	TE / OFFICEHOLDER IN FINANCE REPORT	FORM C/OH COVER SHEET PG 1
The G/OH Instruction	Guide explains how to complete this form. (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI MR CHRISTOPHER M	OFFICE USE ONLY
	NICKNAME LAST SUFFIX  CHRIS JETT	Date Received  2009 JUL  COLUMN TO THE TENT OF THE TEN
OANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  903 HTLL CIRCLEWEST  MARBLE FAUS, TX 78654	Date Hand-danvered or Date Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION  ( 850 ) 598-5400	Receipt # Amount
6 CAMPAIGN TREASURER NAME	MS_LMRS / MR FIRST MI  NICKNAME DAST SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE:	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION	
9 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 Sth day before election Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH Oay	/ 09
11 ELECTION	ELECTION DATE ELECTION TYPE  Month Day Year Primary Runoff	General Spr sal
12 OFFICE	OFFICE HELD (If any)  13 OFFICE SOUGHT (If known)	)
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER	Direct campaign expenditures are campaign expenditures made by others without the Candidates are required to disclose this information only if they receive notification of Name	he candidate's prior consent or approval. the direct campaign expenditure. ••
INDIVIDUALS	Address / PO Box. Apt / Suite # City. State Zip Code	
additional pages		
	GO TO PAGE 2	

(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

SEXPENDITURE

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

4. TOTAL POLITICAL EXPENDITURES

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

OUTSTANDING CONTRIBUTION

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

I swear, or affirm, under penalty of derjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title of Efficiency Sympature of Cardidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said CHARSHELM JET ... this the day of July 2003 ... to certify which, witness my hand and seal of office.

Substitute of officer administering oath

Printed name of officer administering oath

Title of officer administering oath