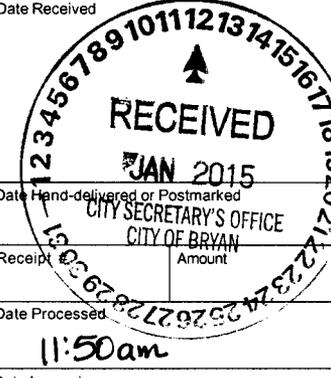


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> ACCOUNT # (Ethics Commission Filers)	<b>2</b> Total pages filed:
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST                      MI <div style="text-align: center; font-size: 1.2em;">Gres</div> <hr style="border: 0; border-top: 1px dotted black;"/> NICKNAME                      LAST                      SUFFIX <div style="text-align: center; font-size: 1.2em;">Owens</div>	<div style="text-align: center; border: 2px solid black; border-radius: 50%; padding: 10px;">                     OFFICE USE ONLY   </div> Date Received <hr/> Date Hand-delivered or Postmarked CITY SECRETARY'S OFFICE CITY OF BRYAN Receipt Amount <hr/> Date Processed <div style="text-align: center; font-size: 1.2em;">11:50am</div> <hr/> Date Imaged	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX:      APT / SUITE #:      CITY:      STATE:      ZIP CODE <div style="text-align: center; font-size: 1.2em;">4403 Nottingham Bryan TX 77802</div>		
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <div style="text-align: center; font-size: 1.2em;">(979) 703-4411</div>		
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI <div style="text-align: center; font-size: 1.2em;">Julie</div> <hr style="border: 0; border-top: 1px dotted black;"/> NICKNAME                      LAST                      SUFFIX <div style="text-align: center; font-size: 1.2em;">Owens</div>		
<b>7</b> CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #:      CITY:      STATE:      ZIP CODE <div style="text-align: center; font-size: 1.2em;">Same</div>		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <div style="text-align: center; font-size: 1.2em;">( ) Same</div>		
<b>9</b> REPORT TYPE	<input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10</b> PERIOD COVERED	Month      Day      Year                      THROUGH                      Month      Day      Year <div style="text-align: center; font-size: 1.2em;">10 / 26 / 14                      12 / 31 / 14</div>		
<b>11</b> ELECTION	ELECTION DATE                      ELECTION TYPE Month      Day      Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <div style="text-align: center; font-size: 1.2em;">11 / 4 / 14</div>		
<b>12</b> OFFICE	OFFICE HELD (if any) <div style="text-align: center; font-size: 1.2em;">Council SMD 3</div>	<b>13</b> OFFICE SOUGHT (if known) <div style="text-align: center; font-size: 1.2em;">Same</div>	
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 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

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

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

*NO  
Activity*

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.

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Greg Owens*, this the *12th* day of *Jan.*, 20 *15*, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

*Maryh Streett*  
Printed name of officer administering oath

*City Secretary*  
Title of officer administering oath