

Official Filing Authority of Harris County
Isabel Longoria
Elections Administrator

Campaign Finance Report




Elections Administrator
Harris County, TX

FileNo: 2022102
Received By Clerk: 01/18/2022
File Date: January 18, 2022
Office: County Judge
Candidate: Howell, Warren A.
Treasurer: Howell, Warren A.
Category: Contributions And Expenditures (COH/JCOH)
Delivered By: Electronically Filed
Type: COR

Harris County No Fee

Jan. 18. 2022 4:26PM

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
	NICKNAME	LAST	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;		APT / SUITE #	CITY	STATE; ZIP CODE
<input type="checkbox"/> Change of Address	130 Athangam Creek, Suite 228 TX 77089				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt # Amount \$	
	NICKNAME	LAST	SUFFIX	Date Processed	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE; ZIP CODE
(Residence or Business)	Same as above				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		Date Imaged
9 REPORT TYPE	() Same as above				
	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 16th day after campaign treasurer appointment (Officeholder Only)	
	<input type="checkbox"/> July 15	<input type="checkbox"/> 6th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day	Year	Month	Day Year
	11 / 14 / 2021		THROUGH	1 / 15 / 2022	
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month	Day Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
	3 / 1 / 22		<input type="checkbox"/> General	<input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
			County Judge		
14 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"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15. C/OH NAME <i>Warren A. Howell</i>		16. Filer ID (Ethics Commission Filers)
17. CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,450.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,070.21
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 375.15
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

18. SIGNATURE 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.

Warren A. Howell

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ 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

OR

(2) Unsworn Declaration

My name is _____ and my date of birth is _____

My address is _____

(street)

(city)

(state)

(zip code)

(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____

(month)

(year)

Signature of Candidate/Officeholder (Declarant)

Jan. 18. 2022 4:27PM

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Warren A. Howell	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ - 0 -
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ - 0 -
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ - 0 -
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,472.36
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ - 0 -
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ - 0 -
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ - 0 -
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 5,597.85
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ - 0 -
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ - 0 -
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ - 0 -

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Warren A. Howell		3 Filer ID (Ethics Commission Filers)
4 Date 12/14/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alan Hardin Dallas Tx 75248	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 15660 Dallas Pkwy Suite 650		
8 Principal occupation / Job title (See Instructions) Owner of CPRO		9 Employer (See Instructions)
Date 12/24/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael Crigher	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code 20 Rollingwood Hou Tx 77080		
Principal occupation / Job title (See Instructions) Self Employed General Contractor		Employer (See Instructions)
Date 1/5/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Charles Smith	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code P.O. Box 226 Round Top Tx 78954		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <u>Warren A Howell</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>0</u>	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	8 Amount of Contribution \$	9 In-kind contribution description
7 Contributor address; City; State; Zip Code		<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.

PLEDGED CONTRIBUTIONS

SCHEDULE B

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule B: _____	
2 FILER NAME <i>Warren A Howell</i>				3 Filer ID (Ethics Commission Filers) _____	
4 TOTAL OF UNITEMIZED PLEDGES				\$ <i>— 0 —</i>	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)		8 Amount of Pledge \$		9 In-kind contribution description
	7 Pledgor address; City; State; Zip Code		<i>— 0 —</i>		
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	
10 Principal occupation / Job title (See Instructions)			11 Employer (See Instructions)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of Pledge \$		In-kind contribution description
	Pledgor address; City; State; Zip Code				
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of Pledge \$		In-kind contribution description
	Pledgor address; City; State; Zip Code				
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of Pledge \$		In-kind contribution description
	Pledgor address; City; State; Zip Code				
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of Pledge \$		In-kind contribution description
	Pledgor address; City; State; Zip Code				
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	
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.					

LOANS**SCHEDULE E**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form:		1 Total pages Schedule E
2 FILER NAME Warren A Howell		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account. (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

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. 1/2		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 12/6		5 Payee name Warren Howell Public Campaign			
6 Amount (\$) 500 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address: Frost Bank P.O. Box 1315		City; Houston	State; Zip Code Texas 77251
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations		(b) Description start bank account		
	(c) <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					
Date 12/16		Payee name E promotion 2			
Amount (\$) 3,250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address: 12454 Briar Forest Dr, St. 112		City; Houston	State; Zip Code TX 77077
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		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					
Date 11/22/2021		Payee name Harris County Republican Party			
Amount (\$) 1,250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address: 8588 Katy Fwy, suite 445		City; Houston	State; Zip Code TX 77024
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		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					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

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 G. 2/2	2 FILER NAME Warren A Howell	3 Filer ID (Ethics Commission Filers)
4 Date 11/29/2021	5 Payee name HGS	
6 Amount (\$) 89.85 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1304 Langham Creek Suite 226 Houston TX 77084	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Bar. Cards
	(c) Check if travel outside of Texas, Complete Schedule T. 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 1/10/22	Payee name HGS	
Amount (\$) 433.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1304 Langham Creek, Suite 226 Hou., TX 77084	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Graphics on Car
	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 12/23/2021	Payee name TYRTRW	
Amount (\$) 75.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 1323 Tomball Tx. 77375	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Add in Directory
	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY 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

If the requested information is not applicable, DO NOT include this page in the report.

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 Warren A. Howell		3 Filer ID (Ethics Commission Filers)	
4 Date 12/20/2021	5 Payee name HGS			
6 Amount (\$) 1279.67	7 Payee address; 1304 Langham Creek Suite 226		City; Houston	State; Tex.
			Zip Code 77084	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Yard Signs & Handouts	
	(c) Check if travel outside of Texas. Complete Schedule T		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 1/6/2022	Payee name HGS			
Amount (\$) 192.69	Payee address; 1304 Langham Creek Suite 226		City; Houston	State; Tex
			Zip Code 77084	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description	
	(c) Check if travel outside of Texas. Complete Schedule T		Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name				
Office sought				
Office held				
Date	Payee name			
Amount (\$)	Payee address;		City;	State;
			Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description	
	(c) Check if travel outside of Texas. Complete Schedule T		Check if Austin, TX, officeholder living expense	
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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F2.	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS			\$ 0 -	
5 Date	6 Payee name			
7 Amount (\$) 0 -	8 Payee address;	City;	State;	Zip Code
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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				

**PURCHASE OF INVESTMENTS MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F3

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F3:	
2 FILER NAME Warren A. Howell		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Name of person from whom investment is purchased → ○ —		
	6 Address of person from whom investment is purchased; City; State; Zip Code		
	7 Description of investment		
	8 Amount of investment (\$) — ○ —		
Date	Name of person from whom investment is purchased		
	Address of person from whom investment is purchased; City; State; Zip Code		
	Description of investment		
	Amount of investment (\$)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 100.00			
5 Date		6 Payee name			
7 Amount (\$)		8 Payee address;		City;	State; Zip Code
9 TYPE OF EXPENDITURE		<input type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Payee name			
Amount (\$)		Payee address;		City;	State; Zip Code
TYPE OF EXPENDITURE		<input type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

If the requested information is not applicable, DO NOT include this page in the report.

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 H		2 FILER NAME <i>Warren A Howell</i>		3 Filer ID (Ethics Commission Filers)	
4 Date		5 Business name			
6 Amount (\$) <i>0</i>		7 Business address;		City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	(c) <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		Business name			
Amount (\$)		Business address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Business name			
Amount (\$)		Business address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held


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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages: Schedule I	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
6 Amount (\$) 	7 Payee address;	City	State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)		(b) Description (See instructions regarding type of information required)	
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required)	
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required)	
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required)	
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required)	

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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE **K**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

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