CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			<u> </u>		
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 Sames NICKNAME LAST HOWARD	MI SUFFIX	OFFICE USE ONLY Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; JOHN JOHN JOHN JOHN JOHN JOHN JOHN JOHN	otry; state; zip code St. 78702	01-14-19P06:35 RCVD		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (210) 382 - 86 /8	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Dan NICKNAME LAST Martine	MI SUFFIX	Receipt # Amount \$ Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SI 932 Rice San Aato	VITE#; CITY; STATE; Rd NIO, TX 78220	ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (210) 685-962	EXTENSION			
9 REPORT TYPE	January 15 30th day before elements 30th day b		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 07/15/20/8	THROUGH Of /	Day Year 15 / 2019		
11 ELECTION	ELECTION DATE Month Day Year Primary General	ELECTION TYPE Runoff Other Description Special			
12 OFFICE	OFFICE HELD (If any) Trusfee, Disto 2-SAI	13 OFFICE SOUGHT (if known)			
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Sames	Howard	5 Filer ID (Ethics Commission Filers)			
16 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					
	GENERAL	None				
	SPECIFIC	COMMITTEE ADDRESS				
	□ 25E0IFIC					
		COMMITTEE CAMPAIGN TREASURER NAME	2			
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION			N			
TOTALS	1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	® 8 −Ø−			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 41,00		\$ 41,00			
	4. TOTAL POLITICAL EXPENDITURES \$ 41.00					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		DAY \$ 1,070,50			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$		* -O-			
18 AFFIDAVIT						
ARY PU	SANDRA URI	BE true and correct and includes all info	erjury, that the accompanying report is rmation required to be reported by me			
	Notary Public, State of My Commission ex	pires 2				
Win the	May 14, 2022 ID # 260073-		Dervis 1			
		Signature of Cano	didate or Officeholder			
AFFIX NOTARY STAMP / SEALABOVE						
Sworn to and subscribed before me, by the said $2ames$ Howard, this the $44h$						
day of January, 20 9, to certify which, witness my hand and seal of office.						
$0 + 21 - 1 \leq 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 +$						
Landra V	Sandia V. Unive Sandra H. Ulibe Notary					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

(512) 463-5800

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulling Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/F	ontract Labor alsing Expense trict Rental Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME Pamps Howard	3 ACCOUNT # (Ethics Commission Filers)
4 Date /0/3/2018	5 Payee name J. Frank Dobie Post Or	CFICE
6 Amount (\$) 41,00	7 Payee address; City; State; Zip Code 4950 E. Houston St. San Antonio, Tk. 78220	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
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)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Dale	Payee name	1
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)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH ∜	Office sought Office held
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) Office sought Office held
Complete ONLY if direct expenditure to benefit C/		Office Solgin
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED