

# 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	2 Total pages filed: 14
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Gretchen	MI
	NICKNAME	LAST Himsl	SUFFIX
<b>OFFICE USE ONLY</b>			
Date Received <b>OCT 30 2017</b>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE
	PO Box 30406  Houston, TX 77249		Date Hand-delivered or Date Postmarked
	Receipt #	Amount	
	Date Processed		
Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Caton	MI
	NICKNAME	LAST Fenz	SUFFIX
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	1015 Highland St, Houston, TX 77009		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(713)	240-9094	
8 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month	Day	Year
	09/29/2017	THROUGH	10/28/2017
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	11/07/2017	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> Other
		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) Place 1 District HISD

**GO TO PAGE 2**

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

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

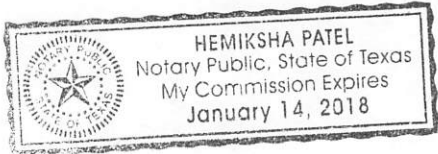
2 of 14

<b>13 C / OH NAME</b>	Himsl, Gretchen	<b>14 Filer ID</b>	
-----------------------	-----------------	--------------------	--

<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.								
<table border="1" style="width:100%"> <tr> <td style="width:20%"><b>COMMITTEE TYPE</b></td> <td><b>COMMITTEE NAME</b></td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td></td> </tr> </table>	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>	<input type="checkbox"/> GENERAL		<input type="checkbox"/> SPECIFIC		<b>COMMITTEE ADDRESS</b>		
	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>							
	<input type="checkbox"/> GENERAL								
	<input type="checkbox"/> SPECIFIC								
<b>COMMITTEE CAMPAIGN TREASURER NAME</b>									
<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>									

<b>16 CONTRIBUTION TOTALS</b>	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	20,751.85
<b>EXPENDITURE TOTALS</b>	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	18,545.59
<b>CONTRIBUTION BALANCE</b>	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	15,786.63
<b>OUTSTANDING LOAN TOTALS</b>	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	500.00

**17 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.

Gretchen Himsl  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gretchen Himsl, this the 30 day of OCTOBER, 2017, to certify which, witness my hand and seal of office.

H Patel  
Signature of officer administering

HEMIKSHA PATEL  
Printed name of officer administering

NOTARY.  
Title of officer administering oath

**SUBTOTALS - C/OH**

<b>18 FILER NAME</b> Himsl, Gretchen		<b>19 Filer ID</b>
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 19,725.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,026.85
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 18,453.29
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 92.30
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/6 Rpt: 4/14
<b>2</b> FILER NAME Himsl, Gretchen		<b>3</b> Filer ID
<b>4</b> Date 10/17/2017	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anhorn, Amanda	<b>7</b> Amount of Contribution (\$)  \$50.00
	<b>6</b> Contributor address; City; State; Zip Code 1219 Cortlandt St.  Houston, TX 77008	
<b>8</b> Principal occupation / Job title (See Instructions) Realtor		<b>9</b> Employer (See Instructions) Greenwood King Properties
<b>Date</b> 10/21/2017	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony, Susan	<b>Amount of Contribution (\$)</b>  \$200.00
	<b>Contributor address; City; State; Zip Code</b> 4318 Dawn Creek Ln  Spring, TX 77388	
<b>Principal occupation / Job title (See Instructions)</b> N/A		<b>Employer (See Instructions)</b> Self employed
<b>Date</b> 10/17/2017	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, Garnet	<b>Amount of Contribution (\$)</b>  \$2,000.00
	<b>Contributor address; City; State; Zip Code</b> 5445 Almeda #501  Houston, TX 77004	
<b>Principal occupation / Job title (See Instructions)</b> Consultant		<b>Employer (See Instructions)</b> Self
<b>Date</b> 10/21/2017	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, Garnet	<b>Amount of Contribution (\$)</b>  \$2,000.00
	<b>Contributor address; City; State; Zip Code</b> 5445 Almeda, Suite 501  Houston, TX 77004	
<b>Principal occupation / Job title (See Instructions)</b> Consultant		<b>Employer (See Instructions)</b> Self employed
<b>Date</b> 10/18/2017	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Algenita Scott	<b>Amount of Contribution (\$)</b>  \$100.00
	<b>Contributor address; City; State; Zip Code</b> 4014 Glen Cove Drive  Houston, TX 77021	
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b> Lewis Affiliated

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/6 Rpt: 5/14
<b>2</b> FILER NAME Himsl, Gretchen		<b>3</b> Filer ID
<b>4</b> Date 10/05/2017	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Kinga and Jamie  <b>6</b> Contributor address; City; State; Zip Code 1136 Key St.  Houston, TX 77009	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) CEO/Executive Director		<b>9</b> Employer (See Instructions) Ars Lyrica Houston
Date 10/11/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisk, Marsha  Contributor address; City; State; Zip Code P O Box 710677  Houston, TX 77271	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self employed
Date 10/21/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedrichs, Edwin  Contributor address; City; State; Zip Code 1119 Mulberry Ln  Houston, TX 77401	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Walter P. Moore
Date 10/04/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GPS Action PAC  Contributor address; City; State; Zip Code 3104 Edloe Ste 320  Houston, TX 77027	Amount of Contribution (\$)  \$10,000.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 10/11/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Angelita  Contributor address; City; State; Zip Code 5445 Alameda #501  Houston, TX 77004	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Center for Civic and Public Policy Improvement

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/6 Rpt: 6/14
<b>2</b> FILER NAME Himsl, Gretchen		<b>3</b> Filer ID
<b>4</b> Date 10/16/2017	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Maria  <b>6</b> Contributor address; City; State; Zip Code 1440 Harvard St  Houston, TX 77008	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Psychologist		<b>9</b> Employer (See Instructions) Rice University
Date 10/13/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Granato, Jim  Contributor address; City; State; Zip Code 403 Snover Street  Houston, TX 77007	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) University of Houston
Date 10/11/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haley, Anthony  Contributor address; City; State; Zip Code 1212 Guadalupe, Ste 1003  Austin, TX 78701	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Hmwk, llc
Date 10/18/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchinson-Green, Cynthia  Contributor address; City; State; Zip Code 204 W 18th St  Houston, TX 77008	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Stylist		Employer (See Instructions) Self employed
Date 10/22/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinder, Nancy and Rich  Contributor address; City; State; Zip Code 2929 Lazy Ln  Houston, TX 77019	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions) Philanthropist		Employer (See Instructions) Kinder Foundation

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/6 Rpt: 7/14
<b>2</b> FILER NAME Himsl, Gretchen		<b>3</b> Filer ID
<b>4</b> Date 10/04/2017	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson LLP <hr/> <b>6</b> Contributor address; City; State; Zip Code PO Box 17428  Austin, TX 78760	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) N/A		<b>9</b> Employer (See Instructions) N/A
Date 10/21/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowell Olson Jr., Lyndon <hr/> Contributor address; City; State; Zip Code 3812 Greenleaf Dr  Waco, TX 76710	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/09/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McQueen, Tameka <hr/> Contributor address; City; State; Zip Code 3003 Memorial Ct. #2411  Houston, TX 77007	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Associate Business Manager		Employer (See Instructions) Nextera Energy
Date 10/21/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mooney, Megan <hr/> Contributor address; City; State; Zip Code 1839 Salford Dr  Houston, TX 77008	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Baylor College of Medicine
Date 10/06/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Brian, Wendy <hr/> Contributor address; City; State; Zip Code 3200 Travis St. Ste 200  Houston, TX 77006	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) The Goodman Corporation

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/6 Rpt: 8/14
<b>2</b> FILER NAME Himsl, Gretchen		<b>3</b> Filer ID
<b>4</b> Date 10/20/2017	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poindexter III, Zeb	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>6</b> Contributor address; City; State; Zip Code 7703 Cullen Blvd  Houston, TX 77051		
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Poindexter Dental, Inc.
Date 10/09/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Ruby	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code 5514 Blossom St  Houston, TX 77007		
Principal occupation / Job title (See Instructions) Attorney/Business Owner		Employer (See Instructions) Powers Law Group, P.C.
Date 10/13/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prieto, Margaret	Amount of Contribution (\$)  \$200.00
Contributor address; City; State; Zip Code 6426 Kury Lane  Houston, TX 77008		
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) Fortune 500 Company
Date 10/20/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Resa, Arthur	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code 620 Surghnor  Belton, TX 76513		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/17/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Nostrand, Mara	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code 4715 Banning Dr  Houston, TX 77027		
Principal occupation / Job title (See Instructions) Marketing Director		Employer (See Instructions) Camp Lantern Creek



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/6 Rpt: 9/14
<b>2</b> FILER NAME Himsl, Gretchen		<b>3</b> Filer ID
<b>4</b> Date 10/26/2017	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vick, James	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>6</b> Contributor address; City; State; Zip Code 1733 Milford St  Houston, TX 77098		
<b>8</b> Principal occupation / Job title (See Instructions) Architect		<b>9</b> Employer (See Instructions) SWA Group
Date 10/01/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Victor, John	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code 429 Omar  Houston, TX 77009		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 10/23/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) York, Elizabeth	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code 808 Byrne  Houston, TX 77009		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Johnson Development

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 1/1 Rpt: 10/14	
<b>2</b> FILER NAME Himsl, Gretchen		<b>3</b> Filer ID	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
<b>5</b> Date 09/30/2017	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anello, Shelly <b>7</b> Contributor address; City; State; Zip Code 2205 Decatur St Houston, TX 77007	<b>8</b> Amount of contribution (\$) \$100.00	<b>9</b> In-kind contribution description Food/drink at event  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Marketing		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions) HP	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>Date</b> 10/21/2017	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, Garnet <b>Contributor address; City; State; Zip Code</b> 5445 Almeda Ste 501 Houston, TX 77004	<b>Amount of contribution (\$)</b> \$926.85	<b>In-kind contribution description</b> Food/drink at event  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</b> Consultant		<b>Employer (FOR NON-JUDICIAL) (See instructions)</b> Self Employed	
<b>Contributor's principal occupation (FOR JUDICIAL)</b>		<b>Contributor's job title (FOR JUDICIAL) (See instructions)</b>	
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>	
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>			

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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.

<b>1</b> Total pages Schedule F1: Sch: 1/3 Rpt: 11/14		<b>2</b> FILER NAME Himsl, Gretchen		<b>3</b> Filer ID
<b>4</b> Date 10/09/2017		<b>5</b> Payee name Campaign Strategies Inc.		
<b>6</b> Amount (\$) \$2,117.23		<b>7</b> Payee address; City; State; Zip Code PO Box 3308  Houston, TX 77253		
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mail	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
<b>Date</b> 10/15/2017		<b>Payee name</b> Campaign Strategies Inc.		
<b>Amount (\$)</b> \$6,028.93		<b>Payee address; City; State; Zip Code</b> PO Box 3308  Houston, TX 77253		
<b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mail	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
<b>Date</b> 10/27/2017		<b>Payee name</b> Campaign Strategies Inc.		
<b>Amount (\$)</b> \$6,039.75		<b>Payee address; City; State; Zip Code</b> PO Box 3308  Houston, TX 77253		
<b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mail	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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: Sch: 2/3 Rpt: 12/14		2 FILER NAME Himsl, Gretchen		3 Filer ID
4 Date 10/27/2017		5 Payee name Campaign Strategies Inc.		
6 Amount (\$) \$89.85		7 Payee address; City; State; Zip Code PO Box 3308  Houston, TX 77253		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 Mail	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 10/05/2017		Payee name Campos Communications		
Amount (\$) \$2,000.00		Payee address; City; State; Zip Code 816 Ralfallen  Houston, TX 77009		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 Consulting fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 10/21/2017		Payee name Campos Communications		
Amount (\$) \$2,000.00		Payee address; City; State; Zip Code 816 Ralfallen  Houston, TX 77009		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 Consulting fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES 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: Sch: 3/3 Rpt: 13/14	2 FILER NAME Himsl, Gretchen	3 Filer ID
4 Date 10/28/2017	5 Payee name Stripe	
6 Amount (\$) \$177.53	7 Payee address; City; State; Zip Code 185 Berry St  San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

**SCHEDULE G**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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 G: Sch: 1/1 Rpt: 14/14		2 FILER NAME Himsl, Gretchen		3 Filer ID	
4 Date 10/14/2017		5 Payee name AT&T			
6 Amount (\$) \$43.30  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1919 Taylor St  Houston, TX 77007			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 Service charges campaign phone number	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/15/2017		Payee name Campaign Partner			
Amount (\$) \$49.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code PO Box 118  Still River, MA 01467			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website hosting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	