

# 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: <i>4</i>												
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>James Howard</i> NICKNAME LAST SUFFIX <i>Howard</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">OFFICE USE ONLY</th> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Received <i>Received on 6/19/19 @ 2pm By R.L. Silves</i></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Hand-delivered or Postmarked</td> </tr> <tr> <td style="padding: 5px;">Receipt #</td> <td style="padding: 5px;">Amount</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date Imaged</td> </tr> </table>		OFFICE USE ONLY		Date Received <i>Received on 6/19/19 @ 2pm By R.L. Silves</i>		Date Hand-delivered or Postmarked		Receipt #	Amount	Date Processed		Date Imaged	
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Date Processed															
Date Imaged															
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>2230 E. Houston San Antonio TX 78202</i>														
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(210) 382-8618</i>														
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Don</i> NICKNAME LAST SUFFIX <i>Martinez</i>														
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>932 Rice Rd. SAT 78220</i>														
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(210) 685-9624</i>														
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 type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR)														
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <i>01 / 15 / 2019    06 / 03 / 2019</i>														
11 ELECTION <i>N/A</i>	ELECTION DATE Month Day Year <i>/ /</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special													
12 OFFICE	OFFICE HELD (if any) <i>Trustee - SAISO</i>	13 OFFICE SOUGHT (if known) <i>None</i>													
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 <i>N/A</i> Address / PO Box; Apt. / Suite #; City; State; Zip Code														
<b>GO TO PAGE 2</b>															



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

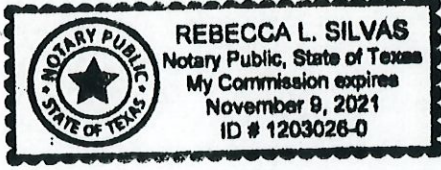
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME	16 ACCOUNT # (Ethics Commission Filers)
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17 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.	
	<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <i>None</i>
		COMMITTEE ADDRESS <i>[scribble]</i>
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

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	\$ 129.50
	4. TOTAL POLITICAL EXPENDITURES	\$ 845.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ - 0 -
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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 L. Howard*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said James L. Howard, this the 14 day of June, 2019, to certify which, witness my hand and seal of office.

Rebecca L. Silvas      Rebecca L. Silvas      notary  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath



# POLITICAL EXPENDITURES

## SCHEDULE F

### 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 F: 2 2 FILER NAME James Howard 3 ACCOUNT # (Ethics Commission Filers)

4 Date 3/25/2019 5 Payee name Wal-Mart

6 Amount (\$) 200.00 7 Payee address; City; State; Zip Code  
Rigsby C SE Loop 410 SAT 78220

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)  
Gift Cards - Middle School Students Essays Winners  
Candidate / Officeholder name Office sought Office held

9 Complete ONLY if direct expenditure to benefit C/OH

Date 3/25 Payee name Frost Bank

Amount (\$) 8.00 Payee address; City; State; Zip Code  
P.O. Box 1600 SAT 78298

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)  
Service Chg. Fee  
Candidate / Officeholder name Office sought Office held

Complete ONLY if direct expenditure to benefit C/OH

Date 4/8/2019 Payee name Darrell Boyce

Amount (\$) 100.00 Payee address; City; State; Zip Code  
Apt. 1804 - 4141 - 140 Frontage Rd. SAT 78219

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)  
Political Contribution  
Candidate / Officeholder name Office sought Office held

Complete ONLY if direct expenditure to benefit C/OH

Date 4/8/2019 Payee name Royce Sullivan

Amount (\$) 100.00 Payee address; City; State; Zip Code  
203 Cardiff Ave. SAT 78220

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)  
Political Contribution  
Candidate / Officeholder name Office sought Office held

Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES

## SCHEDULE F

### 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)  |

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1 Total pages Schedule F: 2 FILER NAME *JAMES HEWARD* 3 ACCOUNT # (Ethics Commission Filers)

4 Date *4/8/2019* 5 Payee name *Keith Toney*

6 Amount (\$) *100.00* 7 Payee address; City; State; Zip Code  
*110 Fargo SAT 78220*

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) *Political Contribution* (b) Description (If travel outside of Texas, complete Schedule T)

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date *4/8/2019* Payee name *Alicia Perry*

Amount (\$) *100.00* Payee address; City; State; Zip Code  
*1611 Lone Oak Ave - SAT-78220*

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) *Political Contribution* Description (If travel outside of Texas, complete Schedule T)

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date *5/15/2019* Payee name *Keith Toney*

Amount (\$) *100.00* Payee address; City; State; Zip Code  
*110 Fargo SAT 78220*

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) *Political Contribution* Description (If travel outside of Texas, complete Schedule T)

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date *5/23/2019* Payee name *Frost Bank*

Amount (\$) *8.00* Payee address; City; State; Zip Code  
*P.O. Box 1600 - SAT 78296*

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) *Service Bank Fee* Description (If travel outside of Texas, complete Schedule T)

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED