	TE / OFFICEHOLDER N 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	(MS/MRS (MR) FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME MERLE LAST	DON	Date Received
	AARON	Sr.	9:54 a.m.
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE#; CITY	STATE, ZIP CODE	1 (1) (14.14.
MAILING ADDRESS	1204 ALDE AUC Humble,	Texas 77338	Date Hand-delivered or Postmarked
change of address			Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (281) 446 3818	EXTENSION	Date Processed 115
6 CAMPAIGN	MS MRS MR FIRST	MI	Date Imaged
TREASURER NAME	Linda	The e	8/9/15
	NICKNAME LAST ARROL	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREETADDRESS (NO POBOX PLEASE); APT/SUITE#;	CITY STATE, TEKAS 7	zipcode 7338
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (281) 446 3818	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 Sth day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 4 / 9	Year / 2015
11 ELECTION	ELECTION DATE Month Day Year Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	4
		MAYOR	City of Humble
	GO TO PAG	iE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

PO Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	MERLE 1	DON AARON SY	ACCOUNT # (Ethics Commission Filers)
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.		
	COMMITTEE TYPE COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION			
TOTALS	PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 60000
EXPENDITURE TOTALS	3 TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZ	\$ 367°C
,	4. TOTAL	POLITICAL EXPENDITURES	\$ 600 °CO \$ 367 °CO \$ 2,532.54
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	1
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	* C
18 AFFIDAVIT		I swear, or affirm, under penalty of p	erjury, that the accompanying report
is true and correct and includes all information required to be reported by me under Title 15, Election Code. Notary Fublic, State of Texas Commission Expires 08-14-2017			
Signature of Candidate or Officeholder			
AFFIX NOTARY STAMI		ne, by the saidMERIE HAROA	f, this the
day of APUL , 20 15 , to certify which, witness my hand and seal of office			
Signature of officer admir	nistering oath	Printed name of officer administering oath	Title of officer administering oath
Signature of Officer addition	notering oder	, three name of onicer administrating battl	nue oi onicei auministering oath

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	MERLE DON AARON S	r	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor □out-of-state PAC(ID#_CARLTCN J. E19 6 Contributor address; City; State; Zip Code 800 Stait; 5t Hamwa Te	, ,,,,	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)
Date 2-5-15	Full name of contributor out-of-state PAC(ID#_ DEBRA LYNN AARDN TAY OF Contributor address; City; State; Zip Code [61] Cypres LN. Kingwa	•	Amount of contribution (\$)	In-kind contribution description (if applicable) C k # UBC
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; * City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	eation / Job title (See Instructions)	Employer (See I		,
Date	Full name of contributor out-of-state PAC (ID# Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See II		.,
	ATTAGUADDITIONAL CONTROL			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking **Consulting Expense** Event Expense Fees

Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By
Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form.			
1 Total pages Schedule G.	MERLE DOU AARON ST	3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Payee name		
1-30-15	Sign Mart		
6 Amount (\$) 1,289 80	7 Payee address, City State; Zip Code		
Reimbursement from political contributions intended	PO Box 1539 Humble, Texa	s 71347	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule) (b) Description (If tr	ravel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Advertising Expense		
Date	Payee name		
1-30-15	Sign Mart		
Amount (\$) 541.25	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended	Po Box 1539 Humble, Texas	5 71347	
PURPOSE	Category (See categories listed at the top of this schedule) Description (If tr	ravel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Advertising Expense	,	
Date	Payee name	!	
2-10-15	Sign Mart Payee address; City; State; Zip Code		
2-10-15 Amount (\$) #204.59	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended	PC Box 1539 Humble Texa	as 77347	
PURPOSE	Category (See categories listed at the top of this schedule) Description (lifts)	avel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Advertising Expense		
Date	Payee name		
3-26-15	Sign Mart		
Amount (\$) 129,90	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended	PC. Box 1539 Humble, Texas	5 77347	
PURPOSE	Category (See categories listed at the top of this schedule) Description (If tri	avel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Advertising Expense		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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 /	MS / MRS / MR FIRST	MI	OFFICE USE ONLY	
OFFICEHOLDER				
NAME	NICKNAME LAST	YON	Date Received	
		SUFFIX		
4 CANDIDATE /	HARON ADDRESS (POPON) ADDISONATE OF THE	Sr.	4/30/15	
OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	110154 44	
MAILING			Date Hand-delivered or Postmarked	
ADDRESS	0 11 11	خفيضت	HD	
change of address	1206 ANNE AUE. Humble AREA CODE PHONE NUMBER	, lexas 7 1338	Receipt # Amount	
5 CANDIDATE/ OFFICEHOLDER		EXTENSION	Date Processed	
PHONE	(281) 446 3818		4/30/15	
6 CAMPAIGN	MS MRS MR FIRST	ML	Date Imaged	
TREASURER	LINDA	DEE	4/30/15	
NAME	NICKNAME LAST	SUFFIX	11-01-0	
	ARRON	-		
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#;	CITY; STATE;	ZIP CODE	
ADDRESS				
(residence or business)			77296	
	1206 ANNE AUE.	tumble, lexi	as 77338	
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		
TREASURER PHONE	(281) 446 381	8		
FHONL				
9 REPORT TYPE	Control of the contro		15th day after campaign	
	January 15 30th day before election	Runoff	treasurer appointment (officeholder only)	
	July 15 Sth day before election	Exceeded \$500	Final report (Attach C/OH - FR)	
		limit		
10 PERIOD	Month Day Year	Month Day	Year	
COVERED	1/28/2015 THROUGH	5/ 1/		
	1/28/2013			

11 ELECTION	ELECTION DATE ELECTION TYPE			
	Month Day Year Primary	Runoff	General Special	
	5/9/2015	F).		
40 055105		49 000000000000000000000000000000000000		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
		M and No	ty of Humble	
		MAYOR LI	ty of thumble	
		CIN A	, t	
GO TO PAGE 2				
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	MERLE T	DON FLARON SI	5 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF FICEHOLDER. 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	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages			
N 2-		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 500 00
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	\$ 23\. 00
	4. TOTAL	POLITICAL EXPENDITURES	\$ 2,375 30
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D DRTING PERIOD	\$ O
OUTSTANDING LOAN TOTALS	1	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	* S
18 AFFIDAVIT			perjury, that the accompanying report information required to be reported by
William W. St. W.	STUEBE	Signature of Cano	didate or Officeholder
	State of Texas		
Sworn to and subscribed before me, by the said			
29 day of APPLL, 20 15 , to certify which, witness my hand and seal of office.			
1 the		L JASON STUEBE	CITY SECRETHRY
Signature of officer admi	inistering oath	Printed name of officer administering oath	Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The Instruction Guide explains how to complete this	form. 1 Total pages Schedule A:		
2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)		
MERLE DON AARON S			
4 Date 5 Full name of contributorout-of-state PAC (ID#:	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)		
ALLEN STEAGALL			
4-22-15 6 Contributor address; City; State; Zip Code	500° ch#2810		
702 350 St. Humble, Tex	(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)		
Date Full name of contributor out-of-state PAC (ID#:) Amount of In-kind contribution		
*	contribution (\$) description (if applicable)		
Contributor address; City; State; Zip Code			
Continuator address, City, State, 219 Code			
	(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Date Full name of contributor 🔲 out-of-state PAC(ID#:) Amount of In-kind contribution contribution (\$) description (if applicable)		
	contribution (4)		
Contributor address; City; State; Zip Code	. 8 . 4 . 2 4 - 2		
	(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date Full name of contributor out-of-state PAC(ID#:	Amount of In-kind contribution		
	contribution (\$) description (if applicable)		
Contributor address; City; State; Zip Code	* * * * * X * X * * *		
	(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Date Full name of contributor out-of-state PAC (ID#:			
	contribution (\$) description (if applicable)		
Contributor address; City; State; Zip Code			
, 5,7, 5,5,7,			
	(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 foradditional reporting requirements.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense	EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense
Event Expense Fees	Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee 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 G:	2 FILER NAME MERLE DON ARRON ST 3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name
3-12-15	Promo DIRECT
6 Amount (\$) \$1,374.58	7 Payee address; City; State; Zip Code
Reimbursement from political contributions intended	931 American Pacific Dr. Suit 100 Henderson NV. 89014
8 PURPOSE	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense
Date	Payee name
3-18-15	Promo Direct
Amount (\$) \$ 166,00	Payee address; City; State; Zip Code
Reimbursement from political contributions intended	931 American Pacific Dr. Suite 100 Henderson, NV, 89014
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense
Date	Payee name
4-22-15	Houston Community News Papers
Amount (\$) \$ 603.72	Payee address; City; State; Zip Code
Reimbursement from political contributions intended	P.D. BOX 609, CONROE TEXAS 77305
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertishing Expense
Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
Reimbursement from political contributions intended	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)
<u> </u>	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED