CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH INSTRUCTION this form. | ON GUIDE explains how to complete | 1 ACCOUNT# (Ethics Commission filers) | 2 Total pages filed: | | |
|---|--|--|---|--|--|
| 3 CANDIDATE / OFFICEHOLDER | MS / MRS / MR FIRST | MI | OFFICE USE ONLY | | |
| NAME | SHERI | | Date Received | | |
| | N'CKNAME LAST | SUFFIX | | | |
| | +RAZIER | | MON MA | | |
| 4 CANDIDATE / OFFICEHOLDER | | CITY; STATE; ZIP CODE | CHI IS | | |
| MAILING ADDRESS | 518 W. VAUGHAR | | Date Hand-delivered or Date Pesumarked | | |
| Change of Address | BERTRA | M TX 78605 | | | |
| 5 CANDIDATE/ | AREA CODE PHONE NUMBER | EXTENSION | \$ ~ - | | |
| OFFICEHOLDER PHONE | (512) 355-229 | O | Receipt # Amount | | |
| 6 CAMPAIGN | MS/MRS/MR SHERI | MI | Date Processed | | |
| TREASURER NAME | NICKNAME LAST | SUFFIX | Date Imaged | | |
| | FRAZIER. | 30/11/ | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUIT | TE#; CITY; STATE; | ZIP CODE | | |
| | 518 W. VAUGHAN P | DERTRAM TX | 78605 | | |
| 8 CAMPAIGN TREASURER | AREA CODE PHONE NUMBER | EXTENSION | | | |
| PHONE | (512) 355-229 | δ | | | |
| 9 REPORT TYPE | January 15 30th day before election | Runoff [| 15th day after campaign treasurer appointment (officeholder only) | | |
| | July 15 ath day before election | Exceeded \$500 limit | Final report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year OT /// / 500 C THROU | Month Day | Year | | |
| | 07/16/2005 THROU | OI / 15 / | 2006 | | |
| 11 ELECTION | ELECTION DATE ELECTION TYPE Month Day Year | E | | | |
| | Primary | Runoff | General Special | | |
| 12 OFFICE | OFFICE HELD (If any) | 13 OFFICE SOUGHT (if known) | | | |
| 14 NOTICE | 1AX HSSESSOR | | | | |
| OF DIRECT CAMPAIGN EXPENDITURE | 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. | | | | |
| BY OTHER INDIVIDUALS | Name | | | | |
| | Address / PO Box; Apt. / Suite #; City; State; Zij | p Code | | | |
| additional pages | | | | | |
| GO TO PAGE 2 | | | | | |
| | | | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH

| | a long | | COVER SHEET PG 2 | |
|--|--|--|--|--|
| 15 C/OH NAME | Suca | T | 16ACCOUNT #(Ethics Commission filers) | |
| | SHERI FR | AZIER | , | |
| 17 NOTICE FROM POLITICAL COMMITTEE(S) | This box is for no may have been mad | otice of political expenditures by political committees to support the candid e without the candidate's or officeholder's knowledge or consent. Candidat if they receive notice of such expenditures. •• | late / officeholder. These expenditures es and officeholders are required to report | |
| | COMMITTEE TYPE | COMMITTEE NAME | | |
| * | GENERAL SPECIFIC | COMMITTEE ADDRESS | | |
| additional pages | | COMMITTEE CAMPAIGN TREASURER NAME | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | |
| 18 CONTRIBUTION TOTALS | 1. TOTAL PLEDGE | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ | |
| | 2. TOTAL (OTHER | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ -0- | |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | | \$ | |
| | 4. TOTAL | POLITICAL EXPENDITURES | \$ -0- | |
| CONTRIBUTION BALANCE | 5. TOTAL P OF REPO | OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY RTING PERIOD | \$ | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL P | RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD | \$ | |
| 19 AFFIDAVIT | | | | |
| Marine Marine | | 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. | | |
| AFFIX NOTARY STANKE LEAL ABOVE | | Signature of Candidate or Officeholder | | |
| Sworn to and subscribe | 550 | e sald Skeri Frazion | this the 13 Thy day | |
| of January, 20 0 , to certify which, witness my hand and seal of office. | | | | |
| Signature of officer adm | | District 1. (DATIES | of officer administering oath | |