

**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	
	NICKNAME	LAST	SUFFIX		
	BEN	EARL	BENJAMIN	Date Received 10/5/2015	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of address	ADDRESS / PO BOX;	APT/SUITE #;	CITY;	STATE;	ZIP CODE
	4500 RAWLEY HOUSTON TEXAS 77020				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked	
	(281) 435-9655				
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	Receipt #	Amount
	NICKNAME	LAST	SUFFIX	Date Processed	
		NICOLLETTE		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence)	STREET ADDRESS (No PO Box Please);	APT/SUITE #;	CITY;	STATE;	ZIP CODE
	3006 CEDAR WING CT MISSOURI CITY TX 77489				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(832) 297-0157				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment(officerholder only)				
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month Day Year
	7/15/2015				9/24/2015
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month	Day Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	11/3/2015				
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)	
				City Council - District B	

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

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

14 FILER NAME EARL BENJAMIN WHITE

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$1,434.00
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$1,434.00
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4	TOTAL POLITICAL EXPENDITURES	\$4,838.13
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$185.38
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$3,400.00

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.

EARL BEN WHITE

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 EARL BENJAMIN WHITE		20 Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS	SUBTOTAL
	NAME OF SCHEDULE	AMOUNT
1	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1434
2	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4	SCHEDULE E: LOANS	\$ 2400
5	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 4838
6	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0
8	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 0
9	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
10	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
11	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

**CANDIDATE / OFFICEHOLDER REPORT:
NOTICE FROM POLITICAL COMMITTEE(S)**

**FORM C/OH
ADDENDUM**

C/OH NAME EARL BENJAMIN WHITE

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 EARL BENJAMIN WHITE

3 Filer ID (Ethics Commission filers)

4 Date

5 Full name of contributor

 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)

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

LOANS		SCHEDULE E	
The Instruction Guide explains how to complete this form.		1 Total Pages Schedule E:	
2 FILER NAME EARL BENJAMIN WHITE		3 Filer ID (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: => => => => => =>			
5 Date of loan 7/15/2015	7 Name of lender EARL B WHITE out of state PAC(ID#)	9 Loan Amount (\$) 100.00	
6 Is Lender a Financial Institution? No	8 Lender Address; HOUSTON TX 77020 City; State; Zip Code	10 Interest rate	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions) SELF-EMPLOYED		13 Employer (See Instructions)	
14 Description of collateral <input type="checkbox"/> NONE		15 X	Check if personal funds were deposited into political account (See instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)	
20 Principal Occupation		21 Employer	

LOANS		SCHEDULE E	
The Instruction Guide explains how to complete this form.		1 Total Pages Schedule E:	
2 FILER NAME EARL BENJAMIN WHITE		3 Filer ID (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: => => => => => =>			
5 Date of loan 7/29/2015	7 Name of lender EARL B WHITE	<input type="checkbox"/> out of state PAC(ID#)	9 Loan Amount (\$) 500.00
6 Is Lender a Financial Institution? No	8 Lender Address; HOUSTON TX 77020	City;	10 Interest rate
		State;	11 Maturity date
		Zip Code	
12 Principal occupation / Job title (See Instructions) SELF-EMPLOYED		13 Employer (See Instructions)	
14 Description of collateral <input type="checkbox"/> NONE		15 <input checked="" type="checkbox"/> X	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	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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.

1 Total pages Schedule F1:	2 FILER NAME EARL BENJAMIN WHITE	3 Filer ID (Ethics Commission filers)
4 Date 7/15/2015	5 Payee name HARLAND CLARKE	
6 Amount (\$) 15.20	7 Payee address; City; State; Zip Code	
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 CHECK ORDER
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 7/27/2015	5 Payee name GATES PRINTING	
6 Amount (\$) 300.00	7 Payee address; City; State; Zip Code	
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 YARD SIGNS
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 7/28/2015	5 Payee name FIFTH WARD CHURCH OF CHRIST	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code	
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 EARL BENJAMIN WHITE	3 Filer ID (Ethics Commission filers)
	Printing Expense	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense FLYERS
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 7/29/2015	5 Payee name CITY OF HOUSTON - CANDIDATE FILING FEE
6 Amount (\$) 510.00	7 Payee address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE	(a) Category Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense CANDIDATE FILING FEE
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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 EARL BENJAMIN WHITE	3 Filer ID (Ethics Commission filers)
4 Date 8/4/2015	5 Payee name GATES PRINTING	
6 Amount (\$) 116.91	7 Payee address; City; State; Zip Code	
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 YARD SIGNS
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 8/4/2015	5 Payee name FIFTH WARD CHURCH OF CHRIST	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code	
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 FLYERS
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 8/4/2015	5 Payee name GATES PRINTING	
6 Amount (\$) 751.11	7 Payee address; City; State; Zip Code	
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 EARL BENJAMIN WHITE		3 Filer ID (Ethics Commission filers)
	Printing Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense YARD SIGNS
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 8/21/2015	5 Payee name JAMES WHITE		
6 Amount (\$) 50.00	7 Payee address; City; State; Zip Code		

8 PURPOSE OF EXPENDITURE	(a) Category Solicitation/Fundraising 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 FISH FRY FUNDRAISER SUPPLIES
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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 EARL BENJAMIN WHITE	3 Filer ID (Ethics Commission filers)
4 Date 8/24/2015	5 Payee name RONALD WASHINGTON	
6 Amount (\$) 400.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category Solicitation/Fundraising 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 FISH FRY FUNDRAISER SUPPLIES
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 8/25/2015	5 Payee name WALGREENS	
6 Amount (\$) 42.21	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category Food/Beverage 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 VOLUNTEERS
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 9/1/2015	5 Payee name USPS	
6 Amount (\$) 39.20	7 Payee address; City; State; Zip Code	
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 EARL BENJAMIN WHITE		3 Filer ID (Ethics Commission filers)
	Postal expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN MAILINGS
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 9/9/2015	5 Payee name GATES PRINTING		
6 Amount (\$) 600.00	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category Printing Expense	<input type="checkbox"/>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense YARD SIGNS
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 EARL BENJAMIN WHITE	3 Filer ID (Ethics Commission filers)
4 Date 9/15/2015	5 Payee name FIFTH WARD CHURCH OF CHRIST	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code	
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 FLYERS
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 9/23/2015	5 Payee name GATES PRINTING	
6 Amount (\$) 513.50	7 Payee address; City; State; Zip Code	
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 YARD SIGNS
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