

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) <p style="text-align: center; font-size: 1.2em;">N/A</p>	2 Total pages filed: <p style="text-align: center; font-size: 1.2em;">5</p>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: MR. FIRST: JOHN MI: S NICKNAME: _____ LAST: _____ SUFFIX: _____ <p style="text-align: center; font-size: 1.2em;">LITTLE</p>	<p style="text-align: center; font-weight: bold; margin: 0;">OFFICE USE ONLY</p> Date Received <p style="font-size: 1.5em; text-align: center;">4/5/16</p> <hr/> Date Hand-delivered or Date Postmarked <p style="font-size: 1.5em; text-align: center;">4/5/16</p> <hr/> Receipt # Amount \$ Date Processed <p style="font-size: 1.5em; text-align: center;">4/5/16</p> <hr/> Date Filaged <p style="font-size: 1.5em; text-align: center;">4/5/16</p>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <p style="font-size: 1.2em;">112 WILLOWBEND HUNTSVILLE TX 77320</p>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <p style="font-size: 1.2em;">(936) 577-0300</p>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: DR. FIRST: WILLIAM MI: E NICKNAME: _____ LAST: _____ SUFFIX: _____ <p style="text-align: center; font-size: 1.2em;">BILL JOWELL</p>	Date Hand-delivered or Date Postmarked <p style="font-size: 1.5em; text-align: center;">4/5/16</p> <hr/> Receipt # Amount \$ Date Processed <p style="font-size: 1.5em; text-align: center;">4/5/16</p> <hr/> Date Filaged <p style="font-size: 1.5em; text-align: center;">4/5/16</p>									
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE <p style="font-size: 1.2em;">505 ROUNDABOUT HUNTSVILLE TX 77320</p>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <p style="font-size: 1.2em;">(936) 295-4723</p>										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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)
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10 PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.2em;">2 / 29 / 16</td> <td></td> <td style="text-align: center; font-size: 1.2em;">3 / 28 / 16</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	2 / 29 / 16		3 / 28 / 16		
Month Day Year	THROUGH	Month Day Year									
2 / 29 / 16		3 / 28 / 16									
11 ELECTION	ELECTION DATE Month Day Year <p style="font-size: 1.2em;">5 / 7 / 16</p>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input checked="" type="checkbox"/> Special									
12 OFFICE	OFFICE HELD (if any) <p style="text-align: center; font-size: 1.5em;">N/A</p>	13 OFFICE SOUGHT (if known) <p style="font-size: 1.2em;">HUNTSVILLE TX CITY COUNCIL AT-LARGE POSITION 1</p>									

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
JOHN S. LITTLE

15 Filer ID (Ethics Commission Filers)
N/A

16 NOTICE FROM POLITICAL COMMITTEE(S)
N/A

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

COMMITTEE NAME

COMMITTEE ADDRESS

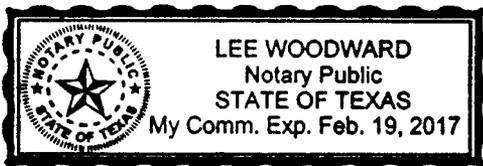
COMMITTEE CAMPAIGN TREASURER NAME

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	\$ 415.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 615.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 1912.17
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 615.00
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.

John S. Little
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John S. Little, this the 5th day of April, 2010, to certify which, witness my hand and seal of office.

Lee Woodward
Signature of officer administering oath

Lee Woodward
Printed name of officer administering oath

City Secretary
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME JOHN S. LITTLE		20 Filer ID (Ethics Commission Filers) N/A
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 200.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -0-
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ -0-
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 1912.17
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -0-
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -0-
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1

2 FILER NAME

JOHN S. LITTLE

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

3/22/16

5 Full name of contributor

out-of-state PAC (ID#: _____)

JOYCE J. PATTERSON

6 Contributor address;

City; State; Zip Code

862 ELKINS LAKE HUNTSVILLE TX 77340

7 Amount of contribution (\$)

\$ 100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/22/16

Full name of contributor

out-of-state PAC (ID#: _____)

GLEND A G. HIGH

Contributor address;

City; State; Zip Code

386 ELKINS LAKE HUNTSVILLE TX 77340

Amount of contribution (\$)

\$ 100.00

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 (\$)

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 (\$)

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.

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: **1** 2 FILER NAME: **JOHN S. LITTLE** 3 Filer ID (Ethics Commission Filers): **N/A**

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS: \$ **1912.17**

5 Date: **3/10/16** 6 Payee name: **WAGAMON PRINTING**

7 Amount (\$): **\$209.34** 8 Payee address; City; State; Zip Code: **1410 SYCAMORE HUNTSVILLE TX 77340**

9 TYPE OF EXPENDITURE: Political Non-Political

10 PURPOSE OF EXPENDITURE: (a) Category (See Categories listed at the top of this schedule): **PRINTING EXPENSE (PUSH CARDS)** (b) Description: **N/A**
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: **JOHN S. LITTLE HUNTSVILLE TX CITY COUNCIL AT-LARGE POSITION 1** Office sought ~~Office held~~

Date: **3/10/16** Payee name: **WAGAMON PRINTING**

Amount (\$): **\$1702.83** Payee address; City; State; Zip Code: **1410 SYCAMORE HUNTSVILLE TX 77340**

TYPE OF EXPENDITURE: Political Non-Political

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): **PRINTING EXPENSE (YARD SIGNS)** Description: **N/A**
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: **JOHN S. LITTLE HUNTSVILLE TX CITY COUNCIL AT-LARGE POS. 1** Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED