

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

<b>The C/OH INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 ACCOUNT #</b> (Ethics Commission filers) 55555555	<b>2 PAGE #</b> 1 of 2
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR                      FIRST                      MI Mr.                                      Chris	<b>OFFICE USE ONLY</b>  Date Received  <div style="text-align: right; color: blue; font-weight: bold;">                     15 APR 13 10:09 AM                      RECEIVED - CSO                 </div> Date Hand-delivered or Date Postmarked  Receipt #                      Amount	
	NICKNAME                      LAST                      SUFFIX ..... Hightower		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX;      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE  1201 W. Park Row Dr. Arlington, TX 76013	Date Hand-delivered or Date Postmarked  Receipt #                      Amount	
	<input type="checkbox"/> Change of Address		
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR                      FIRST                      MI Mrs.                                      Martha	Date Processed  Date Imaged	
	NICKNAME                      LAST                      SUFFIX ..... Marty                                      Hubble		
<b>6 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE  637 St. Charles Court Arlington, TX 76013		
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION  (817) 633-2503		
<b>8 REPORT TYPE</b>	<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)		
<b>9 PERIOD COVERED</b>	Month      Day      Year                      Month      Day      Year  01/01/2015                      THROUGH                      03/30/2015		
<b>10 ELECTION</b>	ELECTION DATE Month      Day      Year 05/09/2015	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	<b>11 OFFICE</b>	OFFICE HELD (if any)	<b>12 OFFICE SOUGHT (if known)</b> Arlington City Council District 5

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

13 C/OH NAME Hightower, Chris (Mr.)

14 ACCOUNT # (Ethics Commission filers)  
55555555

15 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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. ..

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

additional pages

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
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4. TOTAL POLITICAL EXPENDITURES	\$	0.00
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CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,048.41
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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17 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.



*Christopher Hightower*  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said CHRISTOPHER HIGHTOWER, this the 13<sup>th</sup> day of APRIL, 20 15, to certify which, witness my hand and seal of office.

*Mary R. Griggs*  
 \_\_\_\_\_  
 Signature of officer administering oath

MARY R. GRIGGS  
 \_\_\_\_\_  
 Print name of officer administering oath

NOTARY  
 \_\_\_\_\_  
 Title of officer administering oath