

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 / <u>MRS</u> / MR	FIRST Shelia	MI Renee	OFFICE USE ONLY <hr/> Date Received <div style="border: 2px solid blue; padding: 5px; display: inline-block; text-align: center;"> RECEIVED APR 07 2016 OFFICE OF THE CITY SECRETARY LUBBOCK, TEXAS </div> Date Hand-delivered or Date Postmarked <hr/> Receipt # Amount \$ <hr/> Date Processed <hr/> Date Imaged
	NICKNAME	LAST Patterson Harris	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX APT / SUITE #	CITY;	STATE; ZIP CODE	
<input type="checkbox"/> Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(
6 CAMPAIGN TREASURER NAME	MS / <u>MRS</u> / MR	FIRST Rowanda	MI Lee	
	NICKNAME	LAST Toler	SUFFIX	
	7 CAMPAIGN TREASURER ADDRESS (Residence or Business)			
	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY; STATE; ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year	Month Day Year		
	01 / 01 / 2016	THROUGH 03 / 31 / 2016		
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	<input type="checkbox"/> Other Description _____	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)	
GO TO PAGE 2				

Handwritten: 9:15 A.M.

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Shelia Renee Patterson Harris

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5685.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4879.66
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1211.13
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT



AFFIX NOTARY STAMP/SEAL ABOVE

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.

[Signature]

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Shelia Renee Patterson Harris, this the 7th day of April, 2016, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Jennifer Clements

Printed name of officer administering oath

[Signature]

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Shelia Renee Patterson Harris		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5115.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 570.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4879.66
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 572.73
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME Shelia Renee Patterson Harris		3 Filer ID (Ethics Commission Filers)
4 Date 01/07/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID#: _____) Eric Strong 6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 15px;"></div>	7 Amount of contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID#: _____) Debra Deary Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 15px;"></div>	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID#: _____) Roy Gene Toler Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 15px;"></div>	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/08/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID#: _____) Vecelia Mann Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 15px;"></div>	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Shelia Renee Patterson Harris		3 Filer ID (Ethics Commission Filers)
4 Date 01/12/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brad Stiggers 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/13/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelia Patterson Harris Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon Spencer Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melvin Irving Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Shelia Renee Patterson Harris		3 Filer ID (Ethics Commission Filers)
4 Date 01/27/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Les Brown 6 Contributor address: _____ City: _____ State: _____ Zip Code _____ [REDACTED]	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/27/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory Mitchell Contributor address: _____ City: _____ State: _____ Zip Code _____ [REDACTED]	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/28/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Dunn, Esq. Contributor address: _____ City: _____ State: _____ Zip Code _____ [REDACTED]	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David and Ronda Langston Contributor address: _____ City: _____ State: _____ Zip Code _____ [REDACTED]	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Shelia Renee Patterson Harris		3 Filer ID (Ethics Commission Filers)
4 Date 01/29/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vernita Holmes	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/30/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan Jones	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/02/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clarence Hawkins	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/02/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennie Russell	Amount of contribution (\$) \$30.00
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Shelia Renee Patterson Harris		3 Filer ID (Ethics Commission Filers)
4 Date 02/04/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ron McLaurin, Esq.	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code <div style="background-color: black; height: 15px; width: 100%;"></div>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe D. McKay	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code <div style="background-color: black; height: 15px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/06/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxine McCormick	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code <div style="background-color: black; height: 15px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. Leon Williams	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code <div style="background-color: black; height: 15px; width: 100%;"></div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Shelia Renee Patterson Harris		3 Filer ID (Ethics Commission Filers)
4 Date 02/11/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pastor and Mrs. Edward Canady 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doris Williams Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karin Andrews Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debra Deary Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Shelia Renee Patterson Harris

3 Filer ID (Ethics Commission Filers)

4 Date

02/11/2016

5 Full name of contributor

Juanita Patton Johnson

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

7 Amount of contribution (\$)

\$10.00

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/13/2016

Full name of contributor

Charles Curry

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

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/15/2016

Full name of contributor

Dr. Brandi Jackson Davis

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

Amount of contribution (\$)

\$10.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/15/2016

Full name of contributor

Renetta Howard

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

Amount of contribution (\$)

\$10.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Shelia Renee Patterson Harris		3 Filer ID (Ethics Commission Filers)
4 Date 02/15/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billie Caviel 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/15/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Gladys Whitten Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Ajit and Ajita Govindan Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/23/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pastor C.C. Peoples Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Shelia Renee Patterson Harris		3 Filer ID (Ethics Commission Filers)
4 Date 02/24/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ralph Hodge	7 Amount of contribution (\$) \$140.00
6 Contributor address; City; State; Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/27/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fred and Linda(Scott) Robertson	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/03/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. and Mrs. Curtis Gipson	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/03/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. and Mrs. Mark Sanders	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Shelia Renee Patterson Harris

3 Filer ID (Ethics Commission Filers)

4 Date

03/05/2016

5 Full name of contributor

Christina Jasper

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

7 Amount of contribution (\$)

\$25.00

6 Contributor address; City; State; Zip Code

[REDACTED]

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/05/2016

Full name of contributor

Dr. and Mrs. Charles Henry

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

Amount of contribution (\$)

\$10.00

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/08/2016

Full name of contributor

Robert and Francis(Scott) Lampkin

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

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/08/2016

Full name of contributor

Robert and Patricia(Scott) Adams

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

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Shelia Renee Patterson Harris

3 Filer ID (Ethics Commission Filers)

4 Date

03/16/2016

5 Full name of contributor

Mr. and Mrs. B.J. Morrison

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

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/16/2016

Full name of contributor

Dorothy Nash

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

Amount of contribution (\$)

\$40.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/19/2016

Full name of contributor

Jerry L. Bell

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

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/25/2016

Full name of contributor

Alan Henry

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

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Shelia Renee Patterson Harris		3 Filer ID (Ethics Commission Filers)
4 Date 03/25/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George McMahan	7 Amount of contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code [REDACTED]	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/06/2016 --- 03/31/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Victor Hatchett Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$110.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>2</u>
2 FILER NAME Shelia Renee Patterson Harris		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date 03/11/2016	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mike Stevens 7 Contributor address: _____ City: _____ State: _____ Zip Code _____	8 Amount of Contribution \$ \$280.00 9 In-kind contribution description Voter Contact Lists <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 02/06/2016 and 03/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Avis Patterson Contributor address: _____ City: _____ State: _____ Zip Code _____	Amount of Contribution \$ \$90.00 In-kind contribution description Video and Staff help <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:
2 FILER NAME Shelia Renee Patterson Harris		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date 03/24/2016	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas J. Patterson, Sr.	8 Amount of Contribution \$ \$200.00
	7 Contributor address; City; State; Zip Code [REDACTED]	9 In-kind contribution description Political Advertisement
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <p style="text-align:center">5</p>	2 FILER NAME Shelia Renee Patterson Harris	3 Filer ID (Ethics Commission Filers)
4 Date 01/04/2016	5 Payee name Delta Signs and Designs	
6 Amount (\$) \$92.01	7 Payee address; City; State; Zip Code <div style="background-color:black; width:100%; height:15px;"></div>	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing for Sign for announcement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 01/06/2016	Payee name Shelia Patterson Harris	
Amount (\$) 133.17	Payee address; City; State; Zip Code <div style="background-color:black; width:100%; height:15px;"></div>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printer(Canon MG5622) Printing supplies(ink and paper)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 01/07/2016	Payee name Roots Historical Committee	
Amount (\$) \$25.00	Payee address; City; State; Zip Code <div style="background-color:black; width:100%; height:15px;"></div>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Building rental for announcement	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Shelia Renee Patterson Harris	3 Filer ID (Ethics Commission Filers)
4 Date 01/21/2016	5 Payee name Hodges Community Center	
6 Amount (\$) \$55.00	7 Payee address; City; State; Zip Code [REDACTED]	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Room Rental for "Speak Out"	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 01/21/2016 to 03/35/2016	Payee name Delta Signs and Designs	
Amount (\$) \$3070.05	Payee address; City; State; Zip Code [REDACTED]	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing of Signs(4X4 and Yard)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 01/21/2016	Payee name Shelia Patterson Harris	
Amount (\$) \$439.56	Payee address; City; State; Zip Code [REDACTED]	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing for signs(4X4 and Yard)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Shelia Renee Patterson Harris	3 Filer ID (Ethics Commission Filers)
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4 Date 02/21/2016	5 Payee name Mae Simmons Community Center
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6 Amount (\$) \$70.00	7 Payee address; City; State; Zip Code [REDACTED]
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Room Rental for "Speak Out"	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/01/2016 to 03/20/2016	Payee name VistaPrint.com
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Amount (\$) \$477.72	Payee address; City; State; Zip Code [REDACTED]
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing of business cards, post cards, and door hangers	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/15/2016	Payee name Staples
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Amount (\$) \$10.81	Payee address; City; State; Zip Code [REDACTED]
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing items	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Shelia Renee Patterson Harris	3 Filer ID (Ethics Commission Filers)
4 Date 02/25/2016	5 Payee name Office Depot	
6 Amount (\$) \$93.58	7 Payee address; City; State; Zip Code [REDACTED]	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing for cards and post cards	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 03/28/2016	Payee name Walmart Supercenter	
Amount (\$) \$77.89	Payee address; City; State; Zip Code [REDACTED]	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ink for Printer(MG5622)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 03/28/2016	Payee name Latino Lubbock Magazine	
Amount (\$) \$285.00	Payee address; City; State; Zip Code [REDACTED]	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Political Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Shelia Renee Patterson Harris	3 Filer ID (Ethics Commission Filers)
4 Date 01/06/2016	5 Payee name Shelia Patterson Harris	
6 Amount (\$) \$133.17 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code [REDACTED]	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printer, Ink and Paper	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 01/21/2016	Payee name Shelia Patterson Harris	
Amount (\$) \$439.56 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code [REDACTED]	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Payment for signs(4X4 and yard)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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