

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 Date Received 12/3/2015 Date Hand-delivered or Date Postmarked
	Mr.	Chris		
NICKNAME	LAST	SUFFIX		
	Oliver			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT/SUITE #;	CITY; STATE; ZIP CODE	
<input type="checkbox"/> Change of address	2706 Skyview Chase Lane		Houston TX 77047	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(832)	489-5958		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	Receipt #
	Mr.	Fred		Amount
	NICKNAME	LAST	SUFFIX	Date Processed
		Zeidman		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Resident or business)	STREET ADDRESS (No PO Box Please);	APT/SUITE #;	CITY; STATE; ZIP CODE	
	3719 Olympia		Houston TX 77019	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(713)	385-0508		
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 type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment(officeholder only)			
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year	
	10/25/2015		12/2/2015	
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
	12/12/2015			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
		City Council - At Large Position 1		

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

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

14 FILER NAME Chris Oliver

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

GENERAL

SPECIFIC

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)	\$2,900.00
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4	TOTAL POLITICAL EXPENDITURES	\$17,759.27
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$0.00
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Chris Oliver

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 Chris Oliver		20 Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS	SUBTOTAL
	NAME OF SCHEDULE	AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	2900
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	
4.	SCHEDULE E: LOANS	
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	17759.27
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 Chris Oliver

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A1:
2 FILER NAME Chris Oliver		3	Filer ID (Ethics Commission filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7	Amount of contributions (\$)
	6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7	Amount of contributions (\$)
	6 Contributor address; City; State; Zip Code		
10/30/2015	Troi & Kelley Taylor Houston TX 77002		250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Consultant		Taylor Construction Management	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7	Amount of contributions (\$)
	6 Contributor address; City; State; Zip Code		
10/28/2015	Harry Johnson Houston TX 77042		500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Attorney		Law Office of Harry Johnson	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7	Amount of contributions (\$)
	6 Contributor address; City; State; Zip Code		
10/31/2015	Vergel Gay Cypress TX 77433		100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A1:
2 FILER NAME Chris Oliver		3 Filer ID (Ethics Commission filers)	
11/3/2015	Arthur Tyler ----- 6 Contributor address; City; State; Zip Code Humble TX 77396	7	Amount of contributions (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
11/3/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Elijah Gooden ----- 6 Contributor address; City; State; Zip Code Pearland TX 77581	7	Amount of contributions (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10/28/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Patrick Pollan ----- 6 Contributor address; City; State; Zip Code Houston TX 77055	7	Amount of contributions (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10/30/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) Lina Sabouni ----- 6 Contributor address; City; State; Zip Code Missouri City TX 77459	7	Amount of contributions (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
John L. Guess	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#) John L. Guess	7	Amount of contributions (\$)

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule A1:

2 FILER NAME Chris Oliver

3 Filer ID (Ethics Commission filers)

11/2/2015	6 Contributor address; City; State; Zip Code Houston TX 77096	500.00
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8 Principal occupation / Job title (See Instructions)

9 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 FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Chris Oliver	3 Filer ID (Ethics Commission filers)
4 Date 10/30/2015	5 Payee name Elite Change, Inc.	
6 Amount (\$) 1,214.00	7 Payee address; City; State; Zip Code 315 W. Alabama Suite 103 Houston TX 77006	
8 PURPOSE OF EXPENDITURE	(a) Category Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 11/2/2015	5 Payee name Elite Change, Inc.	
6 Amount (\$) 2,714.62	7 Payee address; City; State; Zip Code 315 W. Alabama Suite 103 Houston TX 77006	
8 PURPOSE OF EXPENDITURE	(a) Category Consulting 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 Campaign Consulting
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 11/2/2015	5 Payee name Elite Change, Inc.	
6 Amount (\$) 8,000.00	7 Payee address; City; State; Zip Code 315 W. Alabama Suite 103 Houston TX 77006	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Chris Oliver		3 Filer ID (Ethics Commission filers)
	Salaries/Wages/Contract Labor	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Early Voting Program
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 11/2/2015	5 Payee name Elite Change, Inc.		
6 Amount (\$) 5,000.00	7 Payee address; City; State; Zip Code 315 W. Alabama Suite 103 Houston TX 77006		
8 PURPOSE OF EXPENDITURE	(a) Category Salaries/Wages/Contract Labor	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Election Day Poll Workers
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Chris Oliver		3 Filer ID (Ethics Commission filers)
4 Date 10/30/2015	5 Payee name Elite Change, Inc.		
6 Amount (\$) 830.65	7 Payee address; City; State; Zip Code 315 W. Alabama Suite 103 Houston TX 77006		
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 Push Cards	
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

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME Chris Oliver	2 ACCOUNT # (Ethics Commission filers)
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3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Chris Oliver

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below only if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Chris Oliver

Signature of Candidate

5 OFFICEHOLDER

•• Complete this section only if you are an officeholder. ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder