

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: 5																			
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">MS / MRS / MR</td> <td style="width:40%; font-size: small;">FIRST</td> <td style="width:40%; font-size: small;">MI</td> </tr> <tr> <td>Ms.</td> <td>Latrelle</td> <td>B.</td> </tr> <tr> <td style="font-size: x-small;">NICKNAME</td> <td style="font-size: x-small;">LAST</td> <td style="font-size: x-small;">SUFFIX</td> </tr> <tr> <td></td> <td>Joy</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	Ms.	Latrelle	B.	NICKNAME	LAST	SUFFIX		Joy		<div style="border: 2px solid blue; padding: 10px; text-align: center;"> <p style="font-size: 1.2em; margin: 0;">RECEIVED</p> <p style="font-size: 1.1em; margin: 0;">APR 28 2016</p> <p style="font-size: 0.8em; margin: 0;">OFFICE OF THE CITY SECRETARY LUBBOCK, TEXAS</p> </div> <p style="font-size: 0.8em; margin-top: 5px;">Date Received</p> <p style="font-size: 0.8em; margin-top: 5px;">Date Hand-delivered or Date Postmarked</p> <table style="width:100%; border-collapse: collapse; font-size: 0.7em;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged		
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">ADDRESS / PO BOX;</td> <td style="font-size: x-small;">APT / SUITE #;</td> <td style="font-size: x-small;">CITY;</td> <td style="font-size: x-small;">STATE;</td> <td style="font-size: x-small;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="background-color: black; height: 20px;"></td> </tr> </table> <input type="checkbox"/> Change of Address			ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE														
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">Month</td> <td style="font-size: x-small;">Day</td> <td style="font-size: x-small;">Year</td> <td style="font-size: x-small;">THROUGH</td> <td style="font-size: x-small;">Month</td> <td style="font-size: x-small;">Day</td> <td style="font-size: x-small;">Year</td> </tr> <tr> <td>04</td> <td>01</td> <td>16</td> <td></td> <td>04</td> <td>27</td> <td>16</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	04	01	16		04	27	16					
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12 OFFICE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">OFFICE HELD (if any)</td> </tr> <tr> <td>City Council - District 6 Lubbock, Texas</td> </tr> </table>	OFFICE HELD (if any)	City Council - District 6 Lubbock, Texas	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">OFFICE SOUGHT (if known)</td> </tr> <tr> <td>City Council - District 6 Lubbock, Texas</td> </tr> </table>		OFFICE SOUGHT (if known)	City Council - District 6 Lubbock, Texas															
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

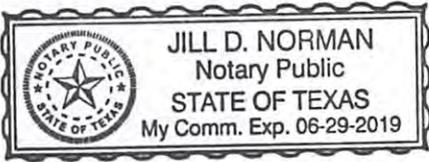
**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME Latrelle B. Joy	15 Filer ID (Ethics Commission Filers)
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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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

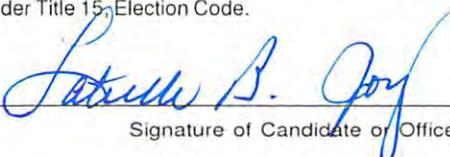
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 874.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 5.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 781.17
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

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.



 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Latrelle B. Joy, this the 26th day of April, 2016, to certify which, witness my hand and seal of office.



 Signature of officer administering oath

Jill D. Norman

 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 Latrelle B. Joy		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ -0-
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 874.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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:
2 FILER NAME Latrelle B. Joy		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) None
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME Latrelle B. Joy		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 4/1/16	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike and Renee' Stevens	8 Amount of Contribution \$ \$375.00	9 In-kind contribution description walking list for District 6
7 Contributor address: _____ City: _____ State: _____ Zip Code _____ 		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Printing Company		11 Employer (FOR NON-JUDICIAL) (See Instructions) Action Printing	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 4/1/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike and Renee' Stevens	Amount of Contribution \$ \$499.00	In-kind contribution description Phone calling list District 6
Contributor address: _____ City: _____ State: _____ Zip Code _____ 		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Printing Company		Employer (FOR NON-JUDICIAL) (See Instructions) Action Company	
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If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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