

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
	MR.	CHRISTOPHER	C.
	NICKNAME	LAST	SUFFIX
	None	HERRING	n/a
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	3700 Ridge Country		San Antonio TX 78247
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(210)	459-5321	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	MR.	RONALD	S.
	NICKNAME	LAST	SUFFIX
	None	SMITH	n/a
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	13510 Charter Bend		San Antonio TX 78231
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(210)	725-7177	
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	08	2016
	THROUGH		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	05	07	2016
	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description		
	<input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
			NEISD TRUSTEE, SMD-1

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME **CHRISTOPHER HERRING**

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

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

\$

2. **TOTAL POLITICAL CONTRIBUTIONS**
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

1597.78

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. **TOTAL POLITICAL EXPENDITURES**

\$

3350.00

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

508.00

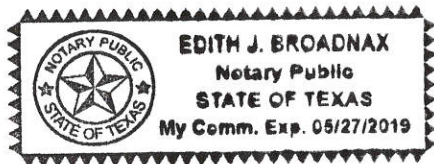
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

3,495.00

18 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.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Christopher HERRING, this the 29th day of April, 2016, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Christopher HERRING		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1092.78
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 505.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 3000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3350.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

CHRISTOPHER HERRING

3 Filer ID (Ethics Commission Filers)

4 Date

04/25/2016

5 Full name of contributor

BRIAN G. R. HUGHES

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 200.00

6 Contributor address;

City; State; Zip Code

117 RIVIERA SAN ANTONIO TX 78213

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/25/2016

Full name of contributor

PAUL T. INGMUNDSON

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

804 W. WOODLAWN SAN ANTONIO TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/25/2016

Full name of contributor

MARY ANN FULTON

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 50.00

Contributor address;

City; State; Zip Code

2802 REDRIVER CR SAN ANTONIO TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/25/2016

Full name of contributor

KAYLA WILSON

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 40.00

Contributor address;

City; State; Zip Code

111 GALAHAD SAN ANTONIO TX 78218

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Christopher HERRING

3 Filer ID (Ethics Commission Filers)

4 Date

04/25/2016

5 Full name of contributor

CATHERINE MICHAELS

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 6.10

6 Contributor address;

City; State; Zip Code

SAN ANTONIO, TEXAS

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/25/2016

Full name of contributor

REBECCA BRENNER

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 103.49

Contributor address;

City; State; Zip Code

SAN ANTONIO, TEXAS

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28/2016

Full name of contributor

JULISSA CARIELO

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 257.24

Contributor address;

City; State; Zip Code

SAN ANTONIO, TEXAS

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/24/2016

Full name of contributor

JANE HOWELL

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 21.49

Contributor address;

City; State; Zip Code

SAN ANTONIO, TEXAS

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Christopher HERRING

3 Filer ID (Ethics Commission Filers)

4 Date

4/24/2016

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

KATHLEEN Schaub

7 Amount of contribution (\$)

\$68.61

6 Contributor address;

City; State; Zip Code

SAN ANTONIO, TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/24/2016

Full name of contributor

☐ out-of-state PAC (ID#: _____)

ERIN KELLEY

Amount of contribution (\$)

\$11.24

Contributor address;

City; State; Zip Code

SAN ANTONIO, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/24/2016

Full name of contributor

☐ out-of-state PAC (ID#: _____)

JACQUELINE LOUISIER

Amount of contribution (\$)

\$26.62

Contributor address;

City; State; Zip Code

SAN ANTONIO, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/21/2016

Full name of contributor

☐ out-of-state PAC (ID#: _____)

CHERYL HUGULEY

Amount of contribution (\$)

\$52.24

Contributor address;

City; State; Zip Code

12810 VISTA HAVEN, SAN ANTONIO 78216

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

RETIRED US AIR FORCE OFFICER

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Christopher HERRING

3 Filer ID (Ethics Commission Filers)

4 Date

4/21/2016

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Robert COMEAUX

7 Amount of contribution (\$)

\$ 52.24

6 Contributor address;

City; State; Zip Code

702 West French Place, SAN ANTONIO, TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/25/2016

Full name of contributor

☐ out-of-state PAC (ID#: _____)

EVDOCards.NET

Amount of contribution (\$)

\$ 103.49

Contributor address;

City; State; Zip Code

CEDAR PARK, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME CHRISTOPHER HERRING		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 505.00 0000 BS	
5 Date 04/15/2016	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NORTH EAST APT	8 Amount of Contribution \$ 505.00	9 In-kind contribution description SIGNS
7 Contributor address; City; State; Zip Code 6800 PARK TEN BLVD STE 123N SAN ANTONIO, TX 78213		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

Christopher HERRING

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

4/8/2016

7 Name of lender

☐ out-of-state PAC (ID#: _____)

RIVER WALK Publishing LLC

9 Loan Amount (\$)

\$3,000

6 Is lender a financial institution?

Y ☒ N

8 Lender address;

City;

State;

Zip Code

13609 Bluffside, San Antonio, TX 78216

10 Interest rate

5%

11 Maturity date

4/8/2017

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

☒ none

15 Check if personal funds were deposited into political account (See Instructions)

☐

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address;

City;

State;

Zip Code

☐ not applicable

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 (See Instructions)

☐

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City;

State;

Zip Code

☐ not applicable

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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Christopher HERRING		3 Filer ID (Ethics Commission Filers)	
4 Date 4/20/2016		5 Payee name Avista Products			
6 Amount (\$) \$1,065.18		7 Payee address; City; State; Zip Code 2411 NE Interstate 410 Loop, SAN ANTONIO, TX 78217			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising 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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/26/2016		Payee name Copalli CAFE			
Amount (\$) \$520.00		Payee address; City; State; Zip Code 555 W. Bitters Rd #112, SAN ANTONIO TX 78216			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food / Beverage Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/25/2016		Payee name EASY DRIVE STAKE, INC			
Amount (\$) \$168.55		Payee address; City; State; Zip Code 906 Ruiz St, SAN ANTONIO, TX 78207			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>CHRISTOPHER HERRING</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/6/2016</i>	5 Payee name <i>MELENDEZ ENTERTAINMENT</i>	
6 Amount (\$) <i>\$ 1530</i>	7 Payee address; City; State; Zip Code <i>622 S. HACKBERRY, SAN ANTONIO, TX 78203</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>4/16/2016</i>	Payee name <i>TILO TEX MEX LLC</i>	
Amount (\$) <i>\$ 36</i>	Payee address; City; State; Zip Code <i>12403 WEST AVE, SAN ANTONIO, TX 78216</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>FOOD / BEVERAGE EXPENSE</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>4/7/2016</i>	Payee name <i>OFFICE DEPOT</i>	
Amount (\$) <i>\$ 30.27</i>	Payee address; City; State; Zip Code <i>SAN ANTONIO, TX 78216</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>PRINTING EXPENSE</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED