

# 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 # <small>(Ethics Commission Filers)</small>	2 Total pages filed: <span style="font-size: 2em; margin-left: 20px;">3</span>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI <span style="font-size: 1.5em; margin-left: 100px;">James</span> NICKNAME      LAST      SUFFIX <span style="font-size: 1.5em; margin-left: 100px;">Howard</span>		<b>OFFICE USE ONLY</b> Date Received <span style="font-size: 1.2em; margin-left: 20px;">RCVD</span> <span style="font-size: 1.2em; margin-left: 20px;">7-11-2018</span> <span style="font-size: 1.2em; margin-left: 20px;">2:36 PM</span> <span style="font-size: 1.5em; margin-left: 20px;">AL</span> Date Hand-delivered or Postmarked Receipt #      Amount Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE <span style="font-size: 1.2em; margin-left: 40px;">2230 E. Houston St.</span> <span style="font-size: 1.2em; margin-left: 40px;">San Antonio TX 78202</span>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <span style="font-size: 1.2em; margin-left: 20px;">(210) 382-8618</span>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI <span style="font-size: 1.5em; margin-left: 100px;">Dan</span> NICKNAME      LAST      SUFFIX <span style="font-size: 1.5em; margin-left: 100px;">Martinez</span>		
7 CAMPAIGN TREASURER ADDRESS <small>(residence or business)</small>	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE <span style="font-size: 1.2em; margin-left: 40px;">932 Rice Rd.</span> <span style="font-size: 1.2em; margin-left: 40px;">San Antonio TX 78220</span>		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <span style="font-size: 1.2em; margin-left: 20px;">(210) 685-9624</span>		
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 <span style="font-size: 1.2em; margin-left: 20px;">01 / 15 / 2018</span> <span style="font-size: 1.2em; margin-left: 100px;">07 / 15 / 2018</span>		
11 ELECTION <span style="font-size: 1.5em; margin-left: 20px;">N/A</span>	ELECTION DATE Month      Day      Year <span style="font-size: 1.5em; margin-left: 20px;">/ /</span>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <span style="font-size: 1.2em; margin-left: 20px;">Trustee, Dist. 2 - SAISD</span>	13 OFFICE SOUGHT (if known) <span style="font-size: 1.5em; margin-left: 20px;">—</span>	
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 <span style="font-size: 1.5em; margin-left: 20px;">None</span> 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

None

COMMITTEE ADDRESS

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

\$ 91.00

4. TOTAL POLITICAL EXPENDITURES

\$ 191.00

CONTRIBUTION BALANCE

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

\$ 1,111.50

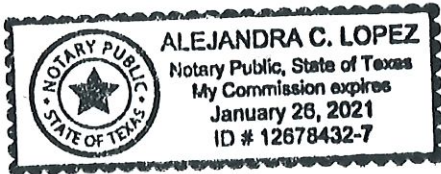
OUTSTANDING LOAN TOTALS

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 18, to certify which, witness my hand and seal of office.

Alejandra C Lopez  
Signature of officer administering oath

Alejandra C. Lopez  
Printed name of officer administering oath

Notary  
Title of officer administering oath

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX B(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:	2 FILER NAME <i>James Howard</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>2/23/2018</i>	5 Payee name <i>Dan Martinez</i>
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6 Amount (\$) <i>100.00</i>	7 Payee address; City; State; Zip Code <i>932 Rice Rd. - San Antonio TX 78220</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Reimbursement for Gift Card</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Do the Write thing Natl. Program</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/31/2018</i>	Payee name <i>Jo McCall</i>
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Amount (\$) <i>50.00</i>	Payee address; City; State; Zip Code <i>4111 Tamarak Dr. San Antonio TX 78220</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Love Gift Donation</i>	Description (If travel outside of Texas, complete Schedule T) <i>Passing of Jo McCall's Mother</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/17</i>	Payee name <i>U.S. Post Master</i>
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Amount (\$) <i>4.00</i>	Payee address; City; State; Zip Code <i>4950 E. Houston St. - San Antonio TX 78220</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>P.O. Box Rental</i>	Description (If travel outside of Texas, complete Schedule T) <i>P.O. Box</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED