

**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 | | | |
| 10/24/2015 | | | |
| 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 | | |
| Date Hand-delivered or Date Postmarked | | | |
| 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 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 |
| | 9/25/2015 | | THROUGH |
| | | Month | Day |
| | | 10/25/2015 | |
| 11 ELECTION | ELECTION DATE | ELECTION TYPE | |
| | Month Day Year | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |
| 11/3/2015 | | | |
| 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) <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) | \$0.00 |
| EXPENDITURE TOTALS | 3 | TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$0.00 |
| | 4 | TOTAL POLITICAL EXPENDITURES | \$74,652.66 |
| 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 F4: EXPENDITURES MADE FROM CREDIT CARD | 0 |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | 74,652.66 |
| 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 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
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 10/6/2015 | 5 Payee name Phil Owens | | | |
| 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 | |
| | | | <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 10/12/2015 | 5 Payee name Minutemen Press | | | |
| 6 Amount (\$) 5,038.61 <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee Address; | City; | State; | Zip Code |
| | 17484 Northwest Freeway | Houston | TX | 77040 |
| 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 | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | |

| | | | | |
|--|--|---------|------------------------|----------|
| 4 Date 10/8/2015 | 5 Payee name Minutemen Press | | | |
| 6 Amount (\$) 4,731.24 <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee Address; | City; | State; | Zip Code |
| | 17484 Northwest Freeway | Houston | TX | 77040 |
| 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 | <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 10/8/2015 | 5 Payee name Campaign Crate | | |
| 6 Amount (\$) 51,242.50 | 7 Payee Address; | City; | State; Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended | Storey Ave | San Fransisco | CA 94129 |
| PURPOSE OF EXPENDITURE | (a) Category Advertising Expense | (b) Description | |
| | | <input type="checkbox"/> | Check if travel outside of Texas, complete Schedule T |
| <input type="checkbox"/> | | <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 10/16/2015 | 5 Payee name Robocent | | |
| 6 Amount (\$) 2,621.52 | 7 Payee Address; | City; | State; Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended | 2129 General Booth Blvd. Suite 103-277 | Virginia Beach | VA 23454 |
| PURPOSE OF EXPENDITURE | (a) Category Advertising Expense | (b) Description | |
| | | <input type="checkbox"/> | Check if travel outside of Texas, complete Schedule T |
| <input type="checkbox"/> | | <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 |
|---------------|---------------------|

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

| | | | | |
|---|--|--|--------------|-------------------|
| 1 Total Pages Schedule G: 10/11/2015 | 2 FILER NAME Eric B Dick | 3 FilerID (Ethics Commission filers) | | |
| 6 Amount (\$) 2,050.01 <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee Address; 2129 General Booth Blvd. Suite 103-277 | City; Virginia Beach | State; VA | Zip Code 23454 |
| 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 | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | |

| | | | | |
|---|--|--|--------------|-------------------|
| 4 Date 10/12/2015 | 5 Payee name Robocent | | | |
| 6 Amount (\$) 1,322.70 <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee Address; 2129 General Booth Blvd. Suite 103-277 | City; Virginia Beach | State; VA | Zip Code 23454 |
| 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 | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | |

| | | | | |
|---|--|-------------------------|--------------|-------------------|
| 4 Date 10/3/2015 | 5 Payee name Robocent | | | |
| 6 Amount (\$) 1,394.02 <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee Address; 2129 General Booth Blvd. Suite 103-277 | City; Virginia Beach | State; VA | Zip Code 23454 |
| 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 | <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 10/24/2015 | 5 Payee name Facebook | | |
| 6 Amount (\$) 3,752.06 | 7 Payee Address; 1 Hacker Way | City; Menlo Park | State; Zip Code CA 94025 |
| <input type="checkbox"/> Reimbursement from political contributions intended | | | |
| PURPOSE OF EXPENDITURE | (a) Category Advertising Expense | (b) Description | |
| | | <input type="checkbox"/> | Check if travel outside of Texas, complete Schedule T |
| <input type="checkbox"/> | <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