

# 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: right; font-size: 2em;">7</div>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">MR</span> FIRST      MI <div style="font-size: 1.5em; text-align: center;">Christopher      D.</div>	<b>OFFICE USE ONLY</b>	
	NICKNAME      LAST      SUFFIX <div style="font-size: 1.5em; text-align: center;">Chris      Herron</div>	Date Received	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE <div style="font-size: 1.2em;">15807 Azalea Shores Ct Houston TX 77044</div>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <div style="font-size: 1.2em;">(501) 729 8050</div>		Date Hand-delivered or Date Postmarked
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">MRS</span> FIRST      MI <div style="font-size: 1.5em; text-align: center;">Glynniece      A.</div>	Receipt #      Amount \$	
	NICKNAME      LAST      SUFFIX <div style="font-size: 1.5em; text-align: center;">Herron-Allison</div>	Date Processed	
	Date Imaged		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE <div style="font-size: 1.2em;">18511 Mabel's Island Ct Humble, TX 77346</div>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <div style="font-size: 1.2em;">(832) 217 0690</div>		
<b>9 REPORT TYPE</b>	<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)		
<b>10 PERIOD COVERED</b>	Month    Day    Year      THROUGH      Month    Day    Year <div style="font-size: 1.5em; text-align: center;">03 / 28 / 2017      THROUGH      04 / 20 / 2017</div>		
<b>11 ELECTION</b>	ELECTION DATE Month    Day    Year <div style="font-size: 1.5em; text-align: center;">05 / 06 / 2017</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) <div style="font-size: 2em; text-align: center;">NA</div>	<b>13 OFFICE SOUGHT (if known)</b> <div style="font-size: 1.5em;">Humble ISD School Board Trustee Position #3</div>	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Christopher Herron 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.

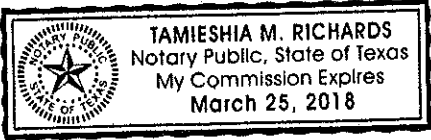
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 30.05
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,735
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 22.28
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,401.91
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,557.58
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,000

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.



[Signature]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Christopher D. Herron, this the 28<sup>th</sup> day of April, 2017, to certify which, witness my hand and seal of office.

Tamiesha Richards Signature of officer administering oath  
Tamiesha Richards Printed name of officer administering oath  
Notary Public Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Glynniece A. Herron-Allison

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,735
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,401.91
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME **Glynniece A Herron-Allison**

3 Filer ID (Ethics Commission Filers)

4 Date  
**3/29/2017**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Maria Marino**  
6 Contributor address; City; State; Zip Code  
**900 Windermere  
Palm Beach Gardens, FL 33418**

7 Amount of contribution (\$)  
**50.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**4/2/2017**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**David Irwin**  
Contributor address; City; State; Zip Code  
**14275 Hillside Rd  
Elm Grove, WI 53122**

Amount of contribution (\$)  
**250.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**4/3/2017**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Marilyn Burgess**  
Contributor address; City; State; Zip Code  
**4043 Buckeye Creek Rd  
Kingwood, TX 77339**

Amount of contribution (\$)  
**50.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**4/7/2017**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**David Kully**  
Contributor address; City; State; Zip Code  
**302 C St. NE  
Washington DC 20002**

Amount of contribution (\$)  
**500.00**

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 for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3

2 FILER NAME Glynniece A Herron-Allison

3 Filer ID (Ethics Commission Filers)

4 Date 4/10/2017  
 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
J Michael Hafner  
 6 Contributor address; City; State; Zip Code  
23 Farnham Park Dr Houston, TX 77024

7 Amount of contribution (\$)  
750.00

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date 4/18/2017  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
William Lynch  
 Contributor address; City; State; Zip Code  
8970 Cypress Grove Ln West Palm Beach, FL 33411

Amount of contribution (\$)  
100.00

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 4/19/2017  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Graciela Sukach  
 Contributor address; City; State; Zip Code  
3105 Hickory Falls Dr Kingwood, TX 77345

Amount of contribution (\$)  
35.00

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
 Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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            | 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)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Glynniece A. Herron-Allison	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/2/2017	<b>5</b> Payee name Kingwood Area Democrats	
<b>6</b> Amount (\$) 120.00	<b>7</b> Payee address; City; State; Zip Code 2211 Oak Shores Dr Kingwood, TX 77339	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name                      Office sought                      Office held	
Date 4/4/2017	Payee name Humble Area Democrats	
Amount (\$) 321.75	Payee address; City; State; Zip Code 14302 Timber Bright Ct Houston, TX 77044	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing & Postage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name                      Office sought                      Office held	
Date 4/10/2017	Payee name Humble Area Democrats	
Amount (\$) 454.08	Payee address; City; State; Zip Code 14302 Timber Bright Ct Houston, TX 77044	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing & Postage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name                      Office sought                      Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Glynniece A Herron-Allison	3 Filer ID (Ethics Commission Filers)
4 Date 4/14/2017	5 Payee name Kingwood Area Democrats	
6 Amount (\$) 60.00	7 Payee address; City; State; Zip Code 2211 Oak Shores Dr Kingwood, TX 77339	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 4/19/2017	Payee name Humble Area Democrats	
Amount (\$) 446.08	Payee address; City; State; Zip Code 14302 Timber Bright Ct Houston, TX 77044	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing & Postage Expenses	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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