Texas	Ethics	Commission
-------	---------------	------------

P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

CAMPAIG	TE / OFFICEHOLDER N FINANCE REPORT		FORM C/OH COVER SHEET PG 1		
	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MR CHRISTOPHER	MI MI	OFFICE USE ONLY		
	NICKNAME LAST CHRIS JETT	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX. APT / SUITE #: CITY. 903 HTLL CIRCLE WEST	STATE; ZIP CODE	MIN SIGN		
ADDRESS change of address	GRANITE SHOALS TX 786	,74	Date Hand-delivered or Rostmarked		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (830) 598 5400	EXTENSION	Receipt # Amount		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MR. CERLE NICKNAME LAST	. H	Date Imaged		
	BUTCH KEMPER	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE). APT/SUITE #.	CITY, STATE.	zip code X 78654		
B CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (830) 693-0454	EXTENSION			
REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)		
PERIOD COVERED	Month Day Year THROUGH	Month Day 6 / 30 /	Year		
1 ELECTION	Month ELECTION DATE ELECTION TYPE Day Year Primary	Runoff (General Special		
2 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)			
(CONSTABLE PCT. 4	CONSTABLE	PCT. 4		
GO TO PAGE 2					
w.ethics.state.tx_us					

CANDIDAT SUPPORT	E / OFFICE & TOTAL	CEHOLDER REPORT: S	FORM C/OH COVER SHEET PG 2			
14 C/OH NAME	DHER M	Jen 1	5 ACCOUNT # (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOT	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	COMMITTEE ADDRESS				
	SPECIFIC					
additional pages		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
		TO THE SAME AIGH TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0			
EVENDA	2. TOTAL (OTHER	\$ &				
EXPENDITURE TOTALS	3 TOTAL PO	ZED \$				
orea . z .g., .	4. TOTAL F	\$ 0				
CONTRIBUTION BALANCE	5. TOTAL PO OF REPO	LITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	* \$ D			
OUTSTANDING LOAN TOTALS	6. TOTAL PR LAST DAY	INCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE OF THE REPORTING PERIOD	E \$ P			
AFFIX NOTARY STAMP	DEBRA ALINE BI Notary Publi STATE OF TE My Commissi Expires 01/02/2	NDSEIL SCORES	formation required to be reported by			
Sworn to and subsc		15	Vett, this the			
Acha Cline De La L' Debre Al De L' Debre Al De L' Debre Al De L' Debre Al D						
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						