

**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.	Eric	B
	NICKNAME	LAST	SUFFIX
		Dick	
OFFICE USE ONLY			
Date Received			
9/30/2015			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of address	ADDRESS / PO BOX;	APT/SUITE #;	CITY; STATE; ZIP CODE
	3701 Brookwoods		
Houston Tx 77092			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	832	429-2990	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI
	Mr.	Artemio	
	NICKNAME	LAST	SUFFIX
	Temo	Muniz	
Receipt #		Amount	
Date Processed			
Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Resident or business)	STREET ADDRESS (No PO Box Please);	APT/SUITE #;	CITY; STATE; ZIP CODE
	11210 Bentley		
Houston TX 77093			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	713	679-8548	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 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
9/28/2015			
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 - At Large Position 2

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

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

14 FILER NAME Eric B Dick

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

GENERAL

SPECIFIC

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)	\$0.00
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$0.00
	4	TOTAL POLITICAL EXPENDITURES	\$103,722.93
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$0.00
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.

e dick

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 Eric B Dick		20 Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS	SUBTOTAL
	NAME OF SCHEDULE	AMOUNT
1	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
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	\$ 0
6	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0
8	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 103723
9	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
10	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
11	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 Eric B Dick

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.

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Eric B Dick		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category	(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 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.

1 Total Pages Schedule G:	2 FILER NAME Eric B Dick	3 FilerID (Ethics Commission filers)		
4 Date 8/24/2015	5 Payee name City of Houston			
6 Amount (\$) 500.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee Address; PO Box 1562	City; Houston	State; TX	Zip Code 77251
8 PURPOSE OF EXPENDITURE	(a) Category Fees		(b) Description Political	
			<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	

4 Date 9/2/2015	5 Payee name Ron the Sign Man			
6 Amount (\$) 7,000.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee Address; 10016 Navarre Pkwy	City; Navaree	State; FL	Zip Code 32566
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense		(b) Description Political	
			<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	

4 Date 9/7/2015	5 Payee name Campaign Crate			
6 Amount (\$) 12,001.44 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee Address;	City; Houston	State; TX	Zip Code
8	(a) Category		(b) Description	

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule G:	2 FILER NAME Eric B Dick	3 FilerID (Ethics Commission filers)	
PURPOSE OF EXPENDITURE	Advertising Expense	Political	
		<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

4 Date 9/8/2015	5 Payee name Phil Owens			
6 Amount (\$) 3,000.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee Address;	City; Houston	State; TX	Zip Code
PURPOSE OF EXPENDITURE	(a) Category Consulting Expense	(b) Description Political		
		<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	

4 Date 9/16/2015	5 Payee name Campaign Crate			
6 Amount (\$) 26,792.44 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee Address;	City; Houston	State; TX	Zip Code
PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description Political		
		<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	

4 Date 9/18/2015	5 Payee name Empire Printing			
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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule G:	2 FILER NAME Eric B Dick	3 FilerID (Ethics Commission filers)			
6 Amount (\$) 520.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee Address; 27027 Westheimer Pkwy #2300		City; Katy	State; TX	Zip Code 77494
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense		(b) Description Political		
			<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		

4 Date 9/18/2015	5 Payee name Minute Men Press				
6 Amount (\$) 11,405.86 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee Address; 17484 NW Freeway		City; Houston	State; TX	Zip Code 77040
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense		(b) Description Political		
			<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		

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule G:	2 FILER NAME Eric B Dick	3 FilerID (Ethics Commission filers)		
4 Date 9/21/2015	5 Payee name Berk Advertising Services, Inc.			
6 Amount (\$) 10,005.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee Address; 4211 Cordobes Cove	City; San Diego	State; CA	Zip Code 92130
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description Political		
		<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	

4 Date 9/24/2015	5 Payee name Facebook			
6 Amount (\$) 6,569.54 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee Address; 1 Hacker Way	City; Menlo Park	State; CA	Zip Code 94025
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description Political		
		<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	

4 Date 9/28/2015	5 Payee name Minute Men Press			
6 Amount (\$) 8,710.82 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee Address; 17484 NW Freeway	City; Houston	State; TX	Zip Code 77040

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule G:	2 FILER NAME Eric B Dick	3 FilerID (Ethics Commission filers)	
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description Political	
		<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

4 Date 9/28/2015	5 Payee name RL Carriers			
6 Amount (\$) 1,017.10 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee Address;	City;	State;	Zip Code
	PO Box 10020	Port William	OH	45164

8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description Political	
		<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

4 Date 8/6/2015	5 Payee name Campaign Crate			
6 Amount (\$) 1,200.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee Address;	City;	State;	Zip Code
		Houston	TX	

8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description Political	
		<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

4 Date	5 Payee name
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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule G: 8/6/2015	2 FILER NAME Eric B Dick Phil Owens	3 FilerID (Ethics Commission filers)
6 Amount (\$) 2,500.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee Address; City; State; Zip Code Houston TX	
8 PURPOSE OF EXPENDITURE	(a) Category Consulting Expense	(b) Description Political <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	

4 Date 9/23/2015	5 Payee name Minute Men Press	
6 Amount (\$) 12,500.73 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee Address; City; State; Zip Code 17484 NW Freeway Houston TX 77040	
8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	(b) Description Political <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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below only if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I

understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions.

I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

e dick

Signature of Candidate

5 OFFICEHOLDER

•• Complete this section only if you are an officeholder. ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder