

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)	2 Total pages filed: <div style="text-align: center; font-size: 24px; font-weight: bold;">16</div>																
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 8px;">MS / MRS / MR</td> <td style="width:15%; font-size: 8px;">FIRST</td> <td style="width:15%; font-size: 8px;">MI</td> </tr> <tr> <td></td> <td style="text-align: center; font-size: 24px; font-weight: bold;">J. CARTER</td> <td></td> </tr> <tr> <td style="font-size: 8px;">NICKNAME</td> <td style="font-size: 8px;">LAST</td> <td style="font-size: 8px;">SUFFIX</td> </tr> <tr> <td></td> <td style="text-align: center; font-size: 24px; font-weight: bold;">Breed</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI		J. CARTER		NICKNAME	LAST	SUFFIX		Breed		OFFICE USE ONLY					
MS / MRS / MR	FIRST	MI																	
	J. CARTER																		
NICKNAME	LAST	SUFFIX																	
	Breed																		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 8px;">ADDRESS / PO BOX;</td> <td style="font-size: 8px;">APT / SUITE #;</td> <td style="font-size: 8px;">CITY;</td> <td style="font-size: 8px;">STATE;</td> <td style="font-size: 8px;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center; font-size: 24px; font-weight: bold;">11935 Homewood Ln. Houston, TX 77024</td> </tr> </table> <input type="checkbox"/> Change of Address			ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	11935 Homewood Ln. Houston, TX 77024										
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5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 8px;">AREA CODE</td> <td style="font-size: 8px;">PHONE NUMBER</td> <td style="font-size: 8px;">EXTENSION</td> </tr> <tr> <td style="text-align: center; font-size: 24px; font-weight: bold;">(713)</td> <td style="text-align: center; font-size: 24px; font-weight: bold;">468-6455</td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	(713)	468-6455		Date Received									
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6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 8px;">MS / MRS / MR</td> <td style="font-size: 8px;">FIRST</td> <td style="font-size: 8px;">MI</td> </tr> <tr> <td></td> <td style="text-align: center; font-size: 24px; font-weight: bold;">Melissa</td> <td style="text-align: center; font-size: 24px; font-weight: bold;">L.</td> </tr> <tr> <td style="font-size: 8px;">NICKNAME</td> <td style="font-size: 8px;">LAST</td> <td style="font-size: 8px;">SUFFIX</td> </tr> <tr> <td></td> <td style="text-align: center; font-size: 24px; font-weight: bold;">DeAyala</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI		Melissa	L.	NICKNAME	LAST	SUFFIX		DeAyala		Date Hand-delivered or Date Postmarked	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 8px;">Receipt #</td> <td style="font-size: 8px;">Amount \$</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Receipt #	Amount \$		
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input 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 checked="" 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 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)								
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 8px;">Month</td> <td style="font-size: 8px;">Day</td> <td style="font-size: 8px;">Year</td> <td style="font-size: 8px;">THROUGH</td> <td style="font-size: 8px;">Month</td> <td style="font-size: 8px;">Day</td> <td style="font-size: 8px;">Year</td> </tr> <tr> <td style="text-align: center; font-size: 24px; font-weight: bold;">4</td> <td style="text-align: center; font-size: 24px; font-weight: bold;">7</td> <td style="text-align: center; font-size: 24px; font-weight: bold;">2016</td> <td></td> <td style="text-align: center; font-size: 24px; font-weight: bold;">4</td> <td style="text-align: center; font-size: 24px; font-weight: bold;">28</td> <td style="text-align: center; font-size: 24px; font-weight: bold;">2016</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	4	7	2016		4	28	2016		
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11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 8px;">ELECTION DATE</td> <td style="font-size: 8px;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: 8px;">Month Day Year</td> <td style="font-size: 8px;"> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> <tr> <td style="text-align: center; font-size: 24px; font-weight: bold;">05/07/16</td> <td></td> </tr> </table>	ELECTION DATE	ELECTION TYPE	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	05/07/16													
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05/07/16																			
12 OFFICE	OFFICE HELD (if any) <div style="text-align: center; font-size: 24px; font-weight: bold;">N/A</div>	13 OFFICE SOUGHT (if known) <div style="text-align: center; font-size: 24px; font-weight: bold;">Spring Branch I.S.D. School Board</div>																	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

J. Carter Breed

15 Filer ID (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

SPECIFIC

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

\$ *N/A*

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

\$ *N/A*

EXPENDITURE
TOTALS

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

\$ *N/A*

4. TOTAL POLITICAL EXPENDITURES

\$ *2185.98*

CONTRIBUTION
BALANCE

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

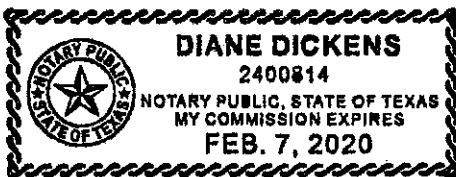
\$ *N/A*

OUTSTANDING
LOAN TOTALS

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

\$ *N/A*

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 *J. Carter Breed*, this the *29* day of *April*, 20*16*, to certify which, witness my hand and seal of office.

Diane Dickens
Signature of officer administering oath

Diane Dickens
Printed name of officer administering oath

notary
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

J. CARTER Breed

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ N/A
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ N/A
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ N/A
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ N/A
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ N/A
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ N/A
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ N/A
8.	<input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 8363
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 218598
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ N/A
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ N/A
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ N/A

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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 F4: <i>ONE</i>	2 FILER NAME <i>J. CARTER BREED</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <i>83.63</i>
5 Date <i>4-11-16</i>	6 Payee name <i>VILLAGE REPUBLICAN WOMEN</i>	
7 Amount (\$) <i>\$ 25.00</i>	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Luncheon / Advertising</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>4-25-16</i>	Payee name <i>CONSTANT CONTACT</i>	
Amount (\$) <i>\$ 58.63</i>	Payee address; City; State; Zip Code <i>1601 TRAPELO Rd. # 329 WALTHAM, MA 02451</i>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising /</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>J. Carter Breed</i>	Office sought Office held <i>SBIBD Board of Trustees</i> <i>None</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(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
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 G: <i>ONE</i>	2 FILER NAME <i>J. CARTER BREED</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4-26-16</i>	5 Payee name <i>ALPHAGRAPHICS PRINTING</i>	
6 Amount (\$) <i>2091.85</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>10700 HAMMERLY BLVD - #115 HOUSTON, TX 77043</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Campaign Postcards</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>J. CARTER BREED</i>	Office sought <i>Spring Branch ISD School Board member</i>
		Office held <i>NONE</i>
Date <i>4-21-16</i>	Payee name <i>MIKE SULLIVAN, TAX ASSESSOR-COLLECTOR</i>	
Amount (\$) <i>10.50</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Campaign Labels</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>J. Carter Breed</i>	Office sought <i>SBIISD Board of Trustees</i>
		Office held <i>None</i>
Date	Payee name <i>N/A</i>	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

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