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2019 MAY 15 AM 11:11

CITY SECRETARY
DALLAS, TEXAS

05/08/2019

Law Offices of

OLSON

HAGEL &

FISHBURN

LLP

Dallas City Secretary
1500 Marilla Street, Room 5 D South
Dallas, TX 75201

RE: Orrick Texas PAC

Dear Secretary:

I am writing on behalf of my client, Orrick Texas PAC.

On Wednesday, May 8, 2019 the Orrick Texas PAC made a \$10,000 contribution to the Eric Johnson for Dallas Mayor committee. As required by the Dallas city code (Chapter 15, Article I, Section 15A-2(c)(3)) enclosed please find the most recent Treasurer designation, and the March through May monthly reports filed with the Texas ethics commission. At this time the one and only contributor to the Orrick Taxes PAC is the Orrick Herrington & Sutcliff, LLP law firm.

We will forward you the June and July monthly reports as soon as they are available.

Please do not hesitate to contact me if you have any questions.

Very truly yours,

OLSON HAGEL & FISHBURN LLP

LACEY E. KEYS

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Lance H. Olson
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Lacey E. Keys
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**MONTHLY FILING GENERAL-PURPOSE
COMMITTEE CAMPAIGN FINANCE REPORT**

**FORM MPAC
COVER SHEET PG 1**

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00080681	2 Total pages filed: 8	
3 COMMITTEE NAME Orrick Texas PAC			OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address			Date Received	
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 609 Main Street, 40th Floor Houston, TX 77002			Date Hand-delivered or Date Postmarked	
5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Mr. James W.			Receipt # Amount	
NICKNAME LAST SUFFIX Bruner Jr.			Date Processed	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)			Date Imaged	
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 400 Capitol Mall, Suite 3000 Sacramento, CA 95814				
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address				
STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 555 Capitol Mall, Ste. 400 Sacramento, CA 95814				
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (916) 447-9200				
9 REPORT TYPE <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)				
10 MONTHLY REPORT FILING DEADLINE				
<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input checked="" type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5				
11 PERIOD COVERED Month Day Year 01/26/2019			THROUGH Month Day Year 02/25/2019	

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CLERK SECRETARY
DALLAS TEXAS

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**MONTHLY FILING GPAC REPORT:
PURPOSE AND TOTALS**

**FORM MPAC
COVER SHEET PG 2**

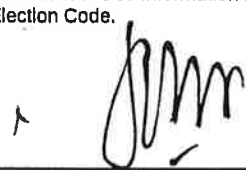
12 COMMITTEE NAME Orrick Texas PAC	13 Filer ID (Ethics Commission Filers) 00080681
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Chris Brown Houston City Controller B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	25,000.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$10 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	15,642.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

16 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.



 Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

_____	_____	_____
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

MONTHLY FILING GPAC REPORT: PURPOSE

**FORM MPAC
ADDENDUM**

Page 3 of 8

12 COMMITTEE NAME Orrick Texas PAC	13 Filer ID (Ethics Commission Filers) 00080681
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported James Noack Montgomery County Commissioner, Precinct 3
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Eric Johnson City of Dallas, Mayor
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

SUBTOTALS - MPAC

**FORM MPAC
COVER SHEET PG 3**
4 of 8

17 COMMITTEE NAME Orrick Texas PAC	18 Filer ID (Ethics Commission Filers) 00080681
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19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 25,000.00	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
6. <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
7. <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
9. <input type="checkbox"/> SCHEDULE E: LOANS	\$	
10. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 15,642.70	
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
14. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
15. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 500.00	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/1 Rpt: 5/8
2 FILER NAME Orrick Texas PAC		3 Filer ID (Ethics Commission Filers) 00080681
4 Date 02/15/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orrick Herrington & Sutcliffe, LLP	7 Amount of Contribution (\$) \$25,000.00
	6 Contributor address; City; State; Zip Code 405 Howard Street San Francisco, CA 94105	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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 -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 6/8	2 FILER NAME Orrick Texas PAC	3 Filer ID (Ethics Commission Filers) 00080681
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4 Date 01/28/2019	5 Payee name Chris Brown Campaign
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6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3139 West Holcombe Blvd., #410 Houston, TX 77025
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
---------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 02/25/2019	Payee name Eric Johnson for Dallas Mayor
--------------------	---

Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 181738 Dallas, TX 75218
---	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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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 02/19/2019	Payee name James Noack Campaign
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Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2 Dancing Breeze Plane The Woodlands, TX 77382
--	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: 2/2 Rpt: 7/8	2 FILER NAME Orrick Texas PAC	3 Filer ID (Ethics Commission Filers) 00080681
4 Date 02/15/2019	5 Payee name Olson Hagel & Fishburn, LLP	
6 Amount (\$) \$642.70 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 555 Capitol Mall, Suite 400 Sacramento, CA 95814	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legal and Reporting Services

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate/Officeholder name	Office sought	Office held
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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 8/8
2 FILER NAME Orrick Texas PAC		3 Filer ID (Ethics Commission Filers) 00080681
4 Date 02/25/2019	5 Name of person from whom amount is received Joe Pickett Campaign	8 Amount (\$) \$500.00
	6 Address of person from whom amount is received; City; State; Zip Code 3606 Wooster El Paso, TX 79936	
	7 Purpose for which amount is received Void Check	<input type="checkbox"/> Check if political contribution returned to filer

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 00080681 2 Total pages filed: 11

3 COMMITTEE NAME Orrick Texas PAC OFFICE USE ONLY Date Received

4 COMMITTEE ADDRESS 609 Main Street, 40th Floor Houston, TX 77002 Change of Address

5 CAMPAIGN TREASURER NAME Mr. James W. Bruner Jr. MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX

6 CAMPAIGN TREASURER STREET ADDRESS 400 Capitol Mall, Suite 3000 Sacramento, CA 95814

7 CAMPAIGN TREASURER MAILING ADDRESS 555 Capitol Mall, Ste. 400 Sacramento, CA 95814 Change of Address

8 CAMPAIGN TREASURER PHONE (916) 447-9200 AREA CODE PHONE NUMBER EXTENSION

9 REPORT TYPE Monthly 10th day after campaign treasurer termination Dissolution (Attach PAC-DR)

10 MONTHLY REPORT FILING DEADLINE April 5, May 5, June 5, July 5, August 5, September 5, October 5, November 5, December 5

11 PERIOD COVERED 02/26/2019 THROUGH 03/25/2019

GO TO PAGE 2

**MONTHLY FILING GPAC REPORT:
PURPOSE AND TOTALS**

**FORM MPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Orrick Texas PAC		13 Filer ID (Ethics Commission Filers) 00080681	
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Adrian Garcia Harris County Commissioner, Precinct 2
		B. Opposed	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		
	15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 35,000.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$10 OR LESS, UNLESS ITEMIZED		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 33,098.06
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00

16 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.



Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

MONTHLY FILING GPAC REPORT: PURPOSE

**FORM MPAC
ADDENDUM**

Page 3 of 11

12 COMMITTEE NAME Orrick Texas PAC		13 Filer ID (Ethics Commission Filers) 00080681
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates <small>(Identify by name or, if applicable, classify by party.)</small>	A. Supported Amanda Edwards Houston City Council B. Opposed
	2. Measures <small>(Describe by date and location of election and nature of issue.)</small>	A. Supported B. Opposed
	3. Officeholders Assisted <small>(Identify by name or, if applicable, classify by party.)</small>	A. Supported B. Opposed
	1. Candidates <small>(Identify by name or, if applicable, classify by party.)</small>	A. Supported Antonio Martinez City of Brownsville, Mayor B. Opposed
	2. Measures <small>(Describe by date and location of election and nature of issue.)</small>	A. Supported B. Opposed
	3. Officeholders Assisted <small>(Identify by name or, if applicable, classify by party.)</small>	A. Supported Dave Martin Houston City Council B. Opposed
2. Measures <small>(Describe by date and location of election and nature of issue.)</small>	A. Supported B. Opposed	
3. Officeholders Assisted <small>(Identify by name or, if applicable, classify by party.)</small>	A. Supported B. Opposed	

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MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC
ADDENDUM

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12 COMMITTEE NAME Orrick Texas PAC	13 Filer ID (Ethics Commission Filers) 00080681
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Dwight Boykins Houston City Council
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Martha Tatum Houston City Council
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Robert Gallegos Houston City Council
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC
ADDENDUM

Page 5 of 11

<p>12 COMMITTEE NAME Orrick Texas PAC</p>	<p>13 Filer ID (Ethics Commission Filers) 00080681</p>
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<p>14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)</p>	<p>1. Candidates (Identify by name or, if applicable, classify by party.)</p>	<p>A. Supported Rodney Ellis Harris County Commissioner, Precinct 1</p>
		<p>B. Opposed</p>
	<p>2. Measures (Describe by date and location of election and nature of issue.)</p>	<p>A. Supported</p>
		<p>B. Opposed</p>
	<p>3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)</p>	
	<p>COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)</p>	<p>1. Candidates (Identify by name or, if applicable, classify by party.)</p>
		<p>B. Opposed</p>
<p>2. Measures (Describe by date and location of election and nature of issue.)</p>		<p>A. Supported</p>
		<p>B. Opposed</p>
<p>3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)</p>		

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SUBTOTALS - MPAC

**FORM MPAC
COVER SHEET PG 3**
6 of 11

17 COMMITTEE NAME Orrick Texas PAC		18 Filer ID (Ethics Commission Filers) 00080681
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 35,000.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 33,098.06
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

000015

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/1 Rpt: 7/11
2 FILER NAME Orrick Texas PAC		3 Filer ID (Ethics Commission Filers) 00080681
4 Date 03/22/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orrick Herrington & Sutcliffe, LLP	7 Amount of Contribution (\$) \$35,000.00
	6 Contributor address; City; State; Zip Code 405 Howard Street San Francisco, CA 94105	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

000016

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: 1/4 Rpt: 8/11	2 FILER NAME Orrick Texas PAC	3 Filer ID (Ethics Commission Filers) 00080681
4 Date 03/22/2019	5 Payee name Adrian Garcia Campaign	
6 Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 325 West 18th Street Houston, TX 77008	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/22/2019	Candidate/Officeholder name Amanda Edwards Campaign	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought Houston, TX 77266	
Office held	Office held	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/22/2019	Candidate/Officeholder name Antonio "Tony" Martinez for Mayor Campaign	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought Brownsville, TX 78520	
Office held	Office held	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/22/2019	Candidate/Officeholder name Antonio "Tony" Martinez for Mayor Campaign	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought Brownsville, TX 78520	
Office held	Office held	

000017

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: 2/4 Rpt: 9/11	2 FILER NAME Orrick Texas PAC	3 Filer ID (Ethics Commission Filers) 00080681
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4 Date 03/22/2019	5 Payee name Dave Martin Campaign
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6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1 East Greenway Plaza Suite 225 Houston, TX 77046
--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/22/2019	Payee name Dwight Boykins Campaign
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 300961 Houston, TX 77230
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/22/2019	Payee name Martha Tatum Campaign
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3801 Kirby Drive, #507 Houston, TX 77098
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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000018

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: 3/4 Rpt: 10/11	2 FILER NAME Orrick Texas PAC	3 Filer ID (Ethics Commission Filers) 00080681
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4 Date 03/15/2019	5 Payee name Olson Hagel & Fishburn, LLP
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6 Amount (\$) \$2,098.06	7 Payee address; City; State; Zip Code 555 Capitol Mall, Suite 400 Sacramento, CA 95814
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Expenditure from corporate funds

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legal and Reporting Services
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/22/2019	Payee name Robert Gallegos Campaign
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code P.O. Box 230087 Houston, TX 77223
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/22/2019	Payee name Rodney Ellis Campaign
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Amount (\$) \$10,000.00	Payee address; City; State; Zip Code 325 West 18th Street Houston, TX 77008
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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000019

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: 4/4 Rpt: 11/11	2 FILER NAME Orrick Texas PAC	3 Filer ID (Ethics Commission Filers) 00080681
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4 Date 03/25/2019	5 Payee name Sylvester Turner Campaign
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6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code P.O. Box 56386 Houston, TX 77256
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Expenditure from corporate funds

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/25/2019	Payee name Sylvester Turner Campaign
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Amount (\$) \$5,000.00	Payee address; City; State; Zip Code P.O. Box 56386 Houston, TX 77256
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00080681	2 Total pages filed: 6	
3 COMMITTEE NAME Orrick Texas PAC			OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 609 Main Street, 40th Floor Houston, TX 77002			Date Received	
5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Mr. James W. NICKNAME LAST SUFFIX Bruner Jr.			Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 400 Capitol Mall, Suite 3000 Sacramento, CA 95814			Receipt # Amount	
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 555 Capitol Mall, Ste. 400 Sacramento, CA 95814			Date Processed	
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (916) 447-9200			Date Imaged	
9 REPORT TYPE <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)				
10 MONTHLY REPORT FILING DEADLINE <input type="checkbox"/> January 5 <input type="checkbox"/> February 5 <input type="checkbox"/> March 5 <input type="checkbox"/> April 5 <input checked="" type="checkbox"/> May 5 <input type="checkbox"/> June 5 <input type="checkbox"/> July 5 <input type="checkbox"/> August 5 <input type="checkbox"/> September 5 <input type="checkbox"/> October 5 <input type="checkbox"/> November 5 <input type="checkbox"/> December 5				
11 PERIOD COVERED Month Day Year 03/26/2019			THROUGH Month Day Year 04/25/2019	

GO TO PAGE 2

000021

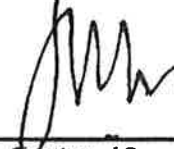
**MONTHLY FILING GPAC REPORT:
PURPOSE AND TOTALS**

**FORM MPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Orrick Texas PAC		13 Filer ID (Ethics Commission Filers) 00080681	
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Kenny Fernandez Pasadena Independent School District Board of Trustees
		B. Opposed	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		
	15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$10 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	2,180.80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

16 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.



Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

MONTHLY FILING GPAC REPORT: PURPOSE

**FORM MPAC
ADDENDUM**

Page 3 of 6

12 COMMITTEE NAME Orrick Texas PAC	13 Filer ID (Ethics Commission Filers) 00080681
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Marshall Kendrick Pasadena Independent School District Board of Trustees
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Vickie Morgan Pasadena Independent School District Board of Trustees
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

SUBTOTALS - MPAC

**FORM MPAC
COVER SHEET PG 3**
4 of 6

17 COMMITTEE NAME Orrick Texas PAC		18 Filer ID (Ethics Commission Filers) 00080681
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,180.80
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

000024

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: 1/2 Rpt: 5/6	2 FILER NAME Orrick Texas PAC	3 Filer ID (Ethics Commission Filers) 00080681
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4 Date 04/01/2019	5 Payee name Kenny Fernandez Campaign
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6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 11107 Riverbank Ridge Lane Houston, TX 77089
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Expenditure from corporate funds

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/01/2019	Payee name Marshall Kendrick Campaign
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Amount (\$) \$250.00	Payee address; City; State; Zip Code 4406 Shaun Drive Pasadena, TX 77504
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/15/2019	Payee name Olson Hagel & Fishburn, LLP
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Amount (\$) \$1,430.80	Payee address; City; State; Zip Code 555 Capitol Mall, Suite 400 Sacramento, CA 95814
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legal and Reporting Services
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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000025

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: 2/2 Rpt: 6/6	2 FILER NAME Orrick Texas PAC	3 Filer ID (Ethics Commission Filers) 00080681
4 Date 04/01/2019	5 Payee name Vickie Morgan Campaign	
6 Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3603 Camden Lane Pasadena, TX 77504	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____		