

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 # <small>(Ethics Commission Filers)</small>	2 Total pages filed: 4				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST SUSAN NICKNAME LAST SAMPLE	MI ✓ SUFFIX	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p>Date Received</p> <div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <p style="text-align: center; color: red; font-weight: bold;">5/3/13</p> <p style="text-align: center; color: blue;">2:44 PM</p> <p>Date Hand-delivered or Postmarked</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Receipt #</td> <td style="border: none;">Amount</td> </tr> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> </table> <p>Date Processed</p> <p>Date Imaged</p> </div>	Receipt #	Amount		
Receipt #	Amount						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3114 CASON ST HOUSTON TX 77001						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 660-7767						
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST VERNON NICKNAME LAST TYGER	MI W SUFFIX III					
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2932 WROXTON HOUSTON, TX 77005						
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 254-8279						
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 THROUGH Month Day Year 4 / 2 / 2013 5 / 1 / 2013						
11 ELECTION	ELECTION DATE Month Day Year 5 / 1 / 2013	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special					
12 OFFICE	OFFICE HELD (if any) CITY OF WEST UNIVERSITY PLACE CITY COUNCIL	13 OFFICE SOUGHT (if known) CITY OF WEST UNIVERSITY PLACE CITY COUNCIL					
GOTO PAGE 2							

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

SUSAN SAMPLE

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.

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

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

\$ 2

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

\$ 200.00

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 3887.80

CONTRIBUTION
BALANCE

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

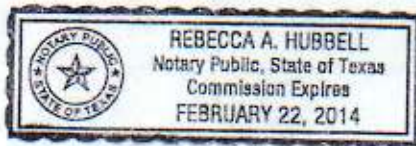
\$ 1919.00

OUTSTANDING
LOAN TOTALS

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

\$ 1500.00

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.

Susan V. Sample

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Susan V. Sample, this the 3rd day of May, 2013, to certify which, witness my hand and seal of office.

Rebecca A. Hubbell

Signature of officer administering oath

Rebecca A. Hubbell

Printed name of officer administering oath

Notary Public

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

SUSAN SAMPLE

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/26/2013

5 Full name of contributor out-of-state PAC (ID# _____)

DAVID C. POLYANSKY

6 Contributor address; City; State; Zip Code

3923 BYRON ST.
HOUSTON, TX 77005-3627

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/24/2013

Full name of contributor out-of-state PAC (ID# _____)

PENNIS M. ABBOTT

Contributor address; City; State; Zip Code

6452 BROADWAY BLVD.
GARLAND, TX 75043

Amount of contribution (\$)

100.00

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)

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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.

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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		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 SUSAN SAMPLE	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/18	5 Payee name RIGHT ON THE MONEY	
6 Amount (\$) 915.00	7 Payee address: City: State; Zip Code 22136 WESTHEIMER PARKWAY, #512 KATY, TX 77450	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) PRINTING/ADVERTISING	(b) Description (If travel outside of Texas, complete Schedule T) MAILER
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/29/2013	Payee name MICHAEL FRANKS	
Amount (\$) 309.80	Payee address: City: State; Zip Code 404 I-45 SOUTH HUNTSVILLE, TX 77340	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) SIGNS/ADVERTISING	Description (If travel outside of Texas, complete Schedule T) SIGNS
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/30/2013	Payee name RIGHT ON THE MONEY	
Amount (\$) 915.00	Payee address: City: State; Zip Code 22136 WESTHEIMER PARKWAY, #512 KATY, TX 77450	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING/MAILER	Description (If travel outside of Texas, complete Schedule T) MAILER
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/3/2013	Payee name instantnewsnetwork.com	
Amount (\$) 1748.00	Payee address: City: State; Zip Code 6129 Edloe Houston, TX 77005	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED