

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

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| The C/OH Instruction Guide explains how to complete this form. | 1 ACCOUNT # (Ethics Commission Filers) | 2 Total pages filed: 3 |
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| | | | | |
|---------------------------------|-------------------------|-----------------------|--------|-----------------|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR MR | FIRST James | MI | OFFICE USE ONLY |
| | NICKNAME | LAST Howard | SUFFIX | |

| | | | | | |
|--|--|--|--|--|--|
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE | | | | |
| | 2230 E. Houston St. San Antonio Texas, 7802 | | | | |

| | | | |
|----------------------------------|--------------|-----------------|-----------|
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | (210) | 382-8618 | |

| | | | | |
|---------------------------|---------------|-------------------------|--------|-----------------|
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST Dan | MI | OFFICE USE ONLY |
| | NICKNAME | LAST Martinez | SUFFIX | |

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|---|---|--|--|--|--|
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE | | | | |
| | 932 Rice Rd. San Antonio Texas, 78220 | | | | |

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| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | (210) | 685-9624 | |

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|---------------|--|---|---|--|
| 9 REPORT TYPE | <input checked="" type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) |
| | <input type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded \$500 limit | <input type="checkbox"/> Final report (Attach C/OH - FR) |

| | | | | | | | |
|-------------------|-----------------------|----------------------|-----------------|-------------------|-----------------------|-----------------------|-----------------|
| 10 PERIOD COVERED | Month | Day | Year | THROUGH | Month | Day | Year |
| | 08/01/2016 | 7/14/2016 | 2016 | S.L.H. | 01/15/2017 | 12/31/2016 | 2016 |

| | | | | | | | |
|-------------|---------------|-----|------|----------------------------------|---------------------------------|----------------------------------|----------------------------------|
| 11 ELECTION | ELECTION DATE | | | ELECTION TYPE | | | |
| | Month | Day | Year | <input type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input type="checkbox"/> General | <input type="checkbox"/> Special |

| | |
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| 12 OFFICE OFFICE HELD (if any) Trustee, Dist. 2 - SAISD | 13 OFFICE SOUGHT (if known) |
|--|-----------------------------|

| | | | |
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| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages | DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE. | | |
| | Name None | | |
| | Address / PO Box; Apt. / Suite #; City; State; Zip Code | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

James Howard

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE NAME

None

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *-0-*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *-0-*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ *65.00*

4. TOTAL POLITICAL EXPENDITURES

\$ *165.00*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

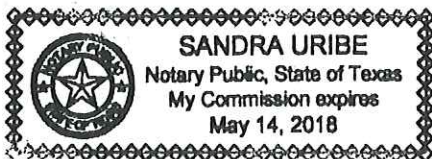
\$ *565.77*

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *-0-*

19 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.

James Howard
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *James Howard*, this the *10th* day of *January*, 20 *17*, to certify which, witness my hand and seal of office.

Sandra Uribe
Signature of officer administering oath

Sandra Uribe Community Relations
Printed name of officer administering oath

Specialist
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule F: <i>1</i> | 2 FILER NAME <i>James Howard</i> | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date <i>08/11/2016</i> | 5 Payee name <i>Jo McCall</i> | |
| 6 Amount (\$) <i>100.00</i> | 7 Payee address; City; State; Zip Code <i>4111 Tamarak Dr. San Antonio TX. 78220</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) <i>Donation</i> | (b) Description (If travel outside of Texas, complete Schedule T) |
| | Candidate / Officeholder name | Office sought Office held |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

| | | |
|--|--|---|
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| | Candidate / Officeholder name | Office sought Office held |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED