

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 4
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <input checked="" type="radio"/> MR FIRST MI	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX		
James Howard		Date Received	07-14-15 P02:53 RCVD
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 TX 78202	Date Hand-delivered or Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 382-8618	Receipt #	Amount
6 CAMPAIGN TREASURER NAME	MS / MRS / <input checked="" type="radio"/> MR FIRST MI	Date Processed	Date Imaged
Dan Martinez			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 932 Rice Rd San Antonio TX 78220		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 685-9624		
9 REPORT TYPE	<input 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 checked="" 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
04 / 30 / 2015			07 / 15 / 2015
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE	
05 / 07 / 2015		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Trustee, Dist. 2 - SAISD	13 OFFICE SOUGHT (if known)	
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 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

GENERAL

SPECIFIC

COMMITTEE NAME

Texas State Teachers Association
Political Action Committee

COMMITTEE ADDRESS

316 W. 12th Street
Austin TX 78701

COMMITTEE CAMPAIGN TREASURER NAME

Ed Martin

COMMITTEE CAMPAIGN TREASURER ADDRESS

316 W. 12th St.
Austin TX, 78701

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)

\$ 800.00

EXPENDITURE TOTALS

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

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 507.00

CONTRIBUTION BALANCE

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

\$ 969.77

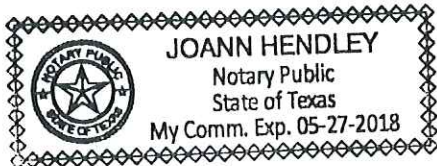
OUTSTANDING LOAN TOTALS

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 14th day of July, 20 15, to certify which, witness my hand and seal of office.

Joann Hendley
Signature of officer administering oath

Joann Hendley
Printed name of officer administering oath

exec Sec
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME JAMES Howard		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 05/01/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frederick Kirksey	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 126 Sandstone Ln. Sequin TX 78155-0000		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Personal		10 Employer (See Instructions)	
Date 05/06/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darnell McLaurin	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 307 Iron Kettle Universal City TX 78148		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Personal		Employer (See Instructions)	
Date 05/09/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Full Court Press Foundation	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 14918 Eagle Run San Antonio TX 78233-7110		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Trust		Employer (See Instructions)	
Date 04/30/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tex. State Teachers Assoc. PAC	Amount of contribution (\$) 2,551.68 2,551.68	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 316 W. 12th St Austin TX 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) PAC		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 1	2 FILER NAME James Howard	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 06/30/15	5 Payee name Jo McCall
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6 Amount (\$) 300.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1617 E. Commerce San Antonio Tx. 78205
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Political Consultant	(b) Description (If travel outside of Texas, complete Schedule T)
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Date 06/30/15	Payee name T.C. Calvert
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Amount (\$) 200.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3607 Tuscany Dr. San Antonio TX 78219
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Block Walking	Description (If travel outside of Texas, complete Schedule T)
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Date 06/23/15	Payee name Frost Bank
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Amount (\$) 7.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 1600 San Antonio TX 78296
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Banking Charges/Fees	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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