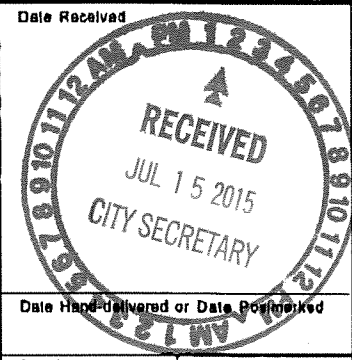


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr NICKNAME	FIRST Tahir LAST	MI SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 88089 Houston TX 77288	
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE PHONE NUMBER EXTENSION (281) 846 6203	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr NICKNAME	FIRST Bert LAST	MI SUFFIX III
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1801 Brighton Brook Ln Pearland TX 77581		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 372 8615		
9 REPORT TYPE	<input type="checkbox"/> January 16 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 6th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 3 / 15 / 2015 THROUGH 7 / 14 / 2015		
11 ELECTION	ELECTION DATE Month Day Year 11 / 3 / 15	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) N/A	13 OFFICE SOUGHT (if known) City Council At-Large Position 5	



GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Tahir Charles

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

\$

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

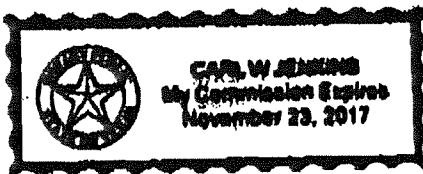
\$

OUTSTANDING
LOAN TOTALS

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

\$

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Tahir Charles

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Tahir Charles, this the 15th day of July, 2015, to certify which, witness my hand and seal of office.

Carl W. Jenkins
Signature of officer administering oath

CARL W. JENKINS
Printed name of officer administering oath


Notary
Title of officer administering oath

City of Houston

900 Bagby

Houston, Texas 77002

(713) 247-1840

REQUEST FOR ELECTRONIC FILING PASSWORD				FORM PASS
Please print or type everything other than your signature. See back for additional information about completing this document.				OFFICE USE ONLY
1	NAME OF FILER REQUESTING PASSWORD (see instructions)	FIRST Tahir	MIDDLE INITIAL H	LAST Charles
2	NAME OF FILER'S COMMITTEE/ CAUCUS (if applicable)	Tahir Charles 4 Houston		
3	MAILING ADDRESS	ADDRESS PO Box 88089	APT / SUITE#	
		ADDRESS (Cont.)		
		CITY Houston	STATE TX	ZIP CODE 77288
4	TELEPHONE NUMBER	AREA CODE (832)	PHONE NUMBER 541 5962	EXTENSION
5	EMAIL ADDRESS			
6	FILER TYPE	PLEASE CHECK ONE: <input checked="" type="checkbox"/> Candidate/Officerholder <input type="checkbox"/> Specific Purpose Committee		
7	OFFICE HELD (if any)	N/A		
8	OFFICE BOUGHT (if known)	City Council At Large Position 5		
9	FILER SIGNATURE	I swear that I am the person required by Title 19, Texas Election Code, to file campaign finance reports with the City Secretary. This document is my official password request for the purpose of filing electronic campaign finance reports with the City of Houston.  Signature of Filer		
10	IF APPLICABLE, CHECK HERE	<input checked="" type="checkbox"/> I authorize the City Secretary to release my password to: <u>Bert Brown III</u> Email address of person I release my password to: _____		

