		500.00
8	Principal occupation / Job title (See Instructions) CIVIL ENGINEER		9	Employer (See Instructions) EHRA
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) KAY TABOR	7	Amount of contributions (\$)
	10/5/2015	6 Contributor address; City; State; Zip Code HOUSTON TX 77027-4101		250.00
8	Principal occupation / Job title (See Instructions)		9	Employer (See Instructions)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) BERT TABOR	7	Amount of contributions (\$)
	10/5/2015	6 Contributor address; City; State; Zip Code HOUSTON TX 77027-4101		250.00
8	Principal occupation / Job title (See Instructions) ATTORNEY		9	Employer (See Instructions) CALDWELL BOUDREAUX LEFLER PLLC
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) LAUREN TAYLOR	7	Amount of contributions (\$)
	10/2/2015	6 Contributor address; City; State; Zip Code HOUSTON TX 77080-7617		100.00
8	Principal occupation / Job title (See Instructions) REALTOR		9	Employer (See Instructions) COLDWELL BANKER

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1	Total Pages Schedule A1:
2 FILER NAME STEPHEN C COSTELLO			3	Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) JAY TCHAMANZAR	7	Amount of contributions (\$)
	10/12/2015	6 Contributor address; City; State; Zip Code KATY TX 77450		500.00
8	Principal occupation / Job title (See Instructions) INVESTMENT BANKING		9	Employer (See Instructions) ALDWYCH
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) KEFELEGNE TESFAYE	7	Amount of contributions (\$)
	10/19/2015	6 Contributor address; City; State; Zip Code SUGAR LAND TX 77479		1,000.00
8	Principal occupation / Job title (See Instructions) PRINCIPAL		9	Employer (See Instructions) DEBNER AND COMPANY
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) CHRISTOPHER VAUGHAN	7	Amount of contributions (\$)
	9/28/2015	6 Contributor address; City; State; Zip Code MISSOURI CITY TX 77459		150.00
8	Principal occupation / Job title (See Instructions) SALES		9	Employer (See Instructions) NORTHWESTERN MUTUAL
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) RICARDO A VAZQUEZ	7	Amount of contributions (\$)
	10/14/2015	6 Contributor address; City; State; Zip Code HOUSTON TX 77007-2520		100.00
8	Principal occupation / Job title (See Instructions) LAND SURVEYOR		9	Employer (See Instructions) PRECISION LAND SURVEYING, INC.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A1:
2 FILER NAME STEPHEN C COSTELLO		3	Filer ID (Ethics Commission filers)
4	Date	5	Full name of contributor <input type="checkbox"/> out of state PAC(ID#)
	10/16/2015		WILLIAM WACHEL
		6	Contributor address; City; State; Zip Code
			HOUSTON TX 77009-7517
		7	Amount of contributions (\$)
			100.00
8	Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4	Date	5	Full name of contributor <input type="checkbox"/> out of state PAC(ID#)
	9/25/2015		BRAD WANDER
		6	Contributor address; City; State; Zip Code
			HOUSTON TX 77056
		7	Amount of contributions (\$)
			1,000.00
8	Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
	OWNER		THE SPENCER COMPANY
4	Date	5	Full name of contributor <input type="checkbox"/> out of state PAC(ID#)
	9/28/2015		KATHRYN WARD
		6	Contributor address; City; State; Zip Code
			SUGAR LAND TX 77479
		7	Amount of contributions (\$)
			100.00
8	Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
	ATTORNEY		LORANCE & THOMPSON
4	Date	5	Full name of contributor <input type="checkbox"/> out of state PAC(ID#)
	10/9/2015		MICHAEL WEINGRAD
		6	Contributor address; City; State; Zip Code
			MAGNOLIA TX 77353
		7	Amount of contributions (\$)
			500.00
8	Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
	REAL ESTATE / DEVELOPMENT		M&E ENTERPRISES INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total Pages Schedule A1:
---	----------------------------

2 FILER NAME STEPHEN C COSTELLO	3 Filer ID (Ethics Commission filers)
---------------------------------	---------------------------------------

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)
9/30/2015	LARRY E WHALEY 6 Contributor address; City; State; Zip Code HOUSTON TX 77024-7124	500.00

8 Principal occupation / Job title (See Instructions) PRESIDENT & CEO	9 Employer (See Instructions) HAYNES WHALEY ASSOCIATES
--	---

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)
10/22/2015	JOHN WILLIAMS 6 Contributor address; City; State; Zip Code HOUSTON TX 77040-6311	200.00

8 Principal occupation / Job title (See Instructions) CONSTRUCTION	9 Employer (See Instructions) K. HOVNIANIAN FAMILY BUILDERS
---	--

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)
10/14/2015	ANN L WITT 6 Contributor address; City; State; Zip Code HOUSTON TX 77056	100.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
---	-------------------------------

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7 Amount of contributions (\$)
10/14/2015	JEANETTE WOODS 6 Contributor address; City; State; Zip Code HOUSTON TX 77025	100.00

8 Principal occupation / Job title (See Instructions) RETIRED	9 Employer (See Instructions) RETIRED
--	--

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	
--------	--	--

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total Pages Schedule A1:
---	----------------------------

2 FILER NAME STEPHEN C COSTELLO	3 Filer ID (Ethics Commission filers)
---------------------------------	---------------------------------------

	FRANCENE YOUNG	7 Amount of contributions (\$)
10/24/2015	6 Contributor address; City; State; Zip Code HOUSTON TX 77007	1,000.00

8 Principal occupation / Job title (See Instructions) CLERGY	9 Employer (See Instructions) ST. LUKE THE EVANGELIST EPISCOPAL CHURCH
---	---

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) WILLIAM ZOLLMAN	7 Amount of contributions (\$)
10/23/2015	6 Contributor address; City; State; Zip Code CYPRESS TX 77429-8224	500.00

8 Principal occupation / Job title (See Instructions) CIVIL ENGINEER	9 Employer (See Instructions) COSTELLO, INC.
---	---

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) STEPHEN COSTELLO	7 Amount of contributions (\$)
10/6/2015	6 Contributor address; City; State; Zip Code HOUSTON TX 77019	200,000.00

8 Principal occupation / Job title (See Instructions) CITY COUNCILOR	9 Employer (See Instructions) CITY OF HOUSTON
---	--

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 STEPHEN C COSTELLO	3 Filer ID (Ethics Commission filers)
---------------------------------	---------------------------------------

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	\$3,313.96
---	------------

5	Date	6 Full name of contributor	<input type="checkbox"/>	out of state PAC(ID#)	8	Amount of contributions (\$)	9 In-Kind contribution description
	20151014	PENNY BUTLER				920.00	EVENT EXPENSE: CATERING AND VALET
		7 Contributor address; City; State; Zip Code					
		HOUSTON TX 77024					
					<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T	

10 Principal occupation / Job title (See Instructions) RETIRED	11 Employer (See Instructions) RETIRED
---	---

5	Date	6 Full name of contributor	<input type="checkbox"/>	out of state PAC(ID#)	8	Amount of contributions (\$)	9 In-Kind contribution description
	20151002	JOHN NAU				2393.96	EVENT EXPENSE: CATERING AND VALET
		7 Contributor address; City; State; Zip Code					
		HOUSTON TX 77019-3024					
					<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T	

10 Principal occupation / Job title (See Instructions) PRESIDENT	11 Employer (See Instructions) SILVER EAGLE DISTRIBUTERS
---	---

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 FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME STEPHEN C COSTELLO	3 Filer ID (Ethics Commission filers)
4 Date 09/25/2015	5 Payee name 701 RICHMOND AVE., LLC	
6 Amount (\$) 4,800.00	7 Payee address; City; State; Zip Code 701 RICHMOND AVE SUITE 250 HOUSTON TX 77006	
8 PURPOSE OF EXPENDITURE	(a) Category Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense RENT
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 10/20/2015	5 Payee name ADVANTAGE DIRECT	
6 Amount (\$) 1,413.89	7 Payee address; City; State; Zip Code C/O ADVANTAGE, INC. 2300 CLARENDON BLVD. ARLINGTON VA 22201	
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense PHONE CALLS
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 10/5/2015	5 Payee name AT&T	
6 Amount (\$) 392.17	7 Payee address; City; State; Zip Code PO BOX 5001 CAROL STREAM IL 60197-5001	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME STEPHEN C COSTELLO		3 Filer ID (Ethics Commission filers)
	Office Overhead/Rental Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense PHONE NETWORK HARDWARE
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 10/2/2015	5 Payee name BANK OF AMERICA		
6 Amount (\$) 25.00	7 Payee address; City; State; Zip Code P.O. BOX 15284 WILMINGTON DE 19850		

8 PURPOSE OF EXPENDITURE	(a) Category Accounting/Banking	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK CHARGE
--------------------------	--	--------------------------	--

9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held
--	-------------------------------	---------------	-------------

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME STEPHEN C COSTELLO	3 Filer ID (Ethics Commission filers)
4 Date 10/5/2015	5 Payee name BANK OF AMERICA	
6 Amount (\$) 25.00	7 Payee address; City; State; Zip Code P.O. BOX 15284 WILMINGTON DE 19850	
8 PURPOSE OF EXPENDITURE	(a) Category Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK CHARGE
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 10/14/2015	5 Payee name BANK OF AMERICA	
6 Amount (\$) 25.00	7 Payee address; City; State; Zip Code P.O. BOX 15284 WILMINGTON DE 19850	
8 PURPOSE OF EXPENDITURE	(a) Category Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK CHARGE
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 10/20/2015	5 Payee name BANK OF AMERICA	
6 Amount (\$) 25.00	7 Payee address; City; State; Zip Code P.O. BOX 15284 WILMINGTON DE 19850	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME STEPHEN C COSTELLO		3 Filer ID (Ethics Commission filers)
	Accounting/Banking	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK CHARGE
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 10/23/2015	5 Payee name BANK OF AMERICA		
6 Amount (\$) 25.00	7 Payee address; City; State; Zip Code P.O. BOX 15284 WILMINGTON DE 19850		

8 PURPOSE OF EXPENDITURE	(a) Category Accounting/Banking	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK CHARGE
--------------------------	------------------------------------	--------------------------	--

9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held
--	-------------------------------	---------------	-------------

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME STEPHEN C COSTELLO	3 Filer ID (Ethics Commission filers)
4 Date 10/15/2015	5 Payee name EMMA BROWN	
6 Amount (\$) 1,193.84	7 Payee address; City; State; Zip Code 710 COUNTRY LANE HOUSTON TX 77024	
8 PURPOSE OF EXPENDITURE	(a) Category SALARIES	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYROLL
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 09/30/2015	5 Payee name EMMA BROWN	
6 Amount (\$) 1,193.84	7 Payee address; City; State; Zip Code 710 COUNTRY LANE HOUSTON TX 77024	
8 PURPOSE OF EXPENDITURE	(a) Category SALARIES	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYROLL
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 10/14/2015	5 Payee name CADILLAC BAR	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 1802 SHEPHERD DR HOUSTON TX 77007	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME STEPHEN C COSTELLO		3 Filer ID (Ethics Commission filers)
	Event Expense	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	FACILITY DEPOSIT FOR ELECTION NIGHT EVENT
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 10/23/2015	5 Payee name CANDIDATE COMMAND, LLC		
6 Amount (\$) 20,232.00	7 Payee address; City; State; Zip Code 1420 NW VIVION SUITE 113 KANSAS CITY MO 64118		

8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	(b) Description MAILER
--------------------------	-------------------------------------	---	---------------------------

9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held
--	-------------------------------	---------------	-------------

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME STEPHEN C COSTELLO	3 Filer ID (Ethics Commission filers)
4 Date 10/24/2015	5 Payee name JAMES CARDONA	
6 Amount (\$) 7,000.00	7 Payee address; City; State; Zip Code 5216 LEELAND STREET HOUSTON TX 77023	
8 PURPOSE OF EXPENDITURE	(a) Category Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense FINANCE CONSULTANT
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 09/25/2015	5 Payee name JAMES CARDONA	
6 Amount (\$) 7,000.00	7 Payee address; City; State; Zip Code 5216 LEELAND STREET HOUSTON TX 77023	
8 PURPOSE OF EXPENDITURE	(a) Category Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense FINANCE CONSULTANT
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 09/25/2015	5 Payee name CHARIVARI RESTAURANT	
6 Amount (\$) 1,850.00	7 Payee address; City; State; Zip Code 2521 BAGBY HOUSTON TX 77006	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME STEPHEN C COSTELLO		3 Filer ID (Ethics Commission filers)
	Event Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT EXPENSE: FACILITY/CATERING
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 10/15/2015	5 Payee name COMCAST		
6 Amount (\$) 360.46	7 Payee address; City; State; Zip Code PO BOX 660618 DALLAS TX 75266-0618		

8 PURPOSE OF EXPENDITURE	(a) Category Office Overhead/Rental Expense	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense INTERNET SERVICE
--------------------------	--	--------------------------	---

9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held
--	-------------------------------	---------------	-------------

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME STEPHEN C COSTELLO	3 Filer ID (Ethics Commission filers)
4 Date 10/15/2015	5 Payee name RYAN COX	
6 Amount (\$) 1,797.92	7 Payee address; City; State; Zip Code 5401 RAMPART STREET #675 HOUSTON TX 77081	
8 PURPOSE OF EXPENDITURE	(a) Category SALARIES	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYROLL
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 09/30/2015	5 Payee name RYAN COX	
6 Amount (\$) 1,797.92	7 Payee address; City; State; Zip Code 5401 RAMPART STREET #675 HOUSTON TX 77081	
8 PURPOSE OF EXPENDITURE	(a) Category SALARIES	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYROLL
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 10/15/2015	5 Payee name WARD CURTIN	
6 Amount (\$) 3,050.40	7 Payee address; City; State; Zip Code 1601 S. SHEPHERD DRIVE, #239 HOUSTON TX 77019	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME STEPHEN C COSTELLO		3 Filer ID (Ethics Commission filers)
	SALARIES	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYROLL
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 09/30/2015	5 Payee name WARD CURTIN		
6 Amount (\$) 3,050.40	7 Payee address; City; State; Zip Code 1601 S. SHEPHERD DRIVE, #239 HOUSTON TX 77019		
8 PURPOSE OF EXPENDITURE	(a) Category SALARIES	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYROLL
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME STEPHEN C COSTELLO	3 Filer ID (Ethics Commission filers)
4 Date 10/15/2015	5 Payee name EPAY BUSINESS SOLUTIONS, INC.	
6 Amount (\$) 39.50	7 Payee address; City; State; Zip Code 27A MIDSTATE DRIVE STE 218 AUBURN MA 01501	
8 PURPOSE OF EXPENDITURE	(a) Category OVERHEAD	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYROLL FEE
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 09/30/2015	5 Payee name EPAY BUSINESS SOLUTIONS, INC.	
6 Amount (\$) 39.50	7 Payee address; City; State; Zip Code 27A MIDSTATE DRIVE STE 218 AUBURN MA 01501	
8 PURPOSE OF EXPENDITURE	(a) Category OVERHEAD	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYROLL FEE
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 10/15/2015	5 Payee name EPAY BUSINESS SOLUTIONS, INC.	
6 Amount (\$) 3,741.08	7 Payee address; City; State; Zip Code 27A MIDSTATE DRIVE STE 218 AUBURN MA 01501	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME STEPHEN C COSTELLO		3 Filer ID (Ethics Commission filers)
	SALARIES	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYROLL TAXES
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 09/30/2015	5 Payee name EPAY BUSINESS SOLUTIONS, INC.		
6 Amount (\$) 3,749.60	7 Payee address; City; State; Zip Code 27A MIDSTATE DRIVE STE 218 AUBURN MA 01501		

8 PURPOSE OF EXPENDITURE	(a) Category SALARIES	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYROLL TAXES
--------------------------	------------------------------	--------------------------	--

9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held
--	-------------------------------	---------------	-------------

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME STEPHEN C COSTELLO	3 Filer ID (Ethics Commission filers)
4 Date 10/5/2015	5 Payee name FIRST BANK MERCHANT SERVICES	
6 Amount (\$) 19.95	7 Payee address; City; State; Zip Code PO BOX 40766 FT. LAUDERDALE FL 33340	
8 PURPOSE OF EXPENDITURE	(a) Category Solicitation/Fundraising Expense	(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
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 10/5/2015	5 Payee name FIRST BANK MERCHANT SERVICES	
6 Amount (\$) 34.95	7 Payee address; City; State; Zip Code PO BOX 40766 FT. LAUDERDALE FL 33340	
8 PURPOSE OF EXPENDITURE	(a) Category Solicitation/Fundraising Expense	(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
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 10/2/2015	5 Payee name FIRST BANK MERCHANT SERVICES	
6 Amount (\$) 2,967.67	7 Payee address; City; State; Zip Code PO BOX 40766 FT. LAUDERDALE FL 33340	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME STEPHEN C COSTELLO		3 Filer ID (Ethics Commission filers)
	Solicitation/Fundraising Expense	<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
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 10/20/2015	5 Payee name HARRIS COUNTY CLERK		
6 Amount (\$) 60.00	7 Payee address; City; State; Zip Code 201 CAROLINE ST # 800 HOUSTON TX 77002		

8 PURPOSE OF EXPENDITURE	(a) Category Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense DATA RENTAL FEE
--------------------------	--	---

9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held
--	-------------------------------	---------------	-------------

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME STEPHEN C COSTELLO	3 Filer ID (Ethics Commission filers)
4 Date 10/22/2015	5 Payee name HARRIS COUNTY CLERK	
6 Amount (\$) 60.00	7 Payee address; City; State; Zip Code 201 CAROLINE ST # 800 HOUSTON TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense DATA RENTAL FEE
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 10/15/2015	5 Payee name HOUSTON AREA WOMEN'S CENTER LEADERSHIP CAMPAIGN	
6 Amount (\$) 1,000.00	7 Payee address; City; State; Zip Code 1010 WAUGH DRIVE HOUSTON TX 77019	
8 PURPOSE OF EXPENDITURE	(a) Category Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT SPONSORSHIP
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 10/5/2015	5 Payee name KIM JESSUP	
6 Amount (\$) 5,781.42	7 Payee address; City; State; Zip Code 5221A INKER STREET HOUSTON TX 77007	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME STEPHEN C COSTELLO		3 Filer ID (Ethics Commission filers)
	Consulting Expense	<input type="checkbox"/> <input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense STRATEGY CONSULTING
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 10/2/2015	5 Payee name JUST WIN STRATEGIES		
6 Amount (\$) 10,000.00	7 Payee address; City; State; Zip Code PO BOX 2561 ALEXANDRIA VA 22301		
8 PURPOSE OF EXPENDITURE	(a) Category Consulting Expense	<input type="checkbox"/> <input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense STRATEGY CONSULTING
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME STEPHEN C COSTELLO	3 Filer ID (Ethics Commission filers)
4 Date 10/15/2015	5 Payee name ANGELA MATA	
6 Amount (\$) 1,797.92	7 Payee address; City; State; Zip Code 6924 STELLA LINK RD UNIT 5 HOUSTON TX 77025	
8 PURPOSE OF EXPENDITURE	(a) Category SALARIES	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYROLL
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 09/30/2015	5 Payee name ANGELA MATA	
6 Amount (\$) 1,797.92	7 Payee address; City; State; Zip Code 6924 STELLA LINK RD UNIT 5 HOUSTON TX 77025	
8 PURPOSE OF EXPENDITURE	(a) Category SALARIES	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYROLL
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 10/15/2015	5 Payee name NEW RIVER RESEARCH INSTITUTE, LLC	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code NEW RIVER RESEARCH INSTITUTE 2150 COUNTRY CLUB ROAD WINSTON-SALEM NC 27104	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME STEPHEN C COSTELLO		3 Filer ID (Ethics Commission filers)
	Office Overhead/Rental Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense SOFTWARE
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 10/7/2015	5 Payee name OFFICE DEPOT		
6 Amount (\$) 31.38	7 Payee address; City; State; Zip Code 3443 KIRBY DRIVE HOUSTON TX 77098		

8 PURPOSE OF EXPENDITURE	(a) Category Office Overhead/Rental Expense	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense OFFICE SUPPLIES: LABELS
--------------------------	--	--------------------------	--

9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held
--	-------------------------------	---------------	-------------

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME STEPHEN C COSTELLO	3 Filer ID (Ethics Commission filers)
4 Date 10/16/2015	5 Payee name OFFICE DEPOT	
6 Amount (\$) 36.03	7 Payee address; City; State; Zip Code 3443 KIRBY DRIVE HOUSTON TX 77098	
8 PURPOSE OF EXPENDITURE	(a) Category Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense GENERAL OFFICE SUPPLIES
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 10/1/2015	5 Payee name OFFICE DEPOT	
6 Amount (\$) 54.10	7 Payee address; City; State; Zip Code 3443 KIRBY DRIVE HOUSTON TX 77098	
8 PURPOSE OF EXPENDITURE	(a) Category Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense OFFICE SUPPLIES: NAME BADGES
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 10/2/2015	5 Payee name OFFICE SYSTEMS OF TEXAS	
6 Amount (\$) 355.57	7 Payee address; City; State; Zip Code 104 LOCKHAVEN DRIVE HOUSTON TX 77073	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME STEPHEN C COSTELLO	3 Filer ID (Ethics Commission filers)
	Office Overhead/Rental Expense	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense OFFICE EQUIPMENT LEASE
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 09/28/2015	5 Payee name RED CURVE SOLUTIONS
6 Amount (\$) 42.00	7 Payee address; City; State; Zip Code 138 CONANT STREET 2ND FLOOR BEVERLY MA 01915

8 PURPOSE OF EXPENDITURE	(a) Category Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense DELIVERY AND MAIL EXPENSE
---------------------------------	--	---

9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held
---	-------------------------------	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME STEPHEN C COSTELLO	3 Filer ID (Ethics Commission filers)
4 Date 10/20/2015	5 Payee name RED CURVE SOLUTIONS	
6 Amount (\$) 3,000.00	7 Payee address; City; State; Zip Code 138 CONANT STREET 2ND FLOOR BEVERLY MA 01915	
8 PURPOSE OF EXPENDITURE	(a) Category Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 10/15/2015	5 Payee name RED OAK STRATEGIC LLC	
6 Amount (\$) 1,870.00	7 Payee address; City; State; Zip Code PO BOX 2561 ALEXANDRIA VA 22301	
8 PURPOSE OF EXPENDITURE	(a) Category Polling Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLLING EXPENSE IVR SURVEY
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 09/25/2015	5 Payee name RED OAK STRATEGIC LLC	
6 Amount (\$) 5,000.00	7 Payee address; City; State; Zip Code PO BOX 2561 ALEXANDRIA VA 22301	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME STEPHEN C COSTELLO		3 Filer ID (Ethics Commission filers)
	Consulting Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense STRATEGY CONSULTING
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 10/14/2015	5 Payee name SMART MEDIA GROUP, LLC		
6 Amount (\$) 150,000.00	7 Payee address; City; State; Zip Code 1427 LESLIE AVENUE SUITE 100 ALEXANDRIA VA 22301		

8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense PLACED MEDIA TELEVISION
--------------------------	-------------------------------------	--------------------------	--

9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held
--	-------------------------------	---------------	-------------

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME STEPHEN C COSTELLO	3 Filer ID (Ethics Commission filers)
4 Date 10/2/2015	5 Payee name SMART MEDIA GROUP, LLC	
6 Amount (\$) 400,000.00	7 Payee address; City; State; Zip Code 1427 LESLIE AVENUE SUITE 100 ALEXANDRIA VA 22301	
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense PLACED MEDIA TELEVISION
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 09/30/2015	5 Payee name MARK SOLANO	
6 Amount (\$) 1,377.84	7 Payee address; City; State; Zip Code 2471 COVINGTON WAY PEARLAND TX 77584	
8 PURPOSE OF EXPENDITURE	(a) Category SALARIES	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYROLL
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 10/15/2015	5 Payee name MARK SOLANO	
6 Amount (\$) 1,377.90	7 Payee address; City; State; Zip Code 2471 COVINGTON WAY PEARLAND TX 77584	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME STEPHEN C COSTELLO		3 Filer ID (Ethics Commission filers)
	SALARIES	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYROLL
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 10/7/2015	5 Payee name SOMETHING ELSE STRATEGIES, LLC		
6 Amount (\$) 8,700.00	7 Payee address; City; State; Zip Code 212 GOLDEN WILLOW COURT EASLEY SC 29642		

8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense VIDEO PRODUCTION COST
--------------------------	---	--------------------------	--

9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held
--	-------------------------------	---------------	-------------

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME STEPHEN C COSTELLO	3 Filer ID (Ethics Commission filers)
4 Date 10/5/2015	5 Payee name SOMETHING ELSE STRATEGIES, LLC	
6 Amount (\$) 45,937.72	7 Payee address; City; State; Zip Code 212 GOLDEN WILLOW COURT EASLEY SC 29642	
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense VIDEO PRODUCTION COST
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 10/2/2015	5 Payee name TARGETED VICTORY	
6 Amount (\$) 9,098.00	7 Payee address; City; State; Zip Code 1033 NORTH FAIRFAX STREET SUITE 400 ALEXANDRIA VA 22314	
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense ONLINE ADVERTISING
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 10/20/2015	5 Payee name THE TARRANCE GROUP	
6 Amount (\$) 7,178.00	7 Payee address; City; State; Zip Code 201 NORTH UNION SUITE 410 ALEXANDRIA VA 22314	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME STEPHEN C COSTELLO		3 Filer ID (Ethics Commission filers)
	Advertising Expense	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense ONLINE ADVERTISING	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 10/20/2015	5 Payee name THE TARRANCE GROUP		
6 Amount (\$) 9,497.00	7 Payee address; City; State; Zip Code 201 NORTH UNION SUITE 410 ALEXANDRIA VA 22314		
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense ONLINE ADVERTISING	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME STEPHEN C COSTELLO	3 Filer ID (Ethics Commission filers)
4 Date 10/15/2015	5 Payee name USPS	
6 Amount (\$) 49.00	7 Payee address; City; State; Zip Code 4110 ALMEDA RD HOUSTON TX 77004	
8 PURPOSE OF EXPENDITURE	(a) Category Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense POSTAGE
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 10/15/2015	5 Payee name USPS	
6 Amount (\$) 98.00	7 Payee address; City; State; Zip Code 4110 ALMEDA RD HOUSTON TX 77004	
8 PURPOSE OF EXPENDITURE	(a) Category Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense POSTAGE
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 10/7/2015	5 Payee name USPS	
6 Amount (\$) 441.00	7 Payee address; City; State; Zip Code 4110 ALMEDA RD HOUSTON TX 77004	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME STEPHEN C COSTELLO		3 Filer ID (Ethics Commission filers)
	Office Overhead/Rental Expense	<input type="checkbox"/> <input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense POSTAGE
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED