

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)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>Henry Dibell</i>	OFFICE USE ONLY Date Received <i>5-2-14 3:00 pm</i> <i>Kathy Adams</i> Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
	NICKNAME LAST SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT/SUITE#; CITY; STATE; ZIP CODE <i>918 Long Prairie Katy TX 77450</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(832) 758-1414</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Robert Van Pelt</i>		
	NICKNAME LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; CITY; STATE; ZIP CODE <i>Same</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(713) 305-1395</i>		
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 <i>4 / 1 / 14 5 / 2 / 2014</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>5 / 10 / 14</i>	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) <i>Katy ISD Board of trustees Pos. 5</i>		13 OFFICE SOUGHT (if known) <i>Katy ISD Board at Trustees Pos 5</i>

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5-2-14 3:00pm Kathy Adams

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

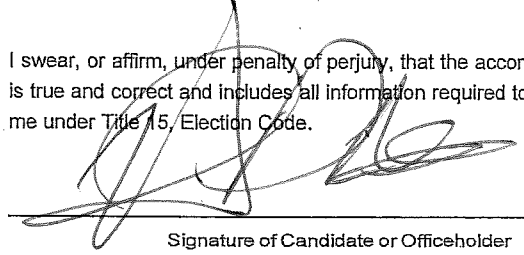
14 C/OH NAME	15 ACCOUNT # (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO 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	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	
	<input type="checkbox"/> SPECIFIC	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	\$ 1000 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1950 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 170 ⁰⁰
	4. TOTAL POLITICAL EXPENDITURES	\$ 1075 ⁶⁹
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 874 ³¹
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.


Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Henry Dibrell, this the 2nd day of May, 20 14, to certify which, witness my hand and seal of office.

Kathy Adams KATHY Adams Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

5-2-14 3:00pm Kathy Adams

**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 *Henry Dibrell* **3** ACCOUNT # (Ethics Commission Filers)

4 Date *4/9/14* **5** Full name of contributor out-of-state PAC (ID#: _____) *Steve + Molly Reinhardt*
6 Contributor address; City; State; Zip Code *21903 Pale Meadows Ct Katy TX 77450* **7** Amount of contribution (\$) *100⁰⁰* **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 *4/13/14* Full name of contributor out-of-state PAC (ID#: _____) *John + Laurie Crosby*
Contributor address; City; State; Zip Code *22907 Lodge Meadows Br Katy TX 77494* Amount of contribution (\$) *75* In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date *4/22/14* Full name of contributor out-of-state PAC (ID#: _____) *Don Ebler Jr*
Contributor address; City; State; Zip Code *1815 Dreyel Katy TX 77493* Amount of contribution (\$) *100* In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date *4/28/14* Full name of contributor out-of-state PAC (ID#: _____) *David + Susan Patriek*
Contributor address; City; State; Zip Code *1331 Crescent Parkway Et Houston TX 77094* Amount of contribution (\$) *75⁰⁰* In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date *4/30/14* Full name of contributor out-of-state PAC (ID#: _____) *Rudy Manenas*
Contributor address; City; State; Zip Code *1107 Katyland Dr Katy TX 77493* Amount of contribution (\$) *500* 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.

5-2-14 3:00pm Kathy Adams

**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 <i>Henry Dibrell</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Christiana Crockett</i>	7 Amount of contribution (\$) <i>100⁰⁰</i>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <i>1022 Ivory Ridge Houston TX 77094</i>	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> 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)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> 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)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> 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)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> 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)		Employer (See Instructions)	

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5-2-14 3:00pm *Kathy Adams*

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:	2 FILER NAME <i>Henry Dibrell</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>4/30/14</i>	5 Payee name <i>Houston Community Newspaper</i>	
6 Amount (\$) <i>421⁰⁰</i>	7 Payee address; City; State; Zip Code <i>7613 Katy Freeway, Suite C Houston TX 77024</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising</i>	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>4/14/14</i>	Payee name <i>NRD Graphics</i>	
Amount (\$) <i>484⁶⁹</i>	Payee address; City; State; Zip Code <i>5502 1st Street Suite 3-4 Katy TX 77493</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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