CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| | | | OOVER OHEET TO T | |
|---|--|--|--|--|
| The C/OH Instruction | Guide explains how to complete this form. | 1 ACCOUNT # (Ethics Commission Filers) | 2 Total pages filed: | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS/MRS/MR FIRST Edd NICKNAME LAST White | SUFFIX | OFFICE USE ONLY Date Received RECEIVED MAY 5 0 201 | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address | ADDRESS/POBOX: APT/SUITE#, CITY: 5510 Castle Top San | STATE: ZIPCODE Antonio TX 78218 | Date Hand-delivered or Postmarked Receipt # Amount | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER | EXTENSION | Date Processed | |
| 6 CAMPAIGN TREASURER NAME | MS/MRS/MR FIRST Hattie NICKNAME LAST White | MI V , SUFFIX | Date Imaged | |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO POBOX PLEASE); APT/SUITE#; 55/0 CasHe Top San | city; state; Antonio Tx | ZIPCODE 78218 | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER (210) 655-7749 | EXTENSION | | |
| 9 REPORT TYPE | January 15 30th day before election July 15 8th day before election | Runoff Exceeded \$500 | 15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR) | |
| 10 PERIOD COVERED | Month Day Year THROUGH | Month Day 05/02/ | Year / 2014 | |
| 11 ELECTION | Month ELECTION DATE Day Year Primary 05/10/2014 | Runoff | General Special | |
| 12 OFFICE | OFFICE HELD (ffany) Trustee | 13 OFFICE SOUGHT (#KNOWN) NEISD BOO | end of Trustees_Dist #2 | |
| GO TO PAGE 2 | | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME | | | 15 ACCOUNT # (Ethics Commission Filers) | |
|--|--|--|---|--|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR | | | |
| | COMMITTEE TYPE | COMMITTEE NAME | | |
| | GENERAL SPECIFIC | COMMITTEE ADDRESS | | |
| additional pages | | COMMITTEE CAMPAIGN TREASURER NAME | | |
| | 47 | COMMITTEE CAMPAIGN TREASURER ADDRESS | | |
| 17 CONTRIBUTION TOTALS | | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIA | | |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 911.00 | |
| EXPENDITURE TOTALS | | | | |
| | | | | |
| CONTRIBUTION BALANCE | | OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD | \$ //3,24 | |
| OUTSTANDING LOAN TOTALS | | PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD | THE \$ 686.28 | |
| 18 AFFIDAVIT | | | | |
| NOT Sta | KECEINED RABREDEN AUBUR YRA State of Texas Exp. 03-04-2017 | is true and correct and includes a me under Title 15, Election Code | of perjury, that the accompanying report all information required to be reported by | |
| Sworn to and subs | scribed before | me, by the said Edd White, witness | , this the | |
| Le Breil Laura Breede Pt Specialist | | | | |
| Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath | | | | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| The Instruction Guide explains how to complete this form. | | | 1 Total pages Sch | 1 Total pages Schedule A: | | |
|---|--|--------------------|--------------------------------|--|--|--|
| 2 FILER NAME | Edd L. White | | 3 ACCOUNT # (E | thics Commission Filers) | | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) | | |
| 04/12/14 | Aguila ME Grew 6 contributor address; City; State; Zip Code 3435 Chateau Dr. San | 1 Antonio, Tx 782 | \$ 100.00 | description (ii applicable) | | |
| | | | (If travel outside | of Texas, complete Schedule T) | | |
| 9 Principal occup | pation / Job title (See Instructions) | 10 Employer (See I | nstructions) | | | |
| Date 04/27/14 | Full name of contributor out-of-state PAC(ID#_Harry Wilson) Contributor address; City; State; Zip Code 11843 Braesview #907 San Am | | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | | | (If travel outside of | of Texas, complete Schedule T) | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | | | | |
| Date | Full name of contributor | | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | Contributor address; City; State; Zip Code | | (If travel outside | of Texas, complete Schedule T) | | |
| Principal occupation / Job title (See Instructions) Employer (See I | | Instructions) | | | | |
| Date | Full name of contributor | | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| | Contributor address; City; State; Zip Code | | //f traval outside | | | |
| Principal occupation / Job title (See Instructions) Employer (See | | | of Texas, complete Schedule T) | | | |
| Date | Full name of contributor out-of-state PAC (ID#: | | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| Principal occur | Contributor address; City; State; Zip Code | Employer (See | | of Texas, complete Schedule T) | | |
| | | | | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements. | | | | | | |

(512) 463-5800

| LOANS | | | SCHEDULE E | |
|---|---|---|--|--|
| The instruction Guide explains how to complete this form. | | | 1 Total pages Schedule E: | |
| 2 FILER NAME Edd L | L. White | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 TOTAL | OF UNITEMIZED LOANS: |) + + + + + + + + + + + + + + + + + + + | \$ 487.00 | |
| 5 Date of loan | Edd L. White | out-of-state PAC (ID#: | 9 Loan Amount (\$) \$487,00 | |
| 6 Is lender a financial Institution? | 8 Lender address; City; State; 5510 Castle Top San | Antonia, TX 7821 | 10 Interest rate 18 11 Maturity date | |
| 12 Principal occupation | on / Job title (See Instructions) | 13 Employer (See Instructions) | | |
| 14 Description of Colla | ateral | 15 Check if personal funds were | e deposited into political account | |
| 16 GUARANTOR INFORMATION | 17 Name of guarantor 18 Guarantor address; City; S | State; Zip Code | 19 Amount Guaranteed (\$) | |
| 20 Principal Occupation | on (See Instructions) | 21 Employer (See Instructions) | | |
| Date of loan | Name of lender | out-of-state PAC (ID#: | Loan Amount (\$) | |
| Is lender a financial Institution? | Lender address; City; State; Zip Code | | Interest rate | |
| Y N | | | Maturity date | |
| Principal occupation | on / Job title (See Instructions) | Employer (See Instructions) | | |
| Description of Collateral | | Check if personal funds were deposited into political account | | |
| none | Name of guarantor | Ш | Amount Guaranteed (\$) | |
| GUARANTOR INFORMATION not applicable | | State; Zip Code | | |
| Principal Occupation | on (See Instructions) | Employer (See Instructions) | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements. | | | | |

Loan Repayment/Reimbursement

EXPENDITURE CATEGORIES FOR BOX 8(a)

Salaries/Wages/Contract Labor

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

| The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 2 FILES NAME | Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees | Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense | Salaries/Wages/Contract Solicitation/Fundraising E Travel In District Travel Out Of District Office Overhead/Rental I | xpense Transportation Equ Contributions/Dona Candidate/Offic Expense OTHER (enter a ca | ipment & Related Expense |
|---|--|---|---|---|------------------------------|
| 4 Date / Date / Date / Dayse name / DH/25/2014 Advertising Agency / Payse address; City: State: Jip Gode / Description (If travel outside of Texas, complete Schedule T) 8 PURPOSE (e) Category (See categories listed at the top of this schedule) 9 Complete ONLY if direct expenditure to benefit C/OH Payse address; City: State: Zip Code #2 38 00 Purpose (a) Category (See categories listed at the top of this schedule) Payse address; City: State: Zip Code #2 38 00 Purpose Schedule (a) Category (See categories listed at the top of this schedule) Payse address: City: State: Zip Code #2 38 00 Purpose Schedule (a) Category (See categories listed at the top of this schedule) Date Only if direct expenditure to benefit C/OH Date Category (See categories listed at the top of this schedule) Payse address: City: State: Zip Code Purpose Candidate Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Category (See categories listed at the top of this schedule) Description (If ravel outside of Texas, complete Schedule T) Date Category (See categories listed at the top of this schedule) Description (If ravel outside of Texas, complete Schedule T) Date Category (See categories listed at the top of this schedule) Purpose OF Expenditure Complete ONLY if direct expenditure Complete ONLY if direct candidate (Officeholder name) Office sought Office held Office held | | The Instruction Guid | e explains how to compl | | |
| OH/25/2014 Allied Advertising Agency 6 Arrount (5) 7 Payee address: City: State: Zip Gode #\$87. 65 3700 Blanco Rd San Antonio, Tx 78212 8 PURPOSE OF EXPENDITURE 9 Contegory (See categories listed at the top of this schedule) 9 Complete ONLY if direct expenditure to benefit C/OH Date OH/30/3014 Payee address: City: State: Zip Code ### Advertising Candidate / Office holder name OH/30/3014 Payee address: City: State: Zip Code ### Description (if travel outside of Texas, complete Schedule T) Description (if travel outside of Texas, complete Schedule T) Office hold Payer name Complete ONLY if direct expenditure to benefit C/OH Date Purpose Complete ONLY if direct expenditure to benefit C/OH Date Payee address: City: State: Zip Code Candidate Office holder name Office sought Office hold Description (if travel outside of Texas, complete Schedule T) Date OF EXPENDITURE Candidate / Office holder name Office sought Office hold Payee name Amount (\$) Payee address: City: State: Zip Code Description (if travel outside of Texas, complete Schedule T) Description (if travel outside of Texas, complete Schedule T) Description (if travel outside of Texas, complete Schedule T) Office hold Office hold Office hold Office holder (If travel outside of Texas, complete Schedule T) Office hold Office holder name Office sought Office hold Office holder name | 1 Total pages Schedule F: | Edd L. Whit | e Sr. | 3 ACCOUNT | # (Ethics Commission Filers) |
| # PURPOSE (e) Category (See categories listed at the top of this schedule) Payee address: City: State: Zip Code Purpose Office sought Candidate / Office holder name Office sought Office sought Office held Payee address: City: State: Zip Code Payee address: City: State: Zip Code Candidate / Office holder name Office sought Office sought Office held Date Payee address: City: State: Zip Code Payee address: City: State: Zip Code Purpose Office sought Office held Date Office held Description (if travel outside of Texas, complete Schedule T) Description (if travel outside of Texas, complete Schedule T) Date Office held Date Office sought Office held Description (if travel outside of Texas, complete Schedule T) Date Date Candidate Office holder name Office sought Office held Date Purpose Office sought Office held Date Payee address: City: State: Zip Code Date Candidate Office categories listed at the top of this schedule) Date Date Date Date Date Candidate Office categories listed at the top of this schedule) Date Office sought Office held Office held Office sought Office held Office held Office sought Office held | 04/25/2014 | Allied Adverti | sing Agency | | |
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| Signs in "Flyers, Stakes 9 Complete ONLY if direct expenditure to benefit G/OH Date OH/30/30/4 Payee name OH/30/30/4 Payee address: City, State; Zip Code Purpose OF EXPENDITURE Candidate / Officeholder name Office sought Signs in "Flyers, Stakes Office sought Office held Signs in "Flyers, Stakes Office held Signs in "Flyers, Stakes Office held Signs in "Flyers, Stakes Office held Office held Signs in "Flyers, Stakes Office held Office held Office sought Office held Description (If travel outside of Texas, complete Schedule T) Office held Purpose Only if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Purpose Office sought Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Description (If travel outside of Texas, complete Schedule T) Office held Candidate / Officeholder name Office sought Office held | 8 PURPOSE | (a) Category (See categories listed at the to | | | f f |
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| expenditure to benefit C/OH | Complete ONLY if direct | | 100 | Office sought | Office held |

Amount (\$)

Date

Category (See categories listed at the top of this schedule)

City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Description (If travel outside of Texas, complete Schedule T)

OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Payee name

Payee address;

Office sought

Office held