AS IF - SPECIFIC-PURPOSE COMMITTEE FORM AS IF - SPAC CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The AS IF - SPAC Instruction Guide explains how to complete this (Ethics Commission Filers) form. 00070559 3 FILER NAME MS/MRS/MR **FIRST** MI OFFICE USE ONLY Mr. Lindsey S. Date Received NICKNAME LAST **SUFFIX ELECTRONICALLY FILED** Scott Hochberg 01/05/2016 4 FILER ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE 6000 Reims Date Hand-delivered or Date Postmarked Unit 2605 Change of Address Houston, TX 77036-3052 Receipt# Amount 5 REPORT TYPE January 15 30th day before election Date Processed July 15 8th day before election Date Imaged Runoff PERIOD Year Month Day Year Month Day COVERED 07/01/2015 **THROUGH** 12/31/2015 **ELECTION TYPE** 7 ELECTION **ELECTION DATE** Month Day Year Runoff Other Primary Special General The report includes reporting of expenditures made in support of candidates for City of Houston offices. It is being provided in compliance with Section 254.204(b), Texas Election Code, which requires reporting of a former state officeholder's political contributions made from unexpended political funds. There is no actual Special Purpose committee. The section cited requires filing "as if" the expenditures were those of a Special Purpose committee. This report has been filed electronically with the Texas Ethics Commission, and as such does not require a notary signature to be valid.

GO TO PAGE 2

AS IF - SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM AS IF - SPAC COVER SHEET PG 2

8 FILER NAME	9 Filer ID	(Ethics Commission Filers)					
Hochberg, Lindsey S. (N							
10 EXPENDITURE PURPOSE		CANDIDATE / OFFICEHOLDER NAME Sylvester Turner					
(Attach lists on plain paper to complete this	X Candidate						
report if necessary.)	Officeholder	OFFICE SOUGHT (candidate) / OFFICE HE	LD (officeholder)				
X SUPPORT		DALLOT IDENTIFICATION / 4		to the second			
(Candidate or Measure)		BALLOT IDENTIFICATION / #	ELECTI Month	ION DATE Day Year			
OPPOSE (Candidate or Measure)	Mossura		World	Day rear			
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(Officeholder)							
11 EXPENDITURE TOTALS	1. TOTAL POLITICAL E ITEMIZED	XPENDITURES OF \$100 OR LESS, UNI	ESS	\$ \$0.00			
	2. TOTAL POLITICAL E	XPENDITURES					
	\$ \$2,850.00						
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.							
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Mr. Lindsey S. Hochberg Signature of Filer				mik Carda republika nelekatak in Melak Masarin Sekon in Nasira memerintak ada malak melak in melak in melak me			
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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							

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FORM AS IF - SPAC AS IF - SPECIFIC-PURPOSE COMMITTEE REPORT: **ADDENDUM PURPOSE AND TOTALS** Page 3 of 6 8 FILER NAME Filer ID (Ethics Commission Filers) Hochberg, Lindsey S. (Mr.) 00070559 9 FILER EXPENDITURE CANDIDATE / OFFICE HOLDER NAME Tom McCasland (Attach lists on plain CANDIDATE paper to complete this report if necessary.) OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) OFFICE HOLDER X SUPPORT (Candidate or Measure) **BALLOT IDENTIFICATION ELECTION DATE** MONTH DAY YEAR OPPOSE MEASURE (Candidate or Measure) DESCRIPTION **ASSIST** (officeholders only) CANDIDATE / OFFICE HOLDER NAME FILER EXPENDITURE Garnet Coleman (Attach lists on plain CANDIDATE paper to complete this report if necessary.) OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) X OFFICE HOLDER State Representative SUPPORT (Candidate or Measure) **BALLOT IDENTIFICATION ELECTION DATE** MONTH DAY YEAR OPPOSE **MEASURE** (Candidate or Measure) DESCRIPTION **ASSIST** (officeholders only) CANDIDATE / OFFICE HOLDER NAME FILER EXPENDITURE Mike Laster (Attach lists on plain CANDIDATE paper to complete this report if necessary.) OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) OFFICE HOLDER SUPPORT (Candidate or Measure) **ELECTION DATE BALLOT IDENTIFICATION** MONTH DAY YEAR **OPPOSE MEASURE** (Candidate or Measure) DESCRIPTION **ASSIST** (officeholders only)

SUBTOTALS - AS IF-SPAC FORM AS IF - SPAC **COVER SHEET PG 3** 4 of 6 13 FILER NAME 14 Filer ID (Ethics Commission Filers) Hochberg, Lindsey S. (Mr.) 00070559 15 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 2,850.00 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (Appens on First all Property in Comments)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Award nmittee Legal Sen	is/Memorials Expense rices ruction Guide explains		Vages	/Contract Labor C	ravel Out of Dis THER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			*************	[3 F	iler ID	(Ethics Commission Filers)
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		p-				MADADALIA PORTO			
4	Date	5	Payee name						
	09/14/2015		Bellaire Democrats						
6	Amount (\$)	7	Payee address;	City; State	e; Zip Co	de			
	\$100.00		807 Jaquet Dr.						
			Bellaire, TX 77401						
		(-)				763	The same of sections		
8	PURPOSE OF	(a)	Category (See Categor		hedule)	(u)	Description Check if travel outside	of Texas, Comu	olete Schedule T.
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	Amount (\$)	_	Payee address; City; State; Zip Code						
	\$500.00		Box 88140						
	******	STATE OF THE STATE							
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			Houston, TX 7728			7			
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	Date		Payee name						
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	\$250.00		Box 66683	**	-				
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		December 1	and the second s						
			Houston, TX 7726			agospanioni			
COMMISSION	PURPOSE	(a	Category (See Catego	ries listed at the top of this so	chedule)	(b)	Description		
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memonals Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

OTHER (enter a category not listed above)

	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 2/2 Rpt: 6/6	Hochberg, Lindsey S. (Mr.)	00070559			
4	Date	5 Payee name				
	10/18/2015	Mike Laster Campaign				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$500.00	Box 36521				
		Houston, TX 77036				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description			
	OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.			
		Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense Political Contribution			
			Political Contribution			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought				
3	expenditure to benefit C/O		Office held			
_						
	Date	Payee name				
*********	08/26/2015	Sylvester Turner for Mayor				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$500.00 2160 Portsmith					
		Houston, TX 77098				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description			
	OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.			
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	Date 11/07/2015	Payee name Sylvester Turner for Mayor				
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risenses sexua		Houston, TX 77098				
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