

**CON/AMENDMENT AFFIDAVIT  
DATE/OFFICEHOLDER**

**FORM COR-C/OH**

1 Candidate Filer(s)		2 Total pages filed:		<b>OFFICE USE ONLY</b>	
PREFIX / MRS / MR <i>Mr.</i>		FIRST <i>DAN</i>		MI <i>R</i>	
NICKNAME		LAST <i>BECKER</i>		SUFFIX	
<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input checked="" type="checkbox"/> Final report		<input type="checkbox"/> Other (specify) _____	
Date Received City of League City Received <b>FEB 18 2016</b> Office of City Secretary		Date Hand-delivered or Date Postmarked 4:25 pm <i>JN</i>		Receipt # _____ Amount \$ _____	
Date Processed		Date Imaged		Date Reported Month Day Year      Month Day Year <i>10 / 31 / 14</i> THROUGH <i>12 / 31 / 14</i>	

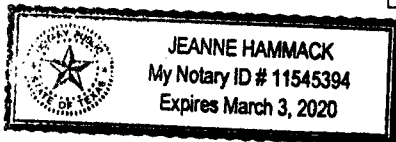
**EXPLANATION** *I have amended the start date of the subject report from 07/01/14 to 10/31/14. I inadvertently used a date which resulted in an overlap of reporting periods.*

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

**Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

MP / SEAL ABOVE

Before me, by the said DAN BECKER, this the 18th day of February, 2016

Whose name I witness my hand and seal of office.

*Jeanne Hammack*      **JEANNE HAMMACK**      **NOTARY PUBLIC**  
 Notary Public      Printed name of officer administering oath      Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections**

*10/14*

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

<p>The Campaign Finance Instruction Guide explains how to complete this form.</p>	<p>1 Filer ID (Ethics Commission Filers)</p>	<p>2 Total pages filed: <b>4</b></p>
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR: <b>Mr.</b>      FIRST: <b>DAVID</b>      SUFFIX: <b>R</b>          NICKNAME: _____      LAST: <b>BECKER</b>      SUFFIX: _____</p>	<p style="text-align: center;"><b>OFFICE USE ONLY</b></p> <p>Date Received <b>City of League City</b> Received <b>FEB 18 2016</b>  Office of City Secretary</p> <hr/> <p>Date Hand-delivered or Date Postmarked <b>4:25 pm</b> <i>JAL</i></p> <p>Receipt # _____ Amount \$ _____</p> <p>Date Processed _____</p> <p>Date Imaged _____</p>
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p>	<p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  <b>P.O. Box 1626 League City TX 77574</b></p>	
<p>5 CANDIDATE / OFFICEHOLDER PHONE NUMBER</p>	<p>AREA CODE      PHONE NUMBER      EXTENSION  <b>(281) 507-2617</b></p>	
<p>6 CANDIDATE / OFFICEHOLDER TRIP EXPENSES</p>	<p>MS / MRS / MR: <b>Mr.</b>      FIRST: <b>Tommy</b>      MI: _____          NICKNAME: _____      LAST: <b>Baccaro</b>      SUFFIX: _____</p>	
<p>7 CANDIDATE / OFFICEHOLDER RESIDENTIAL ADDRESS (Residence)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  <b>502 Lily Court, League City TX 77573</b></p>	
<p>8 CANDIDATE / OFFICEHOLDER TRIP PHONE NUMBER</p>	<p>AREA CODE      PHONE NUMBER      EXTENSION  <b>(281) 388-0156</b></p>	
<p>9 REPORT TYPE</p>	<p> <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 type="checkbox"/> 8th day before election      <input type="checkbox"/> Exceeded \$500 limit      <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)         </p>	
<p>10 PERIOD COVERED</p>	<p>Month      Day      Year      THROUGH      Month      Day      Year  <b>10 / 31 / 14      12 / 31 / 14</b></p>	
<p>11 ELECTION DATE</p>	<p>ELECTION DATE      ELECTION TYPE</p> <p>Month      Day      Year      <input type="checkbox"/> Primary      <input type="checkbox"/> Runoff      <input type="checkbox"/> Other Description  <input type="checkbox"/> General      <input type="checkbox"/> Special</p>	
<p>12 OFFICE HELD (if any)</p>	<p><b>City Council Pos 1</b></p>	<p>13 OFFICE SOUGHT (if known) <b>City Council Pos 1</b></p>

**GO TO PAGE 2**

*2014*

**DATE / OFFICEHOLDER  
SIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

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**NAME** DAN R BECKER

**15** Filer ID (Ethics Commission Filers)

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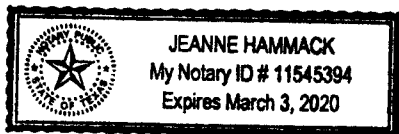
**COM** THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

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

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<b>CON</b>  <b>RE</b>  <b>ON</b>  <b>ING</b> <b>IS</b>	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4.	TOTAL POLITICAL EXPENDITURES	\$ 0
	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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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

STAMP / SEAL ABOVE

Subscribed before me, by the said DAN BECKER, this the 18th FEBRUARY, 2016, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Notary Public

JEANNE HAMMACK  
Printed name of officer administering oath

NOTARY PUBLIC  
Title of officer administering oath

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**E / OFFICEHOLDER REPORT:  
ON OF FINAL REPORT**

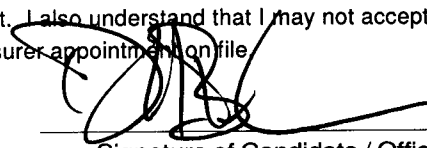
**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.  
.. Complete only if "Report Type" on page 1 is marked "Final Report" ..

**DAN R BECKER**

2 Filer ID (Ethics Commission Filers)

other political contributions or political expenditures in connection with my candidacy. I understand that designation terminates my campaign treasurer appointment. I also understand that I may not accept any campaign expenditures without a campaign treasurer appointment on file



Signature of Candidate / Officeholder

**AN OFFICEHOLDER**

.. only if you are not an officeholder. ..

**UNEXPENDED CONTRIBUTIONS**

unexpended contributions or unexpended interest or income earned from political contributions.

unexpended contributions or unexpended interest or income earned from political contributions. I understand that I must file an annual report of unexpended contributions and that I may not retain unexpended political contributions or unexpended interest or income earned on political contributions longer than six years after filing the report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income from political contributions in accordance with the requirements of Election Code, § 254.204.

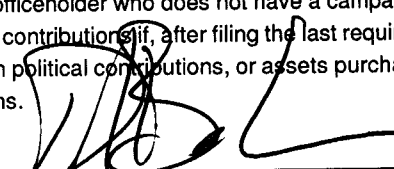
assets purchased with political contributions or interest or other income from political contributions.

assets purchased with political contributions or interest or other income from political contributions. I understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

**OFFICEHOLDER**  
.. only if you are an officeholder ..

I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I understand that I will be required to file reports of unexpended contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.



Signature of Officeholder

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