



Official Public Records of
Harris County
Stan Stanart
County Clerk

Campaign Finance Report



Stan Stanart
COUNTY CLERK
HARRIS COUNTY, TEXAS

FileNo: 2018162
Received By Clerk: 1/19/2018
File Date: January 13, 2018
Office: Commissioner Pct. 2
Candidate: Box, Daniel R.
Treasurer: McGruder, Gail
Category: Contributions And Expenditures
Delivered By: U.S. Mail
Type: COR

Harris County No Fee

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

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Daniel
Box

R

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

323 Moose dr

Crosby

Tx

77532

☐ Change of Address

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832)

794-9896

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Gail

McGruder

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

5742 Highbury Ct.
Hou, TX 77084

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832)

687-7962

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

11 / 2 / 2017

THROUGH

Month Day Year

12 / 31 / 2017

11 ELECTION

ELECTION DATE

Month Day Year

3 / 6 / 2018

☒ Primary

☐ Runoff

ELECTION TYPE

☐ Other
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Commissioner Pct 2

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

2018162

14 C/OH NAME <u>Daniel R. Boy</u>		15 Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		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	\$ <u>0</u>
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4.	TOTAL POLITICAL EXPENDITURES	\$ <u>1250.00</u>
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</u>
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1250.00</u>

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

Daniel R. Boy

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Daniel Boy, this the 12th day of JAN, 20 18, to certify which, witness my hand and seal of office.

Syed A Haider
Signature of officer administering oath

SYED AFZAL HAIDER
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

Daniel R. Box

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1. ☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$

2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$

3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4. ☒ SCHEDULE E: LOANS

\$ 1,250.00

5. ☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

6. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$

7. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

\$

8. ☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

\$

9. ☒ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

\$ 1,250.00

10. ☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

\$

11. ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

12. ☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS
RETURNED TO FILER

\$

2018162

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LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.				1 Total pages Schedule E: 1	
2 FILER NAME Daniel R. Box				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS 1				5 Loan Amount (\$) 1,250.00	
5 Date of loan 11/14/2017		7 Name of lender Daniel R Box <input type="checkbox"/> out-of-state PAC (ID#: _____)		9 Loan Amount (\$) 1,250.00	
6 Is lender a financial institution? Y <input checked="" type="radio"/> N		8 Lender address; City; State; Zip Code 323 Moose dr Crosby Tx 77532		10 Interest rate 0	
				11 Maturity date 0	
12 Principal occupation / Job title (See Instructions) Building Inspector			13 Employer (See Instructions) City of Houston		
14 Description of Collateral <input checked="" type="checkbox"/> none			15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>		
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable		17 Name of guarantor		19 Amount Guaranteed (\$)	
		18 Guarantor address; City; State; Zip Code			
20 Principal Occupation (See Instructions)			21 Employer (See Instructions)		
Date of loan		Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)		Loan Amount (\$)	
Is lender a financial institution? Y N		Lender address; City; State; Zip Code		Interest rate	
				Maturity date	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Description of Collateral <input type="checkbox"/> none			Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable		Name of guarantor		Amount Guaranteed (\$)	
		Guarantor address; City; State; Zip Code			
Principal Occupation (See Instructions)			Employer (See Instructions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE G

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
 Office Overhead/Rental Expense
 Polling Expense
 Printing Expense
 Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

3 Filer ID (Ethics Commission Filers)

Harris County Democratic Party

1445 N Loop W Houston, TX 77008
Suite 110

Fees

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Daniel R Box

Commissioner Pct 2

Payee name

City; State; Zip Code

(b) Description	Quantity	Unit	Value
1. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
2. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
3. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
4. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
5. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
6. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
7. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
8. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
9. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
10. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
11. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
12. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
13. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
14. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
15. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
16. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
17. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
18. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
19. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
20. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
21. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
22. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
23. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
24. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
25. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
26. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
27. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
28. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
29. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
30. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
31. [REDACTED]	[REDACTED]		

☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

Office held

Payee name

City: State: Zip Code

(b) Description	Quantity	Unit	Value	Total
1.000	1.000	1.000	1.000	1.000
2.000	2.000	2.000	2.000	2.000
3.000	3.000	3.000	3.000	3.000
4.000	4.000	4.000	4.000	4.000
5.000	5.000	5.000	5.000	5.000
6.000	6.000	6.000	6.000	6.000
7.000	7.000	7.000	7.000	7.000
8.000	8.000	8.000	8.000	8.000
9.000	9.000	9.000	9.000	9.000
10.000	10.000	10.000	10.000	10.000
11.000	11.000	11.000	11.000	11.000
12.000	12.000	12.000	12.000	12.000
13.000	13.000	13.000	13.000	13.000
14.000	14.000	14.000	14.000	14.000
15.000	15.000	15.000	15.000	15.000
16.000	16.000	16.000	16.000	16.000
17.000	17.000	17.000	17.000	17.000
18.000	18.000	18.000	18.000	18.000
19.000	19.000	19.000	19.000	19.000
20.000	20.000	20.000	20.000	20.000
21.000	21.000	21.000	21.000	21.000
22.000	22.000	22.000	22.000	22.000
23.000	23.000	23.000	23.000	23.000
24.000	24.000	24.000	24.000	24.000
25.000	25.000	25.000		

☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

Office held

At the time of recordation, this instrument was found to be inadequate for the best photographic reproduction because of illegibility, carbon or photo copy, discolored paper, etc. All blockouts, additions and changes were present at the time the instrument was filed and recorded.

Revised 9/8/2015

D. Box
823 Moore dr
Crosby, TX
77532



7017 3040 0000 0447 6380



1000



77251

U.S. POSTAGE
PAID
HOUSTON, TX
77002
JAN 13 18
AMOUNT
\$3.84
R2305M147579-25

Office of Harris County Clerk
P.O. Box 1148
Houston, TX
77251-1148