

**SPECIFIC-PURPOSE COMMITTEE  
CAMPAIGN FINANCE REPORT**

**FORM SPAC  
COVER SHEET PG 1**

|  |  |                             |
|--|--|-----------------------------|
| <p>The SPAC Instruction Guide explains how to complete this form</p> | <p>1 Filer ID<br/>(Ethics Commission filers)</p> | <p>2 Total pages filed:</p> |
|--|--|-----------------------------|

|  |  |   |
|--|--|---|
| <p>3 COMMITTEE NAME</p>  | <p>Workers' Voice</p>  | <p><b>OFFICE USE ONLY</b></p>   |
| <p>4 COMMITTEE ADDRESS</p> <p><input type="checkbox"/> Change of address</p> | <p>ADDRESS / PO BOX      APT/SUITE #      CITY      STATE      ZIP CODE</p> <p>815 16th St., NW</p> <p>Washington DC 20006</p> | <p>Date Received</p> <p>10/5/2015</p> <p>Date Hand-delivered or Date Postmarked</p> |

|                                  |   |   |
|----------------------------------|---|---|
| <p>5 CAMPAIGN TREASURER NAME</p> | <p>MS/MRS/MR      FIRST      MI</p> <p>Ms.      Elizabeth      H</p> <p>-----</p> <p>NICKNAME      LAST      SUFFIX</p> <p>Shuler</p> | <p>Receipt #      Amount</p> <p>Date Processed</p> <p>Date Imaged</p> |
|----------------------------------|---|---|

|  |   |
|--|---|
| <p>6 CAMPAIGN TREASURER'S STREET ADDRESS</p> <p>815 16th St., NW</p> | <p>STREET ADDRESS (NO PO BOX PLEASE);      APT/SUITE #;      CITY;      STATE;      ZIP CODE</p> <p>Washington DC 20006</p> |
|--|---|

|   |  |
|---|--|
| <p>7 CAMPAIGN TREASURER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p> | <p>STREET OR PO BOX;      APT/SUITE #;      CITY;      STATE;      ZIP CODE</p> <p>Washington      DC      20006</p> |
|---|--|

|                                   |   |
|-----------------------------------|---|
| <p>8 CAMPAIGN TREASURER PHONE</p> | <p>AREA CODE      PHONE #      EXTENSION</p> <p>(202)      637-5126</p> |
|-----------------------------------|---|

|                      |  |
|----------------------|--|
| <p>9 REPORT TYPE</p> | <p><input type="checkbox"/> January 15      <input checked="" type="checkbox"/> 30th day before election      <input type="checkbox"/> Exceeded \$500 limit</p> <p><input type="checkbox"/> July 15      <input type="checkbox"/> 8th day before election      <input type="checkbox"/> Dissolution (attach PAC-DR)</p> <p><input type="checkbox"/> Runoff      <input type="checkbox"/> 10th day after campaign treasurer termination</p> |
|----------------------|--|

|                          |   |
|--------------------------|---|
| <p>10 PERIOD COVERED</p> | <p>Month      Day      Year      Month      Day      Year</p> <p>7/1/2015      THROUGH      9/24/2015</p> |
|--------------------------|---|

|                    |   |   |
|--------------------|---|---|
| <p>11 ELECTION</p> | <p>ELECTION DATE</p> <p>Month      Day      Year</p> <p>11/3/2015</p> | <p><input type="checkbox"/> Primary      <input type="checkbox"/> Runoff      <input checked="" type="checkbox"/> General      <input type="checkbox"/> Special</p> |
|--------------------|---|---|

**GO TO PAGE 2**

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

**FORM SPAC  
COVER SHEET PG 2**

12 COMMITTEE NAME **Workers' Voice** 13 Filer ID (Ethics Commission filers)

|  |  |                      |
|--|--|----------------------|
| <b>14 COMMITTEE PURPOSE</b><br>(Attached lists on plain paper to complete this report if necessary)<br><br><input type="checkbox"/> <b>CANDIDATE</b><br><br><input checked="" type="checkbox"/> <b>OFFICEHOLDER</b><br>(Candidate or Measure)<br><br><input type="checkbox"/> <b>OPPOSE</b><br>(Candidate or Measure)<br><br><input checked="" type="checkbox"/> <b>ASSIST</b><br>(Officeholder) | <b>CANDIDATE / OFFICEHOLDER NAME</b><br>Rhonda Skillern-Jones          |                      |
|  | <b>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</b><br>/ N/A |                      |
|  | <b>BALLOT IDENTIFICATION / #</b>                                       | <b>ELECTION DATE</b> |
|  | <b>DESCRIPTION</b>   |                      |

|                                |          |  |          |
|--------------------------------|----------|--|----------|
| <b>15 CONTRIBUTION TOTALS</b>  | <b>1</b> | TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$       |
|                                | <b>2</b> | <b>TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</b>                           | \$       |
| <b>EXPENDITURE TOTALS</b>      | <b>3</b> | TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$       |
|                                | <b>4</b> | <b>TOTAL POLITICAL EXPENDITURES</b>  | \$300.00 |
| <b>CONTRIBUTION BALANCE</b>    | <b>5</b> | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$       |
| <b>OUTSTANDING LOAN TOTALS</b> | <b>6</b> | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$       |

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.

Elizabeth Shuler

Signature of Campaign Treasurer

AFFIX NOTARY 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

\_\_\_\_\_  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

**SUBTOTALS - SPAC****FORM SPAC  
COVER SHEET PG 3**

|                                  |  |  |
|----------------------------------|--|--|
| 17 COMMITTEE NAME Workers' Voice |  | 18 Filer ID (Ethics Commission filers) |
| 19 SCHEDULE SUBTOTALS            |  | SUBTOTAL                               |
|                                  | NAME OF SCHEDULE   | AMOUNT                                 |
| 1                                | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  | \$ \$300.00                            |
| 2                                | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                              | \$ \$-                                 |
| 3                                | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ \$-                                 |
| 4                                | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION               | \$                                     |
| 5                                | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$                                     |
| 6                                | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATIONS OR LABOR ORGANIZATION                | \$                                     |
| 7                                | SCHEDULE E: LOANS  | \$ \$-                                 |
| 8                                | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                         | \$ \$-                                 |
| 9                                | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ \$-                                 |
| 10                               | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                        | \$ \$-                                 |
| 11                               | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH                   | \$ \$-                                 |
| 12                               | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS                 | \$ \$-                                 |
| 13                               | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER       | \$ \$-                                 |

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule A1:

2 FILER NAME Rhonda Skillern-Jones

3 Filer ID (Ethics Commission filers)

4 Date 5 Full name of contributor  out of state PAC(ID# C00484287 )

Workers' Voice

7 Amount of contributions (\$)

6 Contributor address; City; State; Zip Code

9/1/2015

Washington DC 20006

300.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| 1 Total pages Schedule F1:                             | 2 FILER NAME Rhonda Skillern-Jones  | 3 Filer ID (Ethics Commission filers)  |
| 4 Date<br>9/14/2015                                    | 5 Payee name<br>Harris County AFL-CIO Council                                     |  |
| 6 Amount (\$)<br>15.00                                 | 7 Payee address; City; State; Zip Code<br>2505 Sutherland<br><br>Houston TX 77023 |  |
| 8 PURPOSE OF EXPENDITURE                               | (a) Category<br><br>Advertising Expense   | (b) Description<br><br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><br>Fliers |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name<br><br>Rhonda Skillern-Jones                        | office sought<br><br>Houston ISD Trustee   |

|  |   |  |
|--|---|--|
| 4 Date<br>9/15/2015                                    | 5 Payee name<br>Harris County AFL-CIO Council                                     |  |
| 6 Amount (\$)<br>15.00                                 | 7 Payee address; City; State; Zip Code<br>2505 Sutherland<br><br>Houston TX 77023 |  |
| 8 PURPOSE OF EXPENDITURE                               | (a) Category<br><br>Advertising Expense   | (b) Description<br><br><input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><br>Fliers |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name<br><br>Sylvester Turner                             | office sought<br><br>Mayor   |

|                          |   |                 |
|--------------------------|---|-----------------|
| 4 Date<br>9/18/2015      | 5 Payee name<br>Mosaic  |                 |
| 6 Amount (\$)<br>180.00  | 7 Payee address; City; State; Zip Code<br>4801 Viewpoint Place<br><br>Cheverly MD 20781 |                 |
| 8 PURPOSE OF EXPENDITURE | (a) Category  | (b) Description |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

The Instruction Guide explains how to complete this form.

|   |   |   |  |
|---|---|---|--|
| <b>1</b> Total pages Schedule F1:                             | <b>2</b> FILER NAME Rhonda Skillern-Jones |   | <b>3</b> Filer ID (Ethics Commission filers) |
|   | Advertising Expense                       | <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fliers |  |
| <b>9</b> Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name             | office sought   | office held                                  |
|   | Sylvester Turner                          | Mayor   |  |

|                      |   |  |  |
|----------------------|---|--|--|
| <b>4</b> Date        | <b>5</b> Payee name                           |  |  |
| 9/19/2015            | Mosaic  |  |  |
| <b>6</b> Amount (\$) | <b>7</b> Payee address; City; State; Zip Code |  |  |
| 90.00                | 4801 Viewpoint Place<br><br>Cheverly MD 20781 |  |  |

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

|   |                               |               |                     |
|---|-------------------------------|---------------|---------------------|
| <b>9</b> Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought | office held         |
|   | Rhonda Skillern-Jones         |               | Houston ISD Trustee |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL COMMITTEE  
AFFIDAVIT OF DISSOLUTION**

**FORM PAC-DR**

The instruction Guide explains how to complete this form.

**\*\* Complete only if "Report Type" on page 1 is marked "Dissolution" \*\***

1 COMMITTEE NAME

2 ACCOUNT #

(Ethics Commission filers)

3

**Affidavit of Dissolution**

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

\_\_\_\_\_  
Signature of campaign treasurer

**DO NOT SIGN UNLESS  
POLITICAL COMMITTEE IS TO BE DISSOLVED**

AFFIX NOTARY 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

\_\_\_\_\_  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath