

**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 Evelyn Husband	<b>OFFICE USE ONLY</b> Date Received 10/26/2015	
	NICKNAME LAST SUFFIX Thompson		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of address	ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE 13622 Country Green Court Houston TX 77059	Date Hand-delivered or Date Postmarked	
	AREA CODE PHONE NUMBER EXTENSION (281) 413-3681		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 413-3681	Receipt #	Amount
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI William G	Date Processed	
	NICKNAME LAST SUFFIX Thompson	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Resident or business)	STREET ADDRESS (No PO Box Please); APT/SUITE #; CITY; STATE; ZIP CODE 13622 Country Green Court Houston TX 77059		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 582-5624		
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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment(officeholder only)		
10 PERIOD COVERED	Month Day Year 9/25/2015	THROUGH	Month Day Year 10/24/2015
11 ELECTION	ELECTION DATE Month Day Year 11/3/2015	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	City Council - At Large Position 4

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

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

14 FILER NAME Evelyn Husband Thompson

15 Filer ID (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.

16 NOTICE FROM POLITICAL COMMITTEE(S)

<input checked="" type="checkbox"/> additional pages	COMMITTEE TYPE  <input checked="" type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME Campaign for Houston  COMMITTEE ADDRESS PO Box 75190  Houston TX 77234  COMMITTEE CAMPAIGN TREASURER NAME Standley Bart  COMMITTEE CAMPAIGN TREASURER ADDRESS PO Box 75190  Houston TX 77234
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17 CONTRIBUTION TOTALS

1	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$0.00
2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$12,550.00

EXPENDITURE TOTALS

3	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$0.00
4	TOTAL POLITICAL EXPENDITURES	\$12,005.00

CONTRIBUTION BALANCE

5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$545.00
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OUTSTANDING LOAN TOTALS

6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$4,000.00
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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.

Larry M. Hicks

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 Evelyn Husband Thompson		20 Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS	SUBTOTAL
	NAME OF SCHEDULE	AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	12550
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	
4.	SCHEDULE E: LOANS	4000
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	12005
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 Evelyn Husband Thompson

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.

17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

Conservative Republicans of Harris County

COMMITTEE ADDRESS

PO Box 75190

Houston TX 77234

COMMITTEE CAMPAIGN TREASURER NAME

Standley, Bart

COMMITTEE CAMPAIGN TREASURER ADDRESS

PO Box 75190

Houston TX 77234

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A1:
2 FILER NAME Evelyn Husband Thompson		3	Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor	<input type="checkbox"/> out of state PAC(ID# )
	10/1/2015	Allen R Hartman	
	6 Contributor address; City; State; Zip Code		7
	Houston TX 77057		Amount of contributions (\$)
			\$5,000.00
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# )
	10/19/2015	Stephen E Riggle	
	6 Contributor address; City; State; Zip Code		7
	Montgomery TX 77356		Amount of contributions (\$)
			\$2,500.00
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# )
	10/21/2015	Lisa Marie Hartman	
	6 Contributor address; City; State; Zip Code		7
	Houston TX 77063		Amount of contributions (\$)
			\$5,000.00
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# )
	10/24/2015	Peggy MI Galvan	
	6 Contributor address; City; State; Zip Code		7
	League City TX 77573		Amount of contributions (\$)
			\$50.00
8	Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule A1:

2 FILER NAME Evelyn Husband Thompson

3 Filer ID (Ethics Commission filers)

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

<b>LOANS</b>		<b>SCHEDULE E</b>
<b>The Instruction Guide explains how to complete this form.</b>		1 Total Pages Schedule E:
2 FILER NAME Evelyn Husband Thompson		3 Filer ID (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS:      => => => => => =>		
5 Date of loan  11/7/2015	7 Name of lender Jeff Yates  out of state PAC(ID#)	9 Loan Amount (\$)  4,000.00
6 Is Lender a Financial Institution?	8 Lender Address;  Houston TX 77234  City; State; Zip Code	10 Interest rate  0.00%
		11 Maturity date  12/31/2015
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of collateral  <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See instructions)
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address;  City; State; Zip Code	
20 Principal Occupation		21 Employer
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Evelyn Husband Thompson	<b>3</b> Filer ID (Ethics Commission filers)
<b>4</b> Date 10/2/2015	<b>5</b> Payee name Evelyn Thompson	
<b>6</b> Amount (\$) 500.00	<b>7</b> Payee address; City; State; Zip Code 13622 Country Green Court  Houston TX 77059	
<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category  Loan Repayment/Reimbursement	(b) Description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimburse filing fee paid from personal funds
<b>9</b> Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

<b>4</b> Date 10/2/2015	<b>5</b> Payee name Larry M. Hicks, CPA	
<b>6</b> Amount (\$) 1,350.00	<b>7</b> Payee address; City; State; Zip Code 10500 Northwest Freeway, Suite 212  Houston TX 77092	
<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category  Accounting/Banking	(b) Description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting and compliance services
<b>9</b> Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

<b>4</b> Date 10/7/2015	<b>5</b> Payee name The What's Up Radio Program	
<b>6</b> Amount (\$) 8,000.00	<b>7</b> Payee address; City; State; Zip Code 12337 Jones Road, Suite 450  Houston TX 77070	
<b>8 PURPOSE OF EXPENDITURE</b>	(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 Evelyn Husband Thompson		3 Filer ID (Ethics Commission filers)
	Advertising Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Print ad
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date  10/7/2015	5 Payee name  Conservative Media Properties		
6 Amount (\$)  6,000.00	7 Payee address; City; State; Zip Code  2211 Norfolk St, Suite 920  Houston TX 77098		

8 PURPOSE OF EXPENDITURE	(a) Category  Advertising Expense	<input type="checkbox"/>	(b) Description  Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Print ad
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9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held
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**POLITICAL EXPENDITURES  
FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Evelyn Husband Thompson		3 Filer ID (Ethics Commission filers)
4 Date  10/22/2015	5 Payee name  Larry M. Hicks, CPA		
6 Amount (\$)  155.00	7 Payee address; City; State; Zip Code  10500 Northwest Freeway, Suite 212  Houston TX 77092		
8 PURPOSE OF EXPENDITURE	(a) Category  Accounting/Banking	(b) Description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting and compliance services	
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**