

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
Texans for Integrity

ADDRESS (number and street) 5822 Crighton Drive  
Dublin OH 43016  
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** C00615245 3. IS THIS REPORT NEW (N) OR AMENDED (A)  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on [MM] / [DD] / [YYYY] in the State of [ ]  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [05] / [05] / [2016] through [06] / [30] / [2016]

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Phillips, Robert, , ,  
Type or Print Name of Treasurer

Signature of Treasurer *Phillips, Robert, , ,* [Electronically Filed] Date [01] / [06] / [2017]

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Texans for Integrity**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="27009.39"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="78740.00"/>	<input type="text" value="105790.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="105749.39"/>	<input type="text" value="105790.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="105437.00"/>	<input type="text" value="105477.61"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="312.39"/>	<input type="text" value="312.39"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="250.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Texans for Integrity**

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
05 / 05 / 2016 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	78700.00	105700.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	78700.00	105700.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	78700.00	105700.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	50.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	40.00	40.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	78740.00	105790.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	78740.00	105790.00

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	13387.00	13427.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	13387.00	13427.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	92000.00	92000.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	50.00	50.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	105437.00	105477.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	105437.00	105477.61

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	78700.00	105700.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	78700.00	105700.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	13387.00	13427.61
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	13387.00	13427.61

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Texans for Integrity**

**A. Cohen, Howard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8603 Oxford Ave.  
 City Lubbock State TX Zip Code 79423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cohen Hill Bond Agency Occupation (for Individual) Bond Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **05 / 09 / 2016**  
**Transaction ID : SA11AI.4174**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**B. Hickle, Randy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4515 Marsha Sharp Fwy  
 City Lubbock State TX Zip Code 79407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Grace Clinic Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 9200.00

Date of Receipt **06 / 07 / 2016**  
**Transaction ID : SA11AI.4164**  
 Amount of Each Receipt this Period 9200.00  
 Memo Item

**C. Pewitt, Bill, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1122 Colorado Street Suite 2001  
 City Austin State TX Zip Code 78701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Consultant Occupation (for Individual) Self  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **06 / 17 / 2016**  
**Transaction ID : SA11AI.4136**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12200.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Texans for Integrity**

**A. Rawls, Jerry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 164 Marvin Avenue  
 City Los Altos State CA Zip Code 94022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Chairman Occupation (for Individual) Finisar  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 23 / 2016  
**Transaction ID : SA11AI.4134**  
 Amount of Each Receipt this Period  
 10000.00  
 Memo Item

**B. Scovell, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6322 De Loache  
 City Dallas State TX Zip Code 75255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Woodbine Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 10 / 2016  
**Transaction ID : SA11AI.4157**  
 Amount of Each Receipt this Period  
 25000.00  
 Memo Item

**C. Seam, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4202 78th St. #6  
 City Lubbock State TX Zip Code 79423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Happy State Bank Occupation (for Individual) Banker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2016  
**Transaction ID : SA11AI.4169**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	36500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Texans for Integrity**

**A. Sharbutt, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 6990  
 City Lubbock State TX Zip Code 79493  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Self  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2016  
**Transaction ID : SA11AI.4172**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**B. Stevenson, Randy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2400 A Roosevelt Drive  
 City Arlington State TX Zip Code 76016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Real Estate  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 10 / 2016  
**Transaction ID : SA11AI.4155**  
 Amount of Each Receipt this Period  
 25000.00  
 Memo Item

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30000.00
<b>TOTAL</b> This Period (last page this line number only).....	78700.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Texans for Integrity**

Full Name (Last, First, Middle Initial) <b>A. Henry Alan, LLC</b>		Date of Disbursement MM / DD / YYYY 05 / 13 / 2016	
Mailing Address 5822 Crighton Drive		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4150</b> Amount of Each Disbursement this Period [ ] 225.00	
City Dublin	State OH	Zip Code 43016	Category/ Type [ ]
Purpose of Disbursement Fundraising Commission		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Henry Alan, LLC</b>		Date of Disbursement MM / DD / YYYY 05 / 13 / 2016	
Mailing Address 5822 Crighton Drive		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4167</b> Amount of Each Disbursement this Period [ ] 139.00	
City Dublin	State OH	Zip Code 43016	Category/ Type [ ]
Purpose of Disbursement EIN Registration		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Henry Alan, LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 08 / 2016	
Mailing Address 5822 Crighton Drive		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4152</b> Amount of Each Disbursement this Period [ ] 12.50	
City Dublin	State OH	Zip Code 43016	Category/ Type [ ]
Purpose of Disbursement Fundraising Commission		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 376.50
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Texans for Integrity**

Full Name (Last, First, Middle Initial) <b>A. Henry Alan, LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 08 / 2016
Mailing Address 5822 Crighton Drive		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4210</b> Amount of Each Disbursement this Period [ ] 12500.00
City Dublin	State OH	Zip Code 43016
Purpose of Disbursement Accounting and Compliance		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Runoff	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. Huntington National Bank</b>		Date of Disbursement MM / DD / YYYY 06 / 15 / 2016
Mailing Address 6655 Avery-Muirfield Drive		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4154</b> Amount of Each Disbursement this Period [ ] 215.00
City Dublin	State OH	Zip Code 43017
Purpose of Disbursement Wiring Fee		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Runoff	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. MobileCause</b>		Date of Disbursement MM / DD / YYYY 05 / 09 / 2016
Mailing Address 71001 Agoura Rd. Ste 350a		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4163</b> Amount of Each Disbursement this Period [ ] 225.00
City Calabasas	State CA	Zip Code 91301
Purpose of Disbursement Credit Card Processing Fees		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Runoff	
<input type="checkbox"/> Memo Item		

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[ ] 12940.00

**TOTAL** This Period (last page this line number only)..... ▶

[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Texans for Integrity**

**A. MobileCause**

Full Name (Last, First, Middle Initial)

Mailing Address 71001 Agoura Rd.  
Ste 350a

City Calabasas State CA Zip Code 91301

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼ Runoff

Date of Disbursement: MM / DD / YYYY  
06 / 17 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4159

Amount of Each Disbursement this Period: 12.50

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify)

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	12.50
<b>TOTAL</b> This Period (last page this line number only).....▶	13329.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input checked="" type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Texans for Integrity**

Full Name (Last, First, Middle Initial) <b>A. Phillips, Robert, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 13 / 2016	
Mailing Address 5822 Crighton Drive		FEC Identification Number C [ ]	
City Dublin	State OH	Zip Code 43016	Transaction ID : <b>SB26.4166</b>
Purpose of Disbursement		Category/Type	Amount of Each Disbursement this Period 50.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Memo Item
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [ ]	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [ ]	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	50.00
<b>TOTAL</b> This Period (last page this line number only).....▶	50.00

**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full) **Texans for Integrity** Transaction ID : **SC/10.4110**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Phillips, Robert, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5822 Crighton Drive			
City Dublin	State OH	ZIP Code 43016	

Original Amount of Loan 50.00	Cumulative Payment To Date 50.00	Balance Outstanding at Close of This Period 0.00
----------------------------------	-------------------------------------	---

**TERMS**

Date Incurred MM / DD / YYYY 04 / 05 / 2016	Date Due MM / DD / YYYY 12/31/2016	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	[ ] 0.00
<b>TOTALS</b> This Period (last page in this line only) .....	[ ] 0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 14 OF 19
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Texans for Integrity**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Henry Alan, LLC</b>			Nature of Debt (Purpose): Accounting and Compliance Services
Mailing Address 5822 Crighton Drive			
City Dublin	State OH	Zip Code 43016	

Outstanding Balance Beginning This Period 12500.00	Transaction ID : SD10.4131	
Amount Incurred This Period 0.00	Payment This Period 12500.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Henry Alan, LLC</b>			Nature of Debt (Purpose): Accounting and Compliance
Mailing Address 5822 Crighton Drive			
City Dublin	State OH	Zip Code 43016	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4137	
Amount Incurred This Period 250.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 250.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	250.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	250.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	250.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.4137

(Current loan amount of 87.61 from a balance of 87.61 has been forgiven)

Form/Schedule:

Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Texans for Integrity
FEC IDENTIFICATION NUMBER
C C00615245

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee Owen Group
Mailing Address 1502 Texas Ave
City Lubbock State TX Zip Code 79401
Purpose of Expenditure Media Category/Type 004
Name of Federal Candidate: ARRINGTON, JODEY COOK, , ,
Office Sought: House District: 19 State: TX
Calendar Year-To-Date Per Election for Office Sought 23000.00
Disbursement For: Other (specify) Runoff

Full Name of Payee Owen Group
Mailing Address 1502 Texas Ave
City Lubbock State TX Zip Code 79401
Purpose of Expenditure Media Category/Type 004
Name of Federal Candidate: ARRINGTON, JODEY COOK, , ,
Office Sought: House District: 19 State: TX
Calendar Year-To-Date Per Election for Office Sought 73000.00
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 73000.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Phillips, Robert, , ,

[Electronically Filed]

Date

01 / 06 / 2017

Signature



: 97 `A-G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`+19A-N5HCB

Form/Schedule: SE

Transaction ID : SE.4102

Please note this amendment reflects all expenditures were done in District 19. No expenditures were done in District 18.

Form/Schedule:

Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Texans for Integrity
FEC IDENTIFICATION NUMBER
C 00615245

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee Owen Group
Mailing Address 1502 Texas Ave
City Lubbock State TX Zip Code 79401
Purpose of Expenditure Media Buy Category/Type 004
Date of Public Distribution/Dissemination 05/15/2016
Amount 4000.00
Transaction ID: SE.4184
Date of Disbursement or Obligation 05/16/2016

Name of Federal Candidate: ARRINGTON, JODEY COOK, , ,
Support Oppose
Office Sought: House District: 19
President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 77000.00
Disbursement For: Other (specify) Runoff

Full Name of Payee Owen Group
Mailing Address 1502 Texas Ave
City Lubbock State TX Zip Code 79401
Purpose of Expenditure Media Buy Category/Type 004
Date of Public Distribution/Dissemination 05/23/2016
Amount 10000.00
Transaction ID: SE.4186
Date of Disbursement or Obligation 05/24/2016

Name of Federal Candidate: ARRINGTON, JODEY COOK, , ,
Support Oppose
Office Sought: House District: 19
President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 92000.00
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 14000.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Phillips, Robert, , ,

[Electronically Filed]

Date

01/06/2017

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Texans for Integrity</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> C00615245                 </div>
--	--

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>The Prosper Group</b>	Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 05 / 22 / 2016
Mailing Address 435 E. Main Street Suite 250	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     2000.00                 </div>
City Greenwood State IN Zip Code 46143	
Purpose of Expenditure Media Buy Category/Type 004	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose ARRINGTON, JODEY COOK, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 19 State: TX
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;">79000.00</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <input type="checkbox"/> Memo Item <b>The Prosper Group</b>	Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 05 / 23 / 2016
Mailing Address 435 E. Main Street Suite 250	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     3000.00                 </div>
City Greenwood State IN Zip Code 46143	
Purpose of Expenditure Media Buy Category/Type 004	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose ARRINGTON, JODEY COOK, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 19 State: TX
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;">82000.00</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                 5000.00             </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                 0.00             </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                 92000.00             </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Phillips, Robert, , ,*

**[Electronically Filed]**

Date

M M / D D / Y Y Y Y Y Y  
01 / 06 / 2017

Signature