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## **CANDIDATE / OFFICEHOLDER** CAMPAIGN FINANCE REPORT

# FORM C/OH

OAIIII AI	SIT I HARIOL RE	PORT		COVER SHEET PG 1
The C/OH Instruction	Guide explains how to comple	te this form.	OUNT# s Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	st of	MI	OFFICE USE ONLY
	NICKNAME	arker	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE	#: CITY;	STATE; ZIP CODE	Date Hand-diffivered or Date/Bostmarked
Change of Addres	200 110	t. TX	DECell	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUM (\$30-) 798	-53 <b>8</b> 9	EXTENSION	Receipt # Amount
6 CAMPAIGN TREASURER NAME	MS / MRS / MR PIRS	anet	MI SUFFIX	Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASI	1.5	city: STATE:	ZIP CODE  ZPCe [/
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (830) 798.	S389	EXTENSION	
9 REPORTTYPE	<u> </u>	y before election	Runoff [	15th day after campaign treasurer appointment (officeholder only)
10 PERIOD	July 15 Sth day  Month Day Year	before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
COVERED	1/15/2011	THROUGH	Month Day	
11 ELECTION	ELECTION DATE  Month Day Year	ELECTION TYPE Primary	Runoff G	eneral Special
12 OFFICE	OFFICE HELD (IF apy)	rK 13	OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are Candidates are required to disclose  Name	a campaign expenditures m this information only if the	ade by others without the y receive notification of th	candidate's prior consent or approval. e direct campaign expenditure. ••
additional pages	Address / PO Box; Apl. / Suite #: City:	State: Zip Code		
		GO TO PAGE 2		

# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 ACCOUNT # (Ethics Commission F
17 NOTICE FROM POLITICAL COMMITTEE(S)		notice of political contributions accepted or political expenditures made ider. These expenditures may have been made without the candidate's iceholders are required to report this information only if they receive no	
000000000000000000000000000000000000000	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		T.	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS	1. TOTAL P	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
	2. TOTAL	POLITICAL CONTRIBUTIONS	• -0-
EXPENDITURE	(OTHER	THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ _0 -
TOTALS	3. TOTAL PO	OLITICAL EXPENDITURES OF \$50 OR LESS. UNLESS ITEMIZE	\$ - O -
£9	4. TOTAL F	POLITICAL EXPENDITURES	s _O _
CONTRIBUTION BALANCE	5. TOTAL PO OF REPOR	DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY RTING PERIOD	\$ _0 _
OUTSTANDING LOAN TOTALS	6. TOTAL PR LAST DAY	INCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE OF THE REPORTING PERIOD	s -O
AFFIDAVIT		l swear, or affirm, under penalty of per	AL A AL
		is true and correct and includes all info me under Title 15. Election Code.	ormation required to be reported by
		Signature of Candida	ally te or Officebolds
AFFIX NOTARY STAMP /		$\tau$ $\langle \rho \rangle$	- H
worn to and subscribed	4 1-	which, witness my hand and peat of office.	this the day
Mest	th	Michele Footer	Dut Clark
Signature of officer agmir	nistering oath	Printed name of officer administering oath Title of	of officer administering oath

		CAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS		SCHEDULE A
	The instruct	ion Guide explains how to complete this form.		1 Total pages Sch	nedule A:
2	FILER NAM	ME .		3 ACCOUNT#(E	thics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of contribution (\$)	8 in-kind contribution description (if applicable
		6 Contributor address; City; State; Zip Code			 
<u> </u>				(If travel outside	। of Texas, complete Schedule T)
9	Principal occu	upation / Job title (See instructions)	10 Employer (See		
	Date	Full name of contributor  ut-of-state PAC (ID#:		Amount of	In-kind contribution
		= =		contribution (\$)	description (if applicable)
		Contributor address; City; State; Zip Code	#		1
				444	<b></b>
	Principal occu	pation / Job title (See instructions)	Employer (See		f Texas, complete Schedule T)
	Date	Full name of contributor   out-of-state PAC (IDIt:		Amount of contribution (\$)	In-kind contribution description (if applicable)
				(0)	accompact (ii applicable)
		Contributor address; City; State; Zip Code			
					•
				(If travel outside o	f Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
			-	contribution (\$)	description (if applicable)
		Contributor address; City; State; Zip Code	(0.0)	1	
		,		1	
				1	
F	Principal occup	ation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
	Date	Full name of contributor cut-of-state PAC (ID#:		Amount of	In-kind contribution
				contribution (\$)	description (if applicable)
		Contributor address; City; State; Zip Code	(1) (2)	1	
				1	
				(M. tenun) putalida afi	Tongo osmolete Cebedale Ti
P	rincipal occupa	ation / Job title (See Instructions)	Employer (See In:		Texas, complete Schedule T)
_				<del>-</del> <u>-</u>	·····
	18 00-	ATTACH ADDITIONAL COPIES			
	ii coi	itributor is out-of-state PAC, piease see instruc	tion guide foraddit	ional reporting re	quirements.

PLED	GED CONTRIBUTIONS			SCHEDULE E
The inst	ruction Guide expiains how to complete this form.		1 Total pages this	s Schedule B:
FILER N	AME		3 ACCOUNT#(E	Ethics Commission filers)
TC	OTAL OF UNITEMIZED PLEDGES: ⇒	⇔ ⇔ ⇒	<b>→ ↔</b>	\$
Date	6 Full name of pledgor out-of-state PAC   ID#:		8 Amount of pledge (\$)	9 In-kind description (If applicable)
Principal oc	cupation / Job title (See Instructions)	11 Employer (See		of Texas, complete Schedule
Date	Full name of pledgor		Amount of pledge (\$)	in-kind description (if applicable)
				1
<del></del>			<del></del>	i of Texas, complete Schedule
Principal oc tions)	cupation / Job title (See Instruc-	Employer (See I	<del></del>	of Texas, complete Schedule 1
	Fuli name of pledgor out-of-state PAC (ID#:		<del></del>	of Texas, complete Schedule 1 In-kind description (If applicable)
tions)	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	in-kind description (if applicable)
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	in-kind description (if applicable)
Date	Full name of pledgor out-of-state PAC(ID#: Pledgor address; Clty; State; Zip Code		Amount of pledge (\$)	in-kind description (if applicable)
Date Principal occ	Full name of pledgor out-of-state PAC (ID#	Employer (See In	Amount of pledge (\$)  (If travel outside onstructions)  Amount of pledge (\$)	in-kind description (if applicable)  of Texas, complete Schedule T  in-kind description (if applicable)
Date Principal occ	Full name of pledgor out-of-state PAC (ID#:  Pledgor address; City; State; Zip Code  cupation / Job title (See Instructions)  Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)  (If travel outside onstructions)  Amount of pledge (\$)	in-kind description (if applicable)  of Texas, complete Schedule T  in-kind description (if applicable)
Date Principal occ	Full name of pledgor out-of-state PAC (ID#	Employer (See In	Amount of pledge (\$)  (If travel outside onstructions)  Amount of pledge (\$)	in-kind description (if applicable)  of Texas, complete Schedule T  in-kind description (if applicable)
Date Principal occ Date	Full name of piedgor	Employer (See In	Amount of pledge (\$)  (if travel outside of pledge (\$)  (if travel outside of pledge (\$)  Amount of pledge (\$)	in-kind description (if applicable)  for Texas, complete Schedule T  In-kind description (if applicable)  for Texas, complete Schedule T)

Texas Ethics Con	nmission	P.O. Box 1207	'0 Austin	, Texas	78711-2070	(512) 463	3-5800	1-800-325-85
LOANS							SC	HEDULE E
The Instruction	n Guide exp	plains how to com	plete this for	rm.		1 Total pages Sch	nedule E:	
2 FILER NAME	MONOME OF THE					3 ACCOUNT # (E	thics Commiss	ion filers)
4 тот/	AL OF UN	IITEMIZED LO	ANS:	<b>⇒</b> ⇔	<b>\$</b> \$	ф ф	\$	
5 Date of loan	7 Name	of lender		out-of-state f	PAC (ID#:	)	9 Loan	Amount (\$)
6 is lender a financial institution?	8 Lender	address; City;	State; 2	Zip Code		*****	10 intere	st rate
Y N		N-edisación de la companya de la co		GW <u>W</u>			11 Matur	ity date
12 Principal occupation	on / Job title (S	iee Instructions)		13 Er	mployer (See Ins	tructions)	1	
14 Description of Collar	teral						9	
15 GUARANTOR INFORMATION	16 Name of	guarantor		518.1			18 Amoun	nt Guaranteed (\$)
not applicable	17 Guarant	or address; City;	State; Zi	p Code				
19 Principal Occupation			2	O Employer	******			
Date of loan	Name of	lender		out-of-state PAG	C (ID#:		Loan Ar	mount (\$)
ls lender a financial institution?	Lender ac	ddress; City;	State; Zip	Code			Interest	rate
Y N							Maturity	date
Principal occupation	1/ Job litie (Se	e instructions)		Employer	r (See Instruction	19)		**
Description of Collate	ral			<u> </u>				
GUARANTOR INFORMATION	Name of g	juarantor					Amount	Guaranteed (\$)
not applicable	Guaranto	raddress; City;	State: Zip	Code				
Principal Occupation	9. 00			Employer				The second secon
if lends		ATTACH ADDITIO		ES OF TH		NEEDED		

POLIT	ICAL EXPENDITURES			SCHEDULE F
The instru	uction Guide explains how to complete this form.	1	Total pages Sch	edule F:
2 FILER NAM	ME	3	ACCOUNT # (Et	hics Commission filers)
4 Date	5 Payee name		7	Amount (\$)
	6 Payee address; City; State; Zip Code			
required.)	ayment (See instructions regarding type of information	9 Complete if direct Candidate / Officeholder nam	t expenditure to be e Office	
(If travel outsi	de of Texas, complete Schedule T)			
Date	Payee name			Amount (\$)
	Payee address; City; State; Zip Code			
required.)	yment (See instructions regarding type of information . e of Texas, complete Schedule T)	Complete if direct Candidate / Officeholder name		
Date		·		
Date	Payee name			Amount (\$)
	Payee address; City; State; Zip Code			
Purpose of pay required.)	ment (See Instructions regarding type of information	•• Complete if direct e Candidate / Officeholder name		
(if travel outsi	de of Texas, complete Schedule T)			
Date	Payee name			Amount (\$)
	Payee address; City; State; Zip Code		a .	
Purpose of payr required.)	nent (See instructions regarding type of information	•• Complete if direct ex Candidate / Officeholder name	spenditure to bene Office sou	
(If travel outside	of Texas, complete Schedule T)		С	
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEED!	ED	

	FICAL EXPENDITURES FROM PERSONAL FUNDS		SCHEDULE G
The Instri	uction Guide explains how to complete this form.	1 Total pages Sch	nedule G:
2 FILER NA	ME	3 ACCOUNT # (E	thics Commission filers)
4 Date	5 Payee name  6 Payee address; City; State; Zip Code		8 Amount (\$)
	7 Purpose of expenditure (See instructions regarding type of information requi	ired.)	Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)
	Purpose of expenditure (See Instructions regarding type of information requirements)  (If travel outside of Texas, complete Schedule T)	red.)	Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information require (If travel outside of Texas, complete Schedule T)	ed.)	Reimbursement from political contributions intended
Date	Payee name		Amount (\$)
	Purpose of expenditure (See Instructions regarding type of Information require (if travel outside of Texas, complete Schedule T)	ed.)	Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)
12	Purpose of expenditure (See Instructions regarding type of information required (if travel outside of Texas, complete Schedule T)	d.)	Reimbursement from political contributions intended
	ATTACH ADDITIONAL COPIES OF THIS FORM AS N	NEEDED	

		Texas 78711-2070	(512) 463-5800	1-800-325-850
	ENT FROM POLITICAL CONT BUSINESS OF C/OH	RIBUTIONS	SC	HEDULE H
The instru	uction Guide explains how to complete this form.		1 Total pages Schedule H:	
2 FILER NA	ME		3 ACCOUNT # (Ethics Commis	sion filers)
<b>Date</b>	5 Business name		7	Amount (\$)
	6 Business address; City; State; Zip Code			
Purpose of parequired.)	ayment (See instructions regarding type of information	9 · Complete Candidate / Officehold	if direct expenditure to benefit ter name Office sough	
(If travel outside	de of Texas, complete Schedule T)			W
Date	Business name	s		Amount (\$)
Purpose of parequired.)	yment (See Instructions regarding type of information	⊶ Complete i Candidate / Officehold	f direct expenditure to benefit ( er name Office sought	
(If travel outside	e of Texas, complete Schedule T)			
546	Business name  Business address; City; State; Zip Code			Amount (\$)
required.)	ment (See Instructions regarding type of information	•• Complete if Candidate / Officeholde	direct expenditure to benefit C r name Office sought	/OH ❖ Office held
(If travel outside	of Texas, complete Schedule T)  Business name			
50.0	Dualitess reality			Amount (\$)
	Business address; City; State; Zip Code			×
Purpose of payn required.)	nent (See Instructions regarding type of information	Complete if of Candidate / Officeholder	direct expenditure to benefit C/	OH •• Office held
(if travel outside	of Texas, complete Schedule T)			
(if travel outside	of Texas, complete Schedule T)  ATTACH ADDITIONAL COPIES	OF THIS FORM AS	NEEDED	

### **NON-POLITICAL EXPENDITURES** MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE !

The instr	uction Guide explains how to complete this form.	1 Total pages Schedule I:
FILER NA	ME	3 ACCOUNT # (Ethics Commission filers)
Date	5 Payee name  6 Payee address; City; State; Zip Code	8 Amount (\$)
	7 Purpose of expenditure (See Instructions regarding type of information a	required.)
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See Instructions regarding type of information re	equired.)
Date	Payee name	Amount
	Payee address; City; State; Zip Code	(\$)
	Purpose of expenditure (See instructions regarding type of information re	equired.)
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information re-	quired.)
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information rec	puired.)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

City; State; Zip Code

Date

Payor name

Payor address;

Reason for credit

Amount (\$)

Texas Ethics Comm	nission	P.O. Box 12070	Austin, Texa	as 78711-2070	(512) 463-580	0 1-800-325-8
IN-KIND CO	NTRIE	BUTION OR TSIDE OF T	POLITICAI EXAS	L EXPEND	ITURE	SCHEDULE T
The Instruction	Guide ex	plains how to com	plete this form.		1 Total pages Schedule T:	
2 FILER NAME					3 ACCOUNT # (Ethics	Commission filers)
4 Name of Contributor	/ Corporation	on or Labor Organiza	tion / Pledgor / Paye	38		
5 Contribution / Expend	•					
	hedule A	Schedule B	Schedule C	Schedule	D Schedule F	Schedule G
	hedule H	Schedule N	COH-UC	СОН-Т	PAC-C	PAC-E
6 Dates of travel	7 Name	e of person(s) travelin	ig 			
	8 Depar	ture city or name of d	leparture location			
		ation city or name of	destination location			
10 Means of transportation	on	11 Purpose of trav	vel (including name	of conference, ser	minar, or other event)	
Name of Contributor / C	crporation	or Labor Organizatio	n / Pledgor / Payee			
Contribution / Expenditu	ire reported	I on:	<del></del>			
Sche	edule A	Schedule B	Schedule C	Schedule [	D Schedule F	Schedule G
<del></del>	edule H	Schedule N	Сон-пс	СОН-Т	PAC-C	PAC-E
Dates of travel	Name of	person(s) traveling				
	Departure	e city or name of depa	irture location	, <u>, , , , , , , , , , , , , , , , , , </u>		
	Destinatio	n city or name of des	itination location	<del></del>		
Means of transportation		Purpose of travel	(including name of c	conference, semina	ar, or other event)	
Name of Contributor / Co	orporation o	or Labor Organization	/ Pledgor / Payee			
Contribution / Expenditure	e reported	on:				
Sched	A elui	Schedule B	Schedule C	Schedule D	Schedule F	Schedule G
Sched		Schedule N	СОН-ИС	СОН-Т	PAC-C	PAC-E
Dates of travel	Name of po	erson(s) traveling				
	Departure o	lty or name of depart	ture location		· · · · · · · · · · · · · · · · · · ·	
D	estination	city or name of desti	nation location			
Means of transportation		Purpose of travel (li	ncluding name of co	inference, seminal	r, or other event)	
		ATTACH ADDITION	NAL COPIES OF T	HIS FORM AS N	EEDED	

	SIGNATION OF FINAL REPORT	FORM C/OH - F
The	instruction Guide explains how to complete this form. omplete only if "Report Type" on page 1 is marked "Final Report" ↔	
	NAME	2 ACCOUNT # (Ethics Commission file
3 SIGN	IATURE	
	ot expect any further political contributions or political expenditures in connectlor esignating a report as a final report terminates my campaign treasurer appointmicept any campaign contributions or make any campaign expenditures without any	
	Signat	ture of Candidate / Officeholder
FILEF	R WHO IS NOT AN OFFICEHOLDER splete A & B below only if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
Chec	k only one:	
	I do not have unexpended contributions or unexpended interest or income ea	rned from political contributions.
	I have unexpended contributions or unexpended interest or income earned understand that I may not convert unexpended political contributions or unexpe on political contributions to personal use. I also understand that I must file at contributions and that I may not retain unexpended contributions or unexpende political contributions longer than six years after filing this final report. Further, I of unexpended political contributions and unexpended interest or income earn accordance with the requirements of Election Code, § 254.204.	nded interest or income earned n annual report of unexpended interest or income earned on
В.	ASSETS	
Check	only one:	
	I do not retain assets purchased with political contributions or interest or contributions.	other income from political
	I do retain assets purchased with political contributions or interest or other incoll understand that I may not convert assets purchased with political contribution from political contributions to personal use. I also understand that I must dispositical contributions in accordance with the requirements of Election Code, § 2	ns or interest or other income
		ignature of Candidate
	HOLDER section only if you are an officeholder ••	
	am aware that I remain subject to filing requirements applicable to an officeholder versurer on file. I am also aware that I will be required to file reports of unexpend	who does not have a campaign
ï	cease holding office. I retain assets purchased with political contributions or in olitical contributions.	led contributions if, at the time nterest or other income from