

CORRECTION AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1	ACCOUNT # 00067398	2	PAGE # 1 of 21								
3	COMMITTEE NAME	Balance PAC									
4	TREASURER NAME	FIRST Liebling, Scott (Mr.)	MI LAST								
5	ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution Report <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Other (specify) _____									
6	ORIGINAL PERIOD COVERED	Month Day Year 02/01/2014 THROUGH 02/23/2014	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> <tr> <td>Legal</td> <td>Totals</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	Receipt #	Amount	Legal	Totals	Date Processed		Date Imaged	
Receipt #	Amount										
Legal	Totals										
Date Processed											
Date Imaged											
7	EXPLANATION OF CORRECTION The Donna Campbell campaign was listed as both a donor and recipient of an in-kind contribution. The entry of the campaign as a donor was in error. The treasurer regrets the error and has amended the appropriate documents.										
8	AFFIDAVIT <p>I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.</p> <p>Check ONLY if applicable:</p> <p><input type="checkbox"/> Semiannual reports: This report is an amendment/correction to a semi-annual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.</p> <p><input checked="" type="checkbox"/> Other reports (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.</p> <p style="text-align: right;">Scott Liebling _____ Signature of Campaign Treasurer</p> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me by _____ this the _____ day of _____, 20____, to certify which, witness my hand and seal of office.</p> <p>_____ Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath</p>										
Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections											

**GENERAL-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT****FORM GPAC
COVER SHEET PG 1****The GPAC INSTRUCTION GUIDE explains how to complete this form.****1 ACCOUNT #**
(Ethics Commission filers)
00067398**2 PAGE #**
2 of 21**3 COMMITTEE NAME**

Balance PAC

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

**4 COMMITTEE
ADDRESS**

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

945 McKinney St. #461
Houston, TX 77002☐ Change of Address**5 CAMPAIGN
TREASURER
NAME**MS / MRS / MR FIRST MI
Mr. Scott..... LAST SUFFIX
NICKNAME Liebling

Receipt #

Amount

Date Processed

Date Imaged

**6 CAMPAIGN
TREASURER'S
STREET ADDRESS**
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

7622 Evergreen Brook Way
Houston, TX 77095**7 CAMPAIGN
TREASURER'S
MAILING ADDRESS**

STREET OR PO BOX; APT/SUITE#; CITY; STATE; ZIP CODE

7622 Evergreen Brook Way
Houston, TX 77095☐ Change of Address**8 CAMPAIGN
TREASURER
PHONE**

AREA CODE PHONE NUMBER EXTENSION

(281) 859-5376

9 REPORT TYPE☐ January 15☐ 30th day before election☐ Dissolution (attach PAC-DR)☐ July 15☒ 8th day before election☐ Runoff☐ 10th day after campaign
treasurer termination**10 PERIOD
COVERED**

Month Day Year Month Day Year

02/01/2014

THROUGH

02/23/2014

11 ELECTIONELECTION DATE
Month Day Year

03/04/2014

ELECTION TYPE

☒ Primary☐ Runoff☐ General☐ Special**GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME Balance PAC	ACCOUNT # 00067398
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13 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
		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)	

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED (OR \$100 OR LESS IF QUALIFIED FOR HIGHER THRESHOLD) <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)	\$ 231,318.29
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 300,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 78,452.22
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

15 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.

Scott Liebling

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/9 Report: 4/21

2 FILER NAME Balance PAC

3 ACCOUNT # (Ethics Commission filers)
00067398

4 Date

02/05/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Arnold & Itkin LLP

6 Contributor address; City; State; Zip Code
Houston, TX 77007

7 Amount of contribution (\$)

\$100,000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Barton, Daniel

02/20/2014

Contributor address; City; State; Zip Code
Houston, TX 77007

Amount of contribution (\$)

\$150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Unknown

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Basel, Adham

02/20/2014

Contributor address; City; State; Zip Code
Houston, TX 77005

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Unknown

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Beehler, Grant

02/19/2014

Contributor address; City; State; Zip Code
Houston, TX 77058

Amount of contribution (\$)

\$1.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Accounts Manager

Employer (See Instructions)
Doyle Raizner LLP

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Blair, Avram

02/20/2014

Contributor address; City; State; Zip Code
Houston, TX 77025

Amount of contribution (\$)

\$150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Unknown

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/9 Report: 5/21

2 FILER NAME Balance PAC

3 ACCOUNT # (Ethics Commission filers)

00067398

4 Date

02/20/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Brewer & Pritchard PC

6 Contributor address; City; State; Zip Code
Houston, TX 77056

7 Amount of contribution (\$)

\$300.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Bryant, Brad

02/20/2014

Contributor address; City; State; Zip Code
Houston, TX 77024

Amount of contribution (\$)

\$5,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
The Law Firm of Terry Bryant

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Calnan, Cornelius

02/20/2014

Contributor address; City; State; Zip Code
Houston, TX 77024

Amount of contribution (\$)

\$150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Unknown

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Chaffin, Robert

02/20/2014

Contributor address; City; State; Zip Code
Houston, TX 77027

Amount of contribution (\$)

\$150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Unknown

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Christian Attorneys for Texans PAC (TEC 00054816)

02/03/2014

Contributor address; City; State; Zip Code
Houston, TX 77269

Amount of contribution (\$)

\$25,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 3/9 Report: 6/21

2 FILER NAME Balance PAC

3 ACCOUNT # (Ethics Commission filers)

00067398

4 Date

02/20/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Clark Love & Hutson GP

6 Contributor address; City; State; Zip Code

Houston, TX 77002

7 Amount of contribution (\$)

\$21,000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

02/01/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Doyle Raizner LLP

Contributor address; City; State; Zip Code

Houston, TX 77010

Amount of contribution (\$)

\$76.00

In-kind contribution description (if applicable)
Mailbox rental fee

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/01/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Doyle Raizner LLP

Contributor address; City; State; Zip Code

Houston, TX 77010

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/19/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Doyle Raizner LLP

Contributor address; City; State; Zip Code

Houston, TX 77010

Amount of contribution (\$)

\$397.89

In-kind contribution description (if applicable)
Employee time donated

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/20/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Doyle Raizner LLP

Contributor address; City; State; Zip Code

Houston, TX 77010

Amount of contribution (\$)

\$42.40

In-kind contribution description (if applicable)
Email services

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 4/9 Report: 7/21

2 FILER NAME Balance PAC

3 ACCOUNT # (Ethics Commission filers)
00067398

4 Date

02/20/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Dwyer, Alexander

6 Contributor address; City; State; Zip Code
Houston, TX 77057

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
Attorney

10 Employer (See Instructions)
Unknown

Date

02/06/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Fibich, Kenneth

Contributor address; City; State; Zip Code
Houston, TX 77005

Amount of contribution (\$)

\$5,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Fibich Law Firm

Date

02/20/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Fibich, Kenneth

Contributor address; City; State; Zip Code
Houston, TX 77005

Amount of contribution (\$)

\$10,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Fibich Law Firm

Date

02/20/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Flynn, Patrick

Contributor address; City; State; Zip Code
Houston, TX 77008

Amount of contribution (\$)

\$150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Unknown

Date

02/22/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Forrest, Alexander

Contributor address; City; State; Zip Code
Houston, TX 77077

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Unknown

Employer (See Instructions)
Unknown

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 5/9 Report: 8/21	
2 FILER NAME Balance PAC			3 ACCOUNT # (Ethics Commission filers) 00067398	
4 Date 02/20/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gordon Law Firm 6 Contributor address; City; State; Zip Code Houston, TX 77006	7 Amount of contribution (\$) \$150.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable) 	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)		
Date 02/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Griffin, John Jr Contributor address; City; State; Zip Code Victoria, TX 77901	Amount of contribution (\$) \$150.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable) 	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Unknown		
Date 02/07/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hartley Hampton PC Contributor address; City; State; Zip Code Houston, TX 77056	Amount of contribution (\$) \$5,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable) 	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 02/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heard Robins Cloud & Black Contributor address; City; State; Zip Code Houston, TX 77027	Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable) 	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 02/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lewis, James Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable) 	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Unknown		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 6/9 Report: 9/21

2 FILER NAME Balance PAC

3 ACCOUNT # (Ethics Commission filers)

00067398

4 Date

02/20/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Lopez, Jose II

6 Contributor address; City; State; Zip Code
Houston, TX 77007

7 Amount of contribution (\$)

\$150.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
Attorney

10 Employer (See Instructions)
Unknown

Date

02/20/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lowenberg, Michael

Contributor address; City; State; Zip Code
Katy, TX 77494

Amount of contribution (\$)

\$150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Unknown

Date

02/20/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Marc Whitehead & Associates

Contributor address; City; State; Zip Code
Houston, TX 77007

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/22/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Martinez, Melissa

Contributor address; City; State; Zip Code
Dallas, TX 75209

Amount of contribution (\$)

\$150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Unknown

Employer (See Instructions)
Unknown

Date

02/20/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
McMullen, Meredith

Contributor address; City; State; Zip Code
Houston, TX 77046

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Unknown

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 7/9 Report: 10/21

2 FILER NAME Balance PAC

3 ACCOUNT # (Ethics Commission filers)
00067398

4 Date

02/19/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Pastore, Christopher

6 Contributor address; City; State; Zip Code
Crosby, TX 77532

7 Amount of
contribution (\$) \$1.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
Unknown

10 Employer (See Instructions)
Unknown

Date

02/20/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Plummer, James

Contributor address; City; State; Zip Code
Houston, TX 77006

Amount of
contribution (\$) \$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Unknown

Date

02/20/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ray, Robert

Contributor address; City; State; Zip Code
Houston, TX 77007

Amount of
contribution (\$) \$150.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Unknown

Date

02/20/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Reich & Binstock LLP

Contributor address; City; State; Zip Code
Houston, TX 77027

Amount of
contribution (\$) \$500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/20/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Roth, Donna

Contributor address; City; State; Zip Code
Houston, TX 77002

Amount of
contribution (\$) \$150.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Unknown

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 8/9 Report: 11/21

2 FILER NAME Balance PAC

3 ACCOUNT # (Ethics Commission filers)
00067398

4 Date

02/20/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Shrader & Associates LLP

6 Contributor address; City; State; Zip Code
Houston, TX 77027

7 Amount of contribution (\$)

\$1,000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Smith, Andrew

02/20/2014

Contributor address; City; State; Zip Code
Pearland, TX 77584

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Unknown

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Stanley, Bret

02/22/2014

Contributor address; City; State; Zip Code
Galveston, TX 77550

Amount of contribution (\$)

\$150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Unknown

Employer (See Instructions)
Unknown

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Steelman & McAdams

02/20/2014

Contributor address; City; State; Zip Code
Houston, TX 77057

Amount of contribution (\$)

\$150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Ted B. Lyon & Associates

02/13/2014

Contributor address; City; State; Zip Code
Mesquite, TX 75150

Amount of contribution (\$)

\$10,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #

Schedule: 9/9 Report: 12/21

2 FILER NAME Balance PAC

3 ACCOUNT # (Ethics Commission filers)

00067398

4 Date

02/03/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)

Texans for Family PAC (TEC 00054858)

6 Contributor address; City; State; Zip Code

Houston, TX 77269

7 Amount of contribution (\$)

\$25,000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

02/20/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

The Adams Law Firm

Contributor address; City; State; Zip Code

Katy, TX 77494

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/20/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

The Dinneen Law Firm

Contributor address; City; State; Zip Code

Houston, TX 77094

Amount of contribution (\$)

\$150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/20/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Tracey Law Firm

Contributor address; City; State; Zip Code

Houston, TX 77002

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/13/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)

Weisbrod & Weisbrod PC

Contributor address; City; State; Zip Code

Dallas, TX 75243

Amount of contribution (\$)

\$15,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/5 Report: 13/21		2 FILER NAME Balance PAC		3 ACCOUNT # (TEC filers) 00067398	
4 Date 02/21/2014	5 Payee name Chart Westcott Campaign				
6 Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address City; State; Zip Code 6805 Hillcrest Ave Dallas, TX 75205				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - In-kind contribution		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Share of media consulting expenses		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 02/21/2014	Payee name Dan Branch Campaign				
Amount (\$) \$12,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address City; State; Zip Code PO Box 191149 Dallas, TX 75219				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - In-kind contribution		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Share of media consulting expenses		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 02/21/2014	Payee name Donna Campbell Campaign				
Amount (\$) \$12,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address City; State; Zip Code 900 NE Loop 410 Ste D124 San Antonio, TX 78209				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - In-kind contribution		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Share of media consulting expenses		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 02/21/2014	Payee name Dwayne Bohac Campaign				
Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address City; State; Zip Code PO Box 926093 Houston, TX 77292				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - In-kind contribution		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Share of media consulting expenses		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/5 Report: 14/21		2 FILER NAME Balance PAC		3 ACCOUNT # (TEC filers) 00067398	
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4 Date 02/14/2014	5 Payee name ECA Strategies				
6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address City; State; Zip Code 15190 King of Spain Ct Dallas, TX 75248				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Media Consulting		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

Date 02/21/2014	Payee name Jeff Boyd Campaign				
Amount (\$) \$19,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address City; State; Zip Code 815-A Brazos St PMB 694 Austin, TX 78701				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - In-kind contribution		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Share of media consulting expenses		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

Date 02/21/2014	Payee name Joe Pool Campaign				
Amount (\$) \$21,250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address City; State; Zip Code 2904 Harris Park Ave Austin, TX 78705				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - In-kind contribution		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Share of media consulting expenses		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

Date 02/21/2014	Payee name John Corona Campaign				
Amount (\$) \$5,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address City; State; Zip Code PO Box 600035 Dallas, TX 75360				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - In-kind contribution		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Share of media consulting expenses		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/5 Report: 15/21		2 FILER NAME Balance PAC		3 ACCOUNT # (TEC filers) 00067398	
4 Date 02/21/2014	5 Payee name Koop for Texas Campaign				
6 Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address City; State; Zip Code PO Box 794042 Dallas, TX 75379				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - In-kind contribution		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Share of media consulting expenses		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 02/21/2014	Payee name Robert Talton Campaign				
Amount (\$) \$24,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address City; State; Zip Code 4230 Fox Meadow Ln Pasadena, TX 77504				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - In-kind contribution		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Share of media consulting expenses		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 02/05/2014	Payee name Sachs Media Group Inc				
Amount (\$) \$15,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address City; State; Zip Code 303 Rosehill Dr. E Tallahassee, FL 32312				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Media Consulting		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 02/07/2014	Payee name Sachs Media Group Inc				
Amount (\$) \$28,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address City; State; Zip Code 303 Rosehill Dr. E Tallahassee, FL 32312				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Media Consulting		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
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Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 4/5 Report: 16/21		2 FILER NAME Balance PAC		3 ACCOUNT # (TEC filers) 00067398	
4 Date 02/13/2014		5 Payee name Sachs Media Group Inc			
6 Amount (\$) \$60,000.00 <input type="checkbox"/> Expenditure from corporate funds		7 Payee address City; State; Zip Code 303 Rosehill Dr. E Tallahassee, FL 32312			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Media Consulting	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 02/20/2014		Payee name Sachs Media Group Inc			
Amount (\$) \$46,500.00 <input type="checkbox"/> Expenditure from corporate funds		Payee address City; State; Zip Code 303 Rosehill Dr. E Tallahassee, FL 32312			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Media Consulting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 02/21/2014		Payee name Sarah Davis Campaign			
Amount (\$) \$12,500.00 <input type="checkbox"/> Expenditure from corporate funds		Payee address City; State; Zip Code 4203 Tennyson St Houston, TX 77005			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) OTHER - In-kind contribution		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Share of media consulting expenses	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 02/21/2014		Payee name Sharon McCally Campaign			
Amount (\$) \$21,250.00 <input type="checkbox"/> Expenditure from corporate funds		Payee address City; State; Zip Code 12010 Tall Oaks Houston, TX 77024			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) OTHER - In-kind contribution		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Share of media consulting expenses	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
FeesGifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
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Printing ExpenseSalaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental ExpenseLoan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)**The INSTRUCTION GUIDE explains how to complete this form.**

1 PAGE # Schedule: 5/5 Report: 17/21		2 FILER NAME Balance PAC		3 ACCOUNT # (TEC filers) 00067398
4 Date 02/21/2014	5 Payee name Tommy Merritt Campaign			
6 Amount (\$) \$6,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address City; State; Zip Code PO Box 2962 Longview, TX 75606			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - In-kind contribution		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Share of media consulting expenses	
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought: Office held:			

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 PAGE # Schedule: 1/5 Report: 18/21		2 FILER NAME Balance PAC		3 ACCOUNT # (TEC filers) 00067398
4 Date 02/01/2014	5 Payee name Chase Bank NA			
6 Amount (\$) \$17.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address City; State; Zip Code 7755 Highway 6 N Houston, TX 77095			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (See instructions regarding type of information required.) Bank fee	
Date 02/03/2014	Payee name Chase Bank NA			
Amount (\$) \$30.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address City; State; Zip Code 7755 Highway 6 N Houston, TX 77095			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (See instructions regarding type of information required.) Bank fee	
Date 02/05/2014	Payee name Chase Bank NA			
Amount (\$) \$45.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address City; State; Zip Code 7755 Highway 6 N Houston, TX 77095			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (See instructions regarding type of information required.) Bank fee	
Date 02/06/2014	Payee name Chase Bank NA			
Amount (\$) \$15.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address City; State; Zip Code 7755 Highway 6 N Houston, TX 77095			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (See instructions regarding type of information required.) Bank fee	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 PAGE # Schedule: 2/5 Report: 19/21		2 FILER NAME Balance PAC		3 ACCOUNT # (TEC filers) 00067398
4 Date 02/07/2014	5 Payee name Chase Bank NA			
6 Amount (\$) \$45.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address City; State; Zip Code 7755 Highway 6 N Houston, TX 77095			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (See instructions regarding type of information required.) Bank fee	
Date 02/13/2014	Payee name Chase Bank NA			
Amount (\$) \$30.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address City; State; Zip Code 7755 Highway 6 N Houston, TX 77095			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (See instructions regarding type of information required.) Bank fee	
Date 02/21/2014	Payee name Liebling, Scott			
Amount (\$) \$13.99 <input type="checkbox"/> Expenditure from corporate funds	Payee address City; State; Zip Code 7622 Evergreen Brook Way Houston, TX 77095			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		Description (See instructions regarding type of information required.) Office supplies	
Date 02/11/2014	Payee name Office Max			
Amount (\$) \$36.03 <input type="checkbox"/> Expenditure from corporate funds	Payee address City; State; Zip Code 6757 Hwy 6 N Houston, TX 77084			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (See instructions regarding type of information required.) Office supplies	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 PAGE # Schedule: 3/5 Report: 20/21		2 FILER NAME Balance PAC		3 ACCOUNT # (TEC filers) 00067398
4 Date 02/18/2014	5 Payee name Office Max			
6 Amount (\$) \$23.03 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address City; State; Zip Code 6757 Hwy 6 N Houston, TX 77084			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (See instructions regarding type of information required.) Office supplies	
Date 02/20/2014	Payee name Paypal Inc			
Amount (\$) \$15.46 <input type="checkbox"/> Expenditure from corporate funds	Payee address City; State; Zip Code 2211 N First ST San Jose, CA 95131			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (See instructions regarding type of information required.) Processing fee	
Date 02/20/2014	Payee name Paypal Inc			
Amount (\$) \$25.55 <input type="checkbox"/> Expenditure from corporate funds	Payee address City; State; Zip Code 2211 N First ST San Jose, CA 95131			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (See instructions regarding type of information required.) Processing fee	
Date 02/22/2014	Payee name Paypal Inc			
Amount (\$) \$15.40 <input type="checkbox"/> Expenditure from corporate funds	Payee address City; State; Zip Code 2211 N First ST San Jose, CA 95131			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (See instructions regarding type of information required.) Processing fee	

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS****SCHEDULE I**

The Instruction Guide explains how to complete this form.

1 PAGE # Schedule: 4/5 Report: 21/21		2 FILER NAME Balance PAC		3 ACCOUNT # (TEC filers) 00067398
4 Date 02/11/2014	5 Payee name US Postal Service			
6 Amount (\$) \$8.82 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address City; State; Zip Code 16015 Cairnway Houston, TX 77084			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - Postage		(b) Description (See instructions regarding type of information required.) Postage	