

# 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

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

903 HOL CIRCE WEST, GRANITE SPRINGS, TX 78654

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(830) 598-5400

Receipt #

Amount

6 CAMPAIGN TREASURER NAME

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

BUTCH KEMPER

Date Processed

Date Imaged

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 THROUGH Month Day Year  
01 / 01 / 2008 THROUGH 01 / 24 / 2008

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)

BURNET COUNTY CONSTABLE DISTRICT 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	COMMITTEE TYPE  COMMITTEE NAME <u>N/A</u> COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS  
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additional pages

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>75<sup>00</sup></u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>625<sup>00</sup></u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>12<sup>50</sup></u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>967<sup>52</sup></u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>359<sup>79</sup></u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>925<sup>81</sup></u>

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 M. Jett, this the 4 day of February, 20 08, to certify which, witness my hand and seal of office.

[Signature] Felicia Marie Francisco Notary  
Signature of officer administering oath Printed name of officer administering oath 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

11/15/2008

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

ROBERT TEEPLE

7 Amount of contribution (\$)

\$200.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

491 W. COX FERRY ROAD  
CONWAY, SC 29526

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/15/2008

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

GARY PASCIAL

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

BOX 1188  
HURST, TX 76053

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/24/2008

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

JOE MAYHEW

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

10515 OCEAN DRIVE  
BAYTOWN, TX 77520

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(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

11/7/2008

5 Payee name

DIRT CHEAP SIGNS

7 Amount (\$)

\$ 265.21

6 Payee address; City; State; Zip Code

1102 S. INDUSTRIAL BLVD, SUITE F  
ROUND ROCK, TX 78681

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

CAMPAIGN 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

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Amount (\$)

Payee address; City; State; Zip Code

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

Amount (\$)

Payee address; City; State; Zip Code

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

1/8/2008

5 Payee name

UNITED STATES POSTAL SERVICE

6 Payee address; City; State; Zip Code

1212 HWY 281 N  
MARBLE FALLS, TX 78654

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

POSTAGE

(If travel outside of Texas, complete Schedule T)

8 Amount (\$)

\$130.00

Reimbursement from political contributions intended

Date

1/9/2008

Payee name

UNITED STATES POSTAL SERVICE

Payee address; City; State; Zip Code

1212 HWY 281 N  
MARBLE FALLS, TX 78654

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

POSTAGE

(If travel outside of Texas, complete Schedule T)

Amount (\$)

\$130.00

Reimbursement from political contributions intended

Date

1/12/2008

Payee name

UNITED STATES POSTAL SERVICE

Payee address; City; State; Zip Code

1212 HWY 281 N.  
MARBLE FALLS, TX 78654

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

POSTAGE

(If travel outside of Texas, complete Schedule T)

Amount (\$)

\$78.00

Reimbursement from political contributions intended

Date

1/16/2008

Payee name

DIRT CHEAP SIGNS

Payee address; City; State; Zip Code

1102 S INDUSTRIAL BLVD. SUITE F  
ROUND ROCK, TX 78681

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

CAMPAIGN SIGNS

(If travel outside of Texas, complete Schedule T)

Amount (\$)

\$351.80

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