

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) N/A	2 Total pages filed: 4
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms Kathryn R NICKNAME LAST SUFFIX Katie Newman	<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY Date Received <div style="border: 1px solid black; padding: 2px; text-align: center;"> RECEIVED OCT 11 2011 BY: <i>[Signature]</i> </div> Date Hand-delivered or Postmarked <i>[Signature]</i> 10/11/11 Receipt # Amount Date Processed <i>[Signature]</i> 10/11/11 Date Traced <i>[Signature]</i> 10/11/11 </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1410 Nottingham St. #10301; Huntsville; TX; 77340; <input type="checkbox"/> change of address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 797-7595		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr Orlando NICKNAME LAST SUFFIX Gray		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1410 Nottingham St #5304; Huntsville; TX; 77340.		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 765-3566		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 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 7 / 1 / 11 9 / 29 / 11		
11 ELECTION	ELECTION DATE Month Day Year 11 / 08 / 11	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) N/A	13 OFFICE SOUGHT (if known) Huntsville City Council Ward 2	

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

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

14 C/OH NAME Kathryn R. Newman **15 ACCOUNT # (Ethics Commission Filers)** N/A

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.

N/A

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

additional pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 580.00
	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	\$ 1072.44
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	\$ 507.56

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.

Katie Newman
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Katie Newman, this the 11th day of October, 20 11, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Katie Newman
Printed name of officer administering oath

City Secretary
Title of officer administering oath

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 4
2 FILER NAME Kathryn R. Newman		3 ACCOUNT # (Ethics Commission Filers) N/A
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$ 0.00
5 Date of loan 8/8/2011	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Kathryn R. Newman	9 Loan Amount (\$) 1000.00
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 1410 Nottingham St. #10301; Huntsville; TX; 77340	10 Interest rate 0.0%
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) Apartment Worker		13 Employer (See Instructions) Aberdeen Place Apartments
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor N/A	19 Amount Guaranteed (\$) N/A
18 Guarantor address; City; State; Zip Code N/A		
20 Principal Occupation (See Instructions) N/A		21 Employer (See Instructions) N/A
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
Guarantor address; City; State; Zip Code		
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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 | 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 F: <u>1</u>	2 FILER NAME <u>Kathryn R. Newman</u>	3 ACCOUNT # (Ethics Commission Filers) <u>N/A</u>
4 Date <u>8/9/11</u>	5 Payee name <u>Wagamon Printing</u>	
6 Amount (\$) <u>157.92</u>	7 Payee address; City; State; Zip Code <u>1410 Sycamore; Huntsville; Tx; 77340</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <u>Printing Expense</u>	(b) Description (If travel outside of Texas, complete Schedule T) <u>push cards</u>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u></u> Office sought <u></u> Office held <u></u>
Date <u>9/2/11</u>	Payee name <u>Terri St. Clair</u>	
Amount (\$) <u>37.50</u>	Payee address; City; State; Zip Code <u>209 Rowdy Dr; Royce City; Tx; 77340</u>	
8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Printing Expense</u>	Description (If travel outside of Texas, complete Schedule T) <u>Buttons</u>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u></u> Office sought <u></u> Office held <u></u>
Date <u>9/3/11</u>	Payee name <u>Time Out Sports Bar and Karaoke</u>	
Amount (\$) <u>60.00</u>	Payee address; City; State; Zip Code <u>613 I-45 S Rd; Huntsville; Tx; 77340</u>	
8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Event Expense</u>	Description (If travel outside of Texas, complete Schedule T) <u>Party</u>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u></u> Office sought <u></u> Office held <u></u>
Date <u>9/8/11</u>	Payee name <u>Wagamon Printing</u>	
Amount (\$) <u>817.02</u>	Payee address; City; State; Zip Code <u>1410 Sycamore; Huntsville; Tx; 77340</u>	
8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Printing expense</u>	Description (If travel outside of Texas, complete Schedule T) <u>campaign signs</u>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u></u> Office sought <u></u> Office held <u></u>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED