

# 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 #<br>(Ethics Commission Filers)   | 2 Total pages filed:              |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR  | FIRST<br>Edd  | MI<br>L.                          |
|  | NICKNAME   | LAST<br>White   | SUFFIX<br>Sr.                     |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> change of address | ADDRESS / PO BOX;  | APT / SUITE #;  | CITY; STATE; ZIP CODE             |
|  | 5510 Castle Top San Antonio Tx 78218   |   |                                   |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE  | PHONE NUMBER  | EXTENSION                         |
|  | ( )  |   |                                   |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR  | FIRST<br>Hattie   | MI<br>V.                          |
|  | NICKNAME   | LAST<br>White   | SUFFIX                            |
| 7 CAMPAIGN TREASURER ADDRESS<br>(residence or business)                                      | STREET ADDRESS (NO PO BOX PLEASE);   | APT / SUITE #;  | CITY; STATE; ZIP CODE             |
|  | 5510 Castle Top San Antonio Tx 78218   |   |                                   |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE  | PHONE NUMBER  | EXTENSION                         |
|  | (210)  | 655-7749  |                                   |
| 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)              |   |                                   |
| 10 PERIOD COVERED  | Month  | Day   | Year                              |
|  | 04   | 10  | 2014                              |
| 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 |                                   |
| 12 OFFICE  | OFFICE HELD (if any)   |   | 13 OFFICE SOUGHT (if known)       |
|  | Trustee  |   | NEISD Board of Trustees - Dist #2 |
| GO TO PAGE 2   |  |   |                                   |

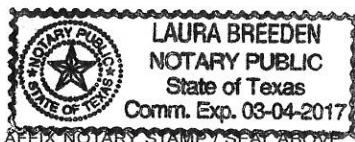
# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

|   |   |  |
|---|---|--|
| <b>14 C/OH NAME</b>   |   | <b>15 ACCOUNT #</b> (Ethics Commission Filers)   |
| <b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><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. |  |
|   | <b>COMMITTEE TYPE</b><br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC  | <b>COMMITTEE NAME</b><br><br><b>COMMITTEE ADDRESS</b><br><br><b>COMMITTEE CAMPAIGN TREASURER NAME</b><br><br><b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b> |
|   |   |  |
|   |   |  |
|   |   |  |
| <b>17 CONTRIBUTION TOTALS</b><br><br><b>EXPENDITURE TOTALS</b><br><br><b>CONTRIBUTION BALANCE</b><br><br><b>OUTSTANDING LOAN TOTALS</b> | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED   | \$ 224.00  |
|   | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 911.00  |
|   | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ 278.28  |
|   | 4. TOTAL POLITICAL EXPENDITURES   | \$ 1403.93   |
|   | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 173.24  |
|   | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 686.28  |

### 18 AFFIDAVIT

RECEIVED MAY 5 0 2014



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.

Edd L. White  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Edd White, this the 5th day of May, 20 14, to certify which, witness my hand and seal of office.

L. Breeden

Signature of officer administering oath

Laura Breeden

Printed name of officer administering oath

PR Specialist

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 Schedule A:

2 FILER NAME

Edd L. White

3 ACCOUNT # (Ethics Commission Filers)

4 Date

04/12/14

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Aguila M. Crew

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

3435 Chateau Dr. San Antonio, TX 78219

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

04/27/14

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Harry Wilson

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

11843 Braesview #907 San Antonio, TX 78213

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

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*Edd L. White***3** ACCOUNT # (Ethics Commission Filers)**4**

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$ *487.00***5** Date of loan**7** Name of lender☐ out-of-state PAC (ID#: \_\_\_\_\_)*Edd L. White***9** Loan Amount (\$)*\$487.00***6** Is lender  
a financial  
Institution?

Y

☒ N**8** Lender address; City; State; Zip Code*5510 Castle Top San Antonio, TX 78218***10** Interest rate**11** Maturity date**12** Principal occupation / Job title (See Instructions)*Candidate***13** Employer (See Instructions)**14** Description of Collateral☒ none**15** Check if personal funds were deposited into political account☐**16** GUARANTOR  
INFORMATION**17** Name of guarantor**19** Amount Guaranteed (\$)☒ not applicable**18** Guarantor address; City; State; Zip Code**20** Principal Occupation (See Instructions)**21** Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender  
a financial  
Institution?

Y

N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

Check if personal funds were deposited into political account

☐GUARANTOR  
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (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.



**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 FILER NAME<br><i>Edd L. White Sr.</i> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------|---|--|

|   |  |
|---|--|
| 4 Date<br><i>04/25/2014</i>                           | 5 Payee name<br><i>Allied Advertising Agency</i>   |
| 6 Amount (\$)<br><i>\$887.65</i>                      | 7 Payee address; City; State; Zip Code<br><i>3700 Blanco Rd San Antonio, Tx 78212</i>                |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br><i>Advertising</i>               |
|   | (b) Description (If travel outside of Texas, complete Schedule T)<br><i>Signs "n" Flyers, stakes</i> |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name<br><i>Office sought</i>  |

|   |   |
|---|---|
| Date<br><i>04/30/2014</i>                           | Payee name<br><i>Main Post Office</i>   |
| Amount (\$)<br><i>\$238.00</i>                      | Payee address; City; State; Zip Code<br><i>San Antonio, Tx 78232</i>          |
| PURPOSE OF EXPENDITURE                              | Category (See categories listed at the top of this schedule)<br><i>Stamps</i> |
|   | Description (If travel outside of Texas, complete Schedule T)                 |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name<br><i>Office sought</i>                         |

|   |   |
|---|---|
| Date  | Payee name  |
| Amount (\$)   | Payee address; City; State; Zip Code                          |
| PURPOSE OF EXPENDITURE                              | Category (See categories listed at the top of this schedule)  |
|   | Description (If travel outside of Texas, complete Schedule T) |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name<br><i>Office sought</i>         |

|   |   |
|---|---|
| Date  | Payee name  |
| Amount (\$)   | Payee address; City; State; Zip Code                          |
| PURPOSE OF EXPENDITURE                              | Category (See categories listed at the top of this schedule)  |
|   | Description (If travel outside of Texas, complete Schedule T) |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name<br><i>Office sought</i>         |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**