

# 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	<b>OFFICE USE ONLY</b>	
	NICKNAME	LAST	SUFFIX		
		Dave		Date Received	
		Martin		10/26/2015	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of address	ADDRESS / PO BOX;	APT/SUITE #;	CITY;	STATE;	ZIP CODE
	1 E Greenway Plaza Ste 225 Houston TX 77046				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked	
	(713) 526-3399				
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	Receipt #	Amount
	NICKNAME	LAST	SUFFIX	Date Processed	
		Dick		Date Imaged	
		Gregg			
7 CAMPAIGN TREASURER ADDRESS (Resident or business)	STREET ADDRESS (No PO Box Please);	APT/SUITE #;	CITY;	STATE;	ZIP CODE
	1 E Greenway Plaza Ste 225 Houston TX 77046				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(713) 526-3399				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment(officeholder only)				
	10 PERIOD COVERED		Month    Day    Year	THROUGH	Month    Day    Year
		9/25/2015		10/24/2015	
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month    Day    Year				
		11/3/2015	<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)		
	City Council - District E		City Council - District E		

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

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

14 FILER NAME Dave Martin 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	\$0.00
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$1,250.00
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$0.00
	4	TOTAL POLITICAL EXPENDITURES	\$6,220.20
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$88,579.39
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0.00

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.

Dave Martin

---

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 Dave Martin		20 Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS	SUBTOTAL
	NAME OF SCHEDULE	AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	1250
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	0
4.	SCHEDULE E: LOANS	0
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6189.89
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	0
8.	SCHEDULE F4: EXPENDITURES MADE FROM CREDIT CARD	0
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	30.31
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	0
12.	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 Dave Martin

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 Dave Martin	3 Filer ID (Ethics Commission filers)
--------------------------	---------------------------------------

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Associated Builder & Contractors of Greater Houston PAC	7 Amount of contributions (\$)
9/28/2015	6 Contributor address; City; State; Zip Code Houston TX 77098	\$250.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
---	-------------------------------

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Greater Houston Restaurant Association PAC	7 Amount of contributions (\$)
10/15/2015	6 Contributor address; City; State; Zip Code Houston TX 77007	\$250.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
---	-------------------------------

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Linebarger Goggan Blair & Sampson LLP	7 Amount of contributions (\$)
10/23/2015	6 Contributor address; City; State; Zip Code Austin TX 78760	\$1,000.00

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**

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Dave Martin	3 Filer ID (Ethics Commission filers)
4 Date 9/25/2015	5 Payee name Bay Area Houston Magazine	
6 Amount (\$) 495.00	7 Payee address; City; State; Zip Code PO Box 1032  Seabrook TX 77586	
8 PURPOSE OF EXPENDITURE	(a) Category  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 Print Advertising Placement
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 9/25/2015	5 Payee name Dave Martin	
6 Amount (\$) 25.98	7 Payee address; City; State; Zip Code 5811 Blackstone Creek Ln  Kingwood TX 77345	
8 PURPOSE OF EXPENDITURE	(a) Category  Loan Repayment/Reimbursement	(b) Description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Schedule G Reimbursement
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 10/1/2015	5 Payee name Blakemore & Associates	
6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code 1 E Greenway Plaza Ste 225  Houston TX 77046	
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 Dave Martin		3 Filer ID (Ethics Commission filers)
	Consulting Expense	<input type="checkbox"/> <input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Campaign Consulting Fees
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 10/7/2015	5 Payee name Dave Martin		
6 Amount (\$) 4.33	7 Payee address; City; State; Zip Code 5811 Blackstone Creek Ln  Kingwood TX 77345		
8 PURPOSE OF EXPENDITURE	(a) Category  Loan Repayment/Reimbursement	<input type="checkbox"/> <input type="checkbox"/>	(b) Description  Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Schedule G Reimbursement
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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Dave Martin	<b>3</b> Filer ID (Ethics Commission filers)
<b>4</b> Date 10/8/2015	<b>5</b> Payee name Texas Conservative Review	
<b>6</b> Amount (\$) 5,000.00	<b>7</b> Payee address; City; State; Zip Code 2211 Norfolk Suite 920  Houston TX 77090	
<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category  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 Print Advertising Placement
<b>9</b> Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

<b>4</b> Date 10/20/2015	<b>5</b> Payee name Dave Martin	
<b>6</b> Amount (\$) 414.58	<b>7</b> Payee address; City; State; Zip Code 5811 Blackstone Creek Ln  Kingwood TX 77345	
<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category  Travel in District	(b) Description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage
<b>9</b> Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

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



**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The Instruction Guide explains how to complete this form.

<b>1</b> Total Pages Schedule G:	<b>2</b> FILER NAME Dave Martin	<b>3</b> FilerID (Ethics Commission filers)		
<b>4</b> Date 9/25/2015	<b>5</b> Payee name Tacos Flores			
<b>6</b> Amount (\$) 25.98	<b>7</b> Payee Address; 4806 FM 1960 E	City; Humble	State; TX	Zip Code 77346
<input checked="" type="checkbox"/> Reimbursement from political contributions intended				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> Food/Beverage Expense		<b>(b) Description</b> Staff Meals	
			<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	

<b>4</b> Date 10/7/2015	<b>5</b> Payee name Dollar Tree			
<b>6</b> Amount (\$) 4.33	<b>7</b> Payee Address; 9741 FM 1960 Bypass	City; Humble	State; TX	Zip Code 77338
<input checked="" type="checkbox"/> Reimbursement from political contributions intended				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> Office Overhead/Rental Expense		<b>(b) Description</b> Office Supplies	
			<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	

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