

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

5

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
 MR. CHRISTOPHER M
 NICKNAME LAST SUFFIX
 CHRIS JETT

OFFICE USE ONLY

Date Received

2008 JAN 14 AM 11:45
 FILED
 JANET FERREN
 COUNTY CLERK
 BURNET COUNTY, TEXAS

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 903 HILL CIRCLE WEST
 GRANITE SHOALS, TX 78654

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
 (830) 598 5400

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
 MR. GEORGE H
 NICKNAME LAST SUFFIX
 BUTCH KEMPER

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
 200 GATEWAY NORTH
 MARBLE FALLS, TX 78654

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
 (830) 693-0454

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 Month Day Year
 08 / 21 / 2007 THROUGH 12 / 31 / 2007

11 ELECTION

ELECTION DATE ELECTION TYPE
 Month Day Year
 03 / 04 / 2008 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

CONSTABLE PRECINCT 4

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

N/A

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME CHRISTOPHER M. JETT **16 ACCOUNT # (Ethics Commission Filers)**

17 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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 <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		<u>N/A</u>
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 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)	\$ 600.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 62.38
	4. TOTAL POLITICAL EXPENDITURES	\$ 835.76
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 236.00

19 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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Christopher Michael Jett, this the 14 day of January, 2008, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Felicia Marie Francisco
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: 1

2 FILER NAME CHRISTOPHER M. JETT 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>10/2/2007</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JOHN D. GELCHRIST, JR.</u>	7 Amount of contribution (\$) <u>\$100⁰⁰</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>1153 WEST 2100 N., CUSTON, UT 84015</u>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <u>12/3/2007</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MICHAEL E. JETT</u>	Amount of contribution (\$) <u>\$200⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>11211 LAKE DR. W., WILLS, TX 77378</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>12/29/2007</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>CYNTHIA L. STOLP</u>	Amount of contribution (\$) <u>\$300⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>11030 CACTUS LN., DALLAS, TX 75238</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

1

2 FILER NAME

CHRISTOPHER M. JETT

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/15/2007

5 Payee name

SIGNS 260

6 Payee address; City; State; Zip Code

2604 A COMMERCE ST., MARBLE FALLS, TX 78654

7 Amount (\$)

\$162.38

8 Purpose of payment (See instructions regarding type of information required.)

MAGNETIC CAR SIGNS

(If travel outside of Texas, complete Schedule T)

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

12/3/2007

Payee name

BURNET COUNTY REPUBLICAN PARTY

Payee address; City; State; Zip Code

P.O. Box 190, BRIGGS, TX 78608

Amount (\$)

\$375.00

Purpose of payment (See instructions regarding type of information required.)

FILING FEE FOR PRIMARY BALLOT

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:
1

2 FILER NAME

CHRISTOPHER M. JETT

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/17/2007

5 Payee name

ACE PRINTING, INC.

6 Payee address; City; State; Zip Code

3360 S. 1500 W., OGDEN, UT 84401

8 Amount (\$)

\$236.00

7 Purpose of expenditure (See instructions regarding type of information required.)

POSTCARD PRINTING

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED