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:

OFFICE USE ONLY
Date Received: RECEIVED JUL 17 2015 4:31 pm
Date Hand-delivered or Postmarked
Receipt # | Amount
Date Processed
Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: Mr. FIRST: Steven MI: H. W.
NICKNAME: LAST: Aldrich SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ change of address
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
707 Honeysuckle Lane
College Station, TX 77845

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE PHONE NUMBER EXTENSION
(979) 229-4246

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: Mr. FIRST: David MI: W.
NICKNAME: LAST: Hickson SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (residence or business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
12639 State Hwy. 30
College Station, TX
77845

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(979) 587-2101

9 REPORT TYPE
☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☒ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED
Month Day Year: 1/16/15 THROUGH Month Day Year: 7/15/15

11 ELECTION
ELECTION DATE Month Day Year: 11/5/2013
ELECTION TYPE ☐ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE
OFFICE HELD (if any): College Station City Council, Place 2

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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: Steven H. W. Aldrich

3 ACCOUNT # (Ethics Commission Filers)

4 Date: 1/26/15

5 Payee name: Chamber of Commerce B/CS

6 Amount ($): $100.00

7 Payee address; City; State; Zip Code: 4001 E. 29th Street, Suite 175, Bryan, TX 77802

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): State Legislative Affairs - Austin

(b) Description (If travel outside of Texas, complete Schedule T): Visits w/ legislators

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

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Date: 3/6/15

Payee name: Brazos County A & M Club

Amount ($): $50.00

Payee address; City; State; Zip Code: P.O. Box 4, College Station, TX 77845

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): membership fees

Description (If travel outside of Texas, complete Schedule T): membership 2015

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

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Date: 3/13/15

Payee name: Scotty's House

Amount ($): $150.00

Payee address; City; State; Zip Code: 2424 Kent Street, Bryan, TX 77802

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): donation/event

Description (If travel outside of Texas, complete Schedule T): fundraiser/Steak Out

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

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Date: 3/16/15

Payee name: C.S. Noon Lions Club

Amount ($): $40.00

Payee address; City; State; Zip Code: P.O. Box 112, College Station, TX 77841

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): donation/event

Description (If travel outside of Texas, complete Schedule T): All Things Chocolate

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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	3 ACCOUNT # (Ethics Commission Filers)
	Steven H.W. Aldrich	

4 Date	5 Payee name
3/30/15	Chamber of Commerce B/CS
6 Amount ($)	**7 Payee address; City; State; Zip Code**
$25.00	4001 E. 29th Street, Suite 175 Bryan, TX 77802

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	donation / event	Chamber Tank

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
4/10/15	Community Foundation
Amount ($)	**Payee address; City; State; Zip Code**
$100.00	108 North Avenue East, Suite 200 Bryan, TX 77802

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	donation/event	Tribute Luncheon

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
5/12/15	Gary Blair Charities
Amount ($)	**Payee address; City; State; Zip Code**
$200.00	P.O. Box 30017 College Station, TX 77842-3017

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	donation	Celebration Dinner

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
6/4/15	Bryan Rotary Club
Amount ($)	**Payee address; City; State; Zip Code**
$40.00	P.O. Box 2760 Bryan, TX 77805

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	donation/event	Newman 10 Awards

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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 Steven H. W. Aldrich	3 ACCOUNT # (Ethics Commission Filers)
4 Date 6/16/15	5 Payee name Brazos County A&M Club	
6 Amount ($) $20.00	7 Payee address; City; State; Zip Code P.O. Box 4 College Station, TX 77845	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) event expense	(b) Description (If travel outside of Texas, complete Schedule T) lunch meeting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 7/1/15	Payee name Chamber of Commerce B/CS	
Amount ($) $100.00	Payee address; City; State; Zip Code 4001 E. 29th Street, Suite 175 Bryan, TX 77802	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) event/donation	Description (If travel outside of Texas, complete Schedule T) Founder's Night
Complete ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Steven H.W. Aldrich

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLICAL 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)	$ -0-
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 825.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 7,167.40
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ ~~[illegible]~~ -0-

18 AFFIDAVIT

TANYA MCNUTT
Notary Public, State of Texas
My Commission Expires
FEBRUARY 14, 2018

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 Steven H.W. Aldrich, this the 17th day of July, 20 15, to certify which, witness my hand and seal of office.

Tanya McNutt	Tanya McNutt	Notary Public
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath