

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:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
MRS. CASIE L
NICKNAME LAST SUFFIX
WILLS

OFFICE USE ONLY

Date Received
2010 FEB - 1 11:58
FILED
JANET T. ...
BURNET COUNTY, TEXAS
Date Hand-delivered or Date Postmarked
Receipt # Amount

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS
 Change of Address

ADDRESS / PO BOX, APT / SUITE #: CITY: STATE: ZIP CODE
PO Box 104
BURNET, TX 78611

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 755-0607

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
MR. DENTON H.
NICKNAME LAST SUFFIX
WILLS JR.

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE
703 KINCHELOE BURNET TX 78611

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(830) 613-8402

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
01 / 01 / 2010 THROUGH 01 / 28 / 2010

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
03 / 02 / 2010 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

DISTRICT CLERK

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

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	16 ACCOUNT # (Ethics Commission Filers)
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<p>17 NOTICE FROM POLITICAL COMMITTEE(S)</p> <p><input type="checkbox"/> additional pages</p>	<p><small>** This box is for notice of political contributions accepted or political expenditures made 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. **</small></p> <table border="1" style="width:100%"> <tr> <td style="width:20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td></td> </tr> <tr> <td></td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL		<input type="checkbox"/> SPECIFIC			COMMITTEE ADDRESS		COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME												
<input type="checkbox"/> GENERAL													
<input type="checkbox"/> SPECIFIC													
	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	\$ \emptyset
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3945.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ \emptyset
	4. TOTAL POLITICAL EXPENDITURES	\$ 8620.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3945.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 11,000.00

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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Cassie Wills, this the 1st day of February, 2010, to certify which, witness my hand and seal of office.

Janet Parker _____
 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: **4**

2 FILER NAME **CASIE WILLS**

3 ACCOUNT # (Ethics Commission filers)

4 Date
1/13/10

5 Full name of contributor out-of-state PAC (ID#:
VIC COUNTS

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
**PO BOX 1628
MARBLE FALLS TX 78604**

250.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
BUSINESS OWNER

10 Employer (See Instructions)
COUNTS ELECTRIC

Date
1/13/10

Full name of contributor out-of-state PAC (ID#:
CHARLES MCCARVER

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**PO BOX 191
BURNET TX 78611**

150.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/13/10

Full name of contributor out-of-state PAC (ID#:
CINDY JAMAR

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**119 TOBY DR.
MARBLE FALLS TX 78604**

500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/20/10

Full name of contributor out-of-state PAC (ID#:
SUE COLLIER

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**PO BOX 86
MARBLE FALLS TX 78604**

200.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/20/10

Full name of contributor out-of-state PAC (ID#:
BILLY JO PARNELL

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**1122 NORTHWOOD
MARBLE FALLS TX 78604**

100.00

(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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME CASIE WILLS		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/20/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GARY MARTIN	7 Amount of contribution (\$) 750.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1 SADDLE CLUB DR MIDLAND TX 79705		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1/25/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CATHY DOUGLASS	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 305 CR 123A MARBLE FALLS TX 78654		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/25/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DUDLEY HALL	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 541 CR 340 A MARBLE BURNET TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/25/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MONA STAPLETON	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 701 PECAN VALLEY DR MARBLE FALLS TX 78654		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/25/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MICHAEL LUCKSINGER	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 808 BURNET TX 78611		(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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **4**

2 FILER NAME

CASIE WILLS

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/25/10

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

RICKYE FEIST

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

**155 PRIVATE RD 4027
LAMPASAS TX 76750**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See instructions)

10 Employer (See instructions)

Date

1/25/10

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

JOHN ANDERSON

Amount of contribution (\$)

5.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**802 LEWIS DR
BURNET TX 78611**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

1/25/10

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

L.P. WILKINS

Amount of contribution (\$)

15.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**447 MILL CREEK RD
KINGSLAND TX 78639**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

1/25/10

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

TIM STUTEVILLE

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**103 JACKIE LN
BURNET TX 78611**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

1/25/10

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

NITA MILLIORN

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**PO BOX 422
BURNET TX 78611**

(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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **4**

2 FILER NAME **CASIE WILLS**

3 ACCOUNT # (Ethics Commission filers)

4 Date
1/25/10

5 Full name of contributor out-of-state PAC (ID#: _____)
JACK BANDY

7 Amount of contribution (\$)
200.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
**7150 HWY 1431 W
GRANITE SHOALS TX 78654**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
1/25/10

Full name of contributor out-of-state PAC (ID#: _____)
BEN BRYAN

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**333 MEADOWLAKES DR.
MEADOWLAKES TX 78654**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/25/10

Full name of contributor out-of-state PAC (ID#: _____)
BARBARA COUNTS

Amount of contribution (\$)
200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**PO BOX 66
MARBLE FALLS TX 78654**

(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#: _____)

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 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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule B: *N/A*

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor 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 pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor 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 pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor 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 pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor 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.

LOANS

SCHEDULE E

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

2 FILER NAME CASIE WILLS 3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$

5 Date of loan 1/25/10 7 Name of lender out-of-state PAC (ID#: _____) DENTON H WILLS JR 9 Loan Amount (\$) 5000.00

6 Is lender a financial institution? Y 8 Lender address; City; State; Zip Code 703 KINCHELOE ST BURNET TX 78611 10 Interest rate 0
 (N) 11 Maturity date NA

12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)

14 Description of Collateral
 none

15 GUARANTOR INFORMATION 16 Name of guarantor 18 Amount Guaranteed (\$) 17 Guarantor address; City; State; Zip Code
 not applicable

19 Principal Occupation 20 Employer

Date of loan: Name of lender out-of-state PAC (ID#: _____) Loan Amount (\$)
 Is lender a financial institution? Lender address; City; State; Zip Code Interest rate
Y N Maturity date

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

Description of Collateral
 none

GUARANTOR INFORMATION Name of guarantor Amount Guaranteed (\$) Guarantor address; City; State; Zip Code
 not applicable

Principal Occupation Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
 If lender 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: **2**

2 FILER NAME **CASIE WILLS** 3 ACCOUNT # (Ethics Commission filers)

4 Date 1/16/10	5 Payee name MOLLY QUIRK	7 Amount (\$) 50.00
6 Payee address; City; State; Zip Code		

8 Purpose of payment (See instructions regarding type of information required.) PHOTOGRAPHS <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 1/16/10	Payee name CPMS	Amount (\$) 899.35
Payee address; City; State; Zip Code PO BOX 8144 AUSTIN TX 78713		

Purpose of payment (See instructions regarding type of information required.) POSTAGE <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 1/26/10	Payee name CPMS	Amount (\$) 2210.00
Payee address; City; State; Zip Code PO BOX 8144 AUSTIN TX 78713		

Purpose of payment (See instructions regarding type of information required.) LETTER <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 1/26/10	Payee name CPMS	Amount (\$) 3726.42
Payee address; City; State; Zip Code PO BOX 8144 AUSTIN TX 78713		

Purpose of payment (See instructions regarding type of information required.) GRAPHIC/SIGNS <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** 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

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **2**

2 FILER NAME **CASIE WILLS**

3 ACCOUNT # (Ethics Commission filers)

4 Date
1/26/10

5 Payee name
CPMS
6 Payee address; City; State; Zip Code
**PO BOX 8144
AUSTIN TX 78713**

7 Amount (\$)
1683.00

8 Purpose of payment (See instructions regarding type of information required.)
PHONE CALLS
(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: <u>1</u>
2 FILER NAME <u>CASIE WILLS</u>	3 ACCOUNT # (Ethics Commission filers)

4 Date <u>1/9/10</u>	5 Payee name <u>HOOVER BUILDING SUPPLY</u>	8 Amount (\$) <u>51.79</u>
	6 Payee address; City; State; Zip Code <u>500 E POLK BURNET TX 78611</u>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <u>MATERIAL TO HANG SIGNS</u> (If travel outside of Texas, complete Schedule T)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name 6 Business address; City; State; Zip Code	7 Amount (\$)
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8 Purpose of payment (See instructions regarding type of information required.) (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	Business name Business 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	Business name Business 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	Business name Business 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
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.	1 Total pages Schedule I:
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount (\$)
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Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
------	---	-------------

Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
------	---	-------------

Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
------	---	-------------

Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
------	---	-------------

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

SCHEDULE K

The Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name 6 Payor address; City; State; Zip Code 7 Reason for credit	8 Amount (\$)
---------------	--	----------------------

Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
------	---	-------------

Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
------	---	-------------

Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
------	---	-------------

Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
------	---	-------------

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE
FOR TRAVEL OUTSIDE OF TEXAS**

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME		3 ACCOUNT # (Ethics Commission files)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) travelling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below *only* if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

** Complete this section *only* if you are an officeholder **

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder