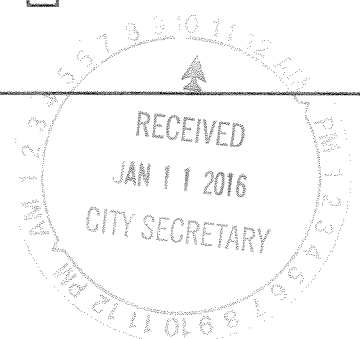


**AS IF - SPECIFIC-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

**FORM AS IF - SPAC
COVER SHEET PG 1**

The AS IF - SPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00070559	2 Total pages filed: 6
3 FILER NAME	MS / MRS / MR Mr.	FIRST Lindsey S.	MI MI
	NICKNAME Scott	LAST Hochberg	SUFFIX
4 FILER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6000 Reims Unit 2605 Houston, TX 77036-3052		
	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/05/2016 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged		
5 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff		
6 PERIOD COVERED	Month Day Year 07/01/2015	THROUGH	Month Day Year 12/31/2015
7 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	



The report includes reporting of expenditures made in support of candidates for City of Houston offices. It is being provided in compliance with Section 254.204(b), Texas Election Code, which requires reporting of a former state officeholder's political contributions made from unexpended political funds. There is no actual Special Purpose committee. The section cited requires filing "as if" the expenditures were those of a Special Purpose committee.

This report has been filed electronically with the Texas Ethics Commission, and as such does not require a notary signature to be valid.

GO TO PAGE 2

**AS IF - SPECIFIC-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM AS IF - SPAC
COVER SHEET PG 2**

8 FILER NAME Hochberg, Lindsey S. (Mr.)		9 Filer ID (Ethics Commission Filers) 00070559										
10 EXPENDITURE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Officeholder	CANDIDATE / OFFICEHOLDER NAME Sylvester Turner										
	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)											
	<input type="checkbox"/> Measure	BALLOT IDENTIFICATION / # <table style="width:100%; border: none;"> <tr> <td style="width:60%;"></td> <td style="width:20%;">ELECTION DATE</td> <td style="width:20%;"></td> </tr> <tr> <td></td> <td>Month</td> <td>Day</td> </tr> <tr> <td></td> <td></td> <td>Year</td> </tr> </table>			ELECTION DATE			Month	Day			Year
		ELECTION DATE										
	Month	Day										
		Year										
DESCRIPTION												
11 EXPENDITURE TOTALS	1. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 0.00									
	2. TOTAL POLITICAL EXPENDITURES		\$ 2,850.00									

12 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.

 Mr. Lindsey S. Hochberg
 Signature of Filer

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

**AS IF - SPECIFIC-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM AS IF - SPAC
ADDENDUM**

Page 3 of 6

8 FILER NAME Hochberg, Lindsey S. (Mr.) Filer ID (Ethics Commission Filers) 00070559

9 FILER EXPENDITURE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (officeholders only)	<input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICE HOLDER	CANDIDATE / OFFICE HOLDER NAME Tom McCasland OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION ELECTION DATE MONTH DAY YEAR DESCRIPTION

9 FILER EXPENDITURE (Attach lists on plain paper to complete this report if necessary.) <input type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input checked="" type="checkbox"/> ASSIST (officeholders only)	<input type="checkbox"/> CANDIDATE <input checked="" type="checkbox"/> OFFICE HOLDER	CANDIDATE / OFFICE HOLDER NAME Garnet Coleman OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) State Representative
	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION ELECTION DATE MONTH DAY YEAR DESCRIPTION

9 FILER EXPENDITURE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (officeholders only)	<input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICE HOLDER	CANDIDATE / OFFICE HOLDER NAME Mike Laster OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION ELECTION DATE MONTH DAY YEAR DESCRIPTION

SUBTOTALS - AS IF-SPAC

FORM AS IF - SPAC

COVER SHEET PG 3

4 of 6

13 FILER NAME Hochberg, Lindsey S. (Mr.)	14 Filer ID (Ethics Commission Filers) 00070559
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15 SCHEDULE SUBTOTALS		
NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	2,850.00
2. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
3. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	

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 Hochberg, Lindsey S. (Mr.)	3 Filer ID (Ethics Commission Filers) 00070559
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4 Date 09/14/2015	5 Payee name Bellaire Democrats
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6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 807 Jaquet Dr. Bellaire, TX 77401
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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 Political Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---------------------------------------------------------------------	-----------------------------	---------------	-------------

Date 10/18/2015	Payee name Garnet Coleman Campaign
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Amount (\$) \$500.00	Payee address; City; State; Zip Code Box 88140 Houston, TX 77288
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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 Political Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
------------------------------------------------------------	-----------------------------	---------------	-------------

Date 08/26/2015	Payee name McCasland for Houston
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Amount (\$) \$250.00	Payee address; City; State; Zip Code Box 66683 Houston, TX 77266
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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 Political 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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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 Hochberg, Lindsey S. (Mr.)		3 Filer ID (Ethics Commission Filers) 00070559	
4 Date 10/18/2015		5 Payee name Mike Laster Campaign			
6 Amount (\$) \$500.00		7 Payee address; City; State; Zip Code Box 36521 Houston, TX 77036			
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 Political Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 08/26/2015		Payee name Sylvester Turner for Mayor			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 2160 Portsmith Houston, TX 77098			
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 Political Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 11/07/2015		Payee name Sylvester Turner for Mayor			
Amount (\$) \$1,000.00		Payee address; City; State; Zip Code 2160 Portsmith Houston, TX 77098			
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 Political Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	