

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form | 1 Filer ID(Ethics Commission filers) | 2 Total pages filed

| | | | | | |
|--|--|--------------|---------------|---|----------------------------------|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS/MRS/MR | FIRST | MI | OFFICE USE ONLY | |
| | NICKNAME | LAST | SUFFIX | | |
| | BEN | EARL | BENJAMIN | Date Received 10/26/2015 | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of address | ADDRESS / PO BOX; | APT/SUITE #; | CITY; | STATE; | ZIP CODE |
| | 4500 RAWLEY HOUSTON TEXAS 77020 | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | Date Hand-delivered or Date Postmarked | |
| | (281) 435-9655 | | | | |
| 6 CAMPAIGN TREASURER NAME | MS/MRS/MR | FIRST | MI | Receipt # | Amount |
| | NICKNAME | LAST | SUFFIX | Date Processed | |
| | | NICOLLETTE | | Date Imaged | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence) | STREET ADDRESS (No PO Box Please); | APT/SUITE #; | CITY; | STATE; | ZIP CODE |
| | 3006 CEDAR WING CT MISSOURI CITY TX 77489 | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | |
| | (832) 297-0157 | | | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit | | | | |
| | <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment(officeholder only) | | | | |
| 10 PERIOD COVERED | Month | Day | Year | THROUGH | Month Day Year |
| | 9/25/2015 | | | | 10/25/2015 |
| 11 ELECTION | ELECTION DATE | | ELECTION TYPE | | |
| | Month | Day | Year | <input type="checkbox"/> Primary | <input type="checkbox"/> Runoff |
| | 11/3/2015 | | | <input checked="" type="checkbox"/> General | <input type="checkbox"/> Special |
| 12 OFFICE | OFFICE HELD (if any) | | | 13 OFFICE SOUGHT (if known) | |
| | | | | City Council - District B | |

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

14 FILER NAME EARL BENJAMIN WHITE

15 Filer ID (Ethics Commission Filers)

| | | |
|--|---|--------------------------------------|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. | |
| | COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | | |
|-------------------------|---|--|------------|
| 17 CONTRIBUTION TOTALS | 1 | TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ |
| | 2 | TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ |
| EXPENDITURE TOTALS | 3 | TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ |
| | 4 | TOTAL POLITICAL EXPENDITURES | \$591.00 |
| CONTRIBUTION BALANCE | 5 | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$34.38 |
| OUTSTANDING LOAN TOTALS | 6 | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$3,840.00 |

18 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.

EARL B WHITE

Signature of Candidate or Officeholder

AFFIX NOT 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

Print name of officer administering oath

Title of officer administering oath

SUBTOTALS - COH**FORM C/OH
COVER SHEET PG 3**

| | | |
|-----------------------------------|--|--|
| 19 FILER NAME EARL BENJAMIN WHITE | | 20 Filer ID (Ethics Commission Filers) |
| 21 | SCHEDULE SUBTOTALS | SUBTOTAL |
| | NAME OF SCHEDULE | AMOUNT |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | |
| 4. | SCHEDULE E: LOANS | 440 |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | 591 |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | |
| 8. | SCHEDULE F4: EXPENDITURES MADE FROM CREDIT CARD | |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | |
| 10. | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | |

**CANDIDATE / OFFICEHOLDER REPORT:
NOTICE FROM POLITICAL COMMITTEE(S)**

**FORM C/OH
ADDENDUM**

C/OH NAME EARL BENJAMIN WHITE

ACCOUNT # (Ethics
Commission filers)

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

| LOANS | | | SCHEDULE E | |
|---|--|---|---|------------------|
| The Instruction Guide explains how to complete this form. | | | 1 Total Pages Schedule E: | |
| 2 FILER NAME EARL BENJAMIN WHITE | | | 3 Filer ID (Ethics Commission filers) | |
| 4 TOTAL OF UNITEMIZED LOANS: => => => => => => | | | | |
| 5 Date of loan 10/5/2015 | 7 Name of lender EARL B WHITE | <input type="checkbox"/> out of state PAC(ID#) | 9 Loan Amount (\$) 440.00 | |
| 6 Is Lender a Financial Institution? No | 8 Lender Address; HOUSTON TX 77020 | City; | State; | Zip Code |
| | | 10 Interest rate | | 11 Maturity date |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) SELF-EMPLOYED | | |
| 14 Description of collateral <input type="checkbox"/> NONE | | 15 <input checked="" type="checkbox"/> | Check if personal funds were deposited into political account (See instructions) | |
| 16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 17 Name of guarantor | | 19 Amount Guaranteed (\$) | |
| | 18 Guarantor address; City; State; Zip Code | | | |
| 20 Principal Occupation | | 21 Employer | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements | | | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: | 2 FILER NAME EARL BENJAMIN WHITE | 3 Filer ID (Ethics Commission filers) |
| 4 Date 10/8/2015 | 5 Payee name GATES PRINTING | |
| 6 Amount (\$) 91.00 | 7 Payee address; City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGNAGE |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought office held |

| | | |
|---|---|--|
| 4 Date 10/13/2015 | 5 Payee name FIFTH WARCH CHURCH OF CHRIST | |
| 6 Amount (\$) 500.00 | 7 Payee address; City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense FLYERS |
| 9 Complete ONLY if direct expendituree to benefit C/OH | Candidate / Officeholder name | office sought office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED