

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:
3

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: **MR** FIRST: **B** MI: **EDWARD**
NICKNAME: **ED** LAST: **HEATHCOTT** SUFFIX:

OFFICE USE ONLY

Date Received: **RECEIVED 5/3/13 9:30 AM**

Date Hand-delivered or Postmarked:

Receipt # | Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: **2729 ARBUCKLE ST** APT / SUITE #: **HOUSTON TX** STATE: **77005** ZIP CODE

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: **(713)** PHONE NUMBER: **662-2606** EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: **MRS** FIRST: **RENEE** MI: **F.**
NICKNAME: LAST: **HEATHCOTT** SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE): **2729 ARBUCKLE ST** APT / SUITE #: **HOUSTON TX** STATE: **77005** ZIP CODE

8 CAMPAIGN TREASURER PHONE

AREA CODE: **(713)** PHONE NUMBER: **662-2606** EXTENSION:

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)

July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: **4 / 12 / 2013** THROUGH Month Day Year: **5 / 3 / 2013**

11 ELECTION

ELECTION DATE: Month Day Year: **5 / 11 / 2013**

ELECTION TYPE: Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any): **COUNCIL MEMBER**

13 OFFICE SOUGHT (if known)

COUNCIL MEMBER

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME B. EDWARD HEATHCOTT 15 ACCOUNT # (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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

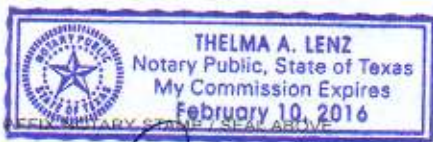
17 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ - 0 -
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ - 0 -
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4.	TOTAL POLITICAL EXPENDITURES	\$ 1538.02
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 -

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.

Ed Heathcott

Signature of Candidate or Officeholder



Sworn to and subscribed before me, by the said Ed HEATHCOTT, this the 3rd day of April, 20 13, to certify which, witness my hand and seal of office.

Thelma A. Lenz

Signature of officer administering oath

THELMA A. LENZ

Printed name of officer administering oath

City Secretary

Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME B. EDWARD HEATHCOTT	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4-12-2013	5 Payee name THE POSTMASTER
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6 Amount (\$) \$1374.26 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code UNITED STATES POST OFFICE
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) POSTAGE FOR POLITICAL MAILING	(b) Description (If travel outside of Texas, complete Schedule T)
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Date 4-22-2013	Payee name THE POSTMASTER
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Amount (\$) \$138.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code WESAYAN STATION HOUSTON 77005
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) MAILING	Description (If travel outside of Texas, complete Schedule T) FIRST CLASS STAMP
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Date 4-22-2013	Payee name OFFICE MAX
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Amount (\$) \$25.76 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5540 WESLAYAN HOUSTON, TX 77005
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) MAILING	Description (If travel outside of Texas, complete Schedule T) ENVELOPES
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED