

# 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: Mrs. FIRST: Lisa MI: J  
 NICKNAME: LAST: SUFFIX: Whitehead

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**  
 ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE  
 Change of Address  
 309 Julie St. Burnet TX 78611

**5 CANDIDATE / OFFICEHOLDER PHONE**  
 AREA CODE PHONE NUMBER EXTENSION  
 (512) 755-1551

**6 CAMPAIGN TREASURER NAME**  
 MS / MRS / MR: Mr. FIRST: Charles MI: E  
 NICKNAME: LAST: SUFFIX: Eddie Whitehead

**7 CAMPAIGN TREASURER ADDRESS (Residence or business)**  
 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE; ZIP CODE  
 309 Julie St Burnet TX 78611

**8 CAMPAIGN TREASURER PHONE**  
 AREA CODE PHONE NUMBER EXTENSION  
 (512) 755-2817

**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  
 07 / 01 / 09 THROUGH 12 / 31 / 09

**11 ELECTION**  
 ELECTION DATE: Month Day Year: 03 / 02 / 10  
 ELECTION TYPE:  Primary  Runoff  General  Special

**12 OFFICE** OFFICE HELD (if any): NA  
**13 OFFICE SOUGHT (if known)** Burnet County Justice of the Peace Pct 2

**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: NA  
 Address / PO Box Apt. / Suite #: City: State: Zip Code

additional pages

**OFFICE USE ONLY**

Date Received: 2010 JAN 14 AM 8:06  
 FILED  
 CLERK  
 COUNTY CLERK  
 BURNET COUNTY, TEXAS

Date Hand-delivered or Date Postmarked:

Receipt # Amount

Date Processed

Date Imaged

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

**15 C/OH NAME** Lisa J Whitehead **16 ACCOUNT # (Ethics Commission Filers)**

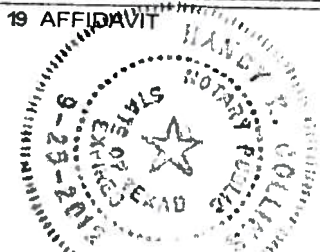
**17 NOTICE FROM POLITICAL COMMITTEE(S)**

additional pages

\*\* 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. \*\*

<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>
<input type="checkbox"/> GENERAL	<u>NA</u>
<input type="checkbox"/> SPECIFIC	<b>COMMITTEE ADDRESS</b>
	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1600.00</u>
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>737.60</u>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>862.40</u>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>



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.

Lisa Whitehead

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lisa Whitehead, this the 14th day of January, 20 10, to certify which, witness my hand and seal of office.

Nancy K. Collins Nancy K. Collins 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: 2

2 FILER NAME

Lisa J. Whitehead

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/4/09

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

Charles E Whitehead (Eddie)

7 Amount of contribution (\$)

200<sup>00</sup>

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

309 Julie St  
Burnet, TX 78601

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Supv

10 Employer (See Instructions)

Burnet County

Date

9/18/09

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

Voter Vault

Amount of contribution (\$)

250<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Republican Party of Texas  
900 Congress Ave Ste 300  
Austin, TX 78701

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/2/09

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

Linda Bayless

Amount of contribution (\$)

50<sup>-</sup>

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)

Att

Employer (See Instructions)

Self employed

Date

10/2/09

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

Eddie Shell

Amount of contribution (\$)

500<sup>00</sup>

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)

Att

Employer (See Instructions)

Self employed

Date

11/13/09

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

Jim Luther

Amount of contribution (\$)

100<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Burnet, TX 78601

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

retired

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:

2

2 FILER NAME

Lisa J Whitehead

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/13/09

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

Harold Faurie

7 Amount of contribution (\$)

500<sup>00</sup>

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

P.O. Box 58  
Briggs, TX 78608

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Salvage

10 Employer (See Instructions)

Self employed

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)

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.	<b>1</b> Total pages this Schedule B: <u>1</u>
<b>2</b> FILER NAME <u>Lisa J. Whitehead</u>	<b>3</b> ACCOUNT # (Ethics Commission filers)

<b>4</b> TOTAL OF UNITEMIZED PLEDGES:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨	\$ <u>0</u>
--	-------------

<b>5</b> Date	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... <b>7</b> Pledgor address;    City; State; Zip Code	<b>8</b> Amount of pledge (\$)	<b>9</b> In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			

<b>10</b> Principal occupation / Job title (See Instructions)	<b>11</b> Employer (See Instructions)
---	---------------------------------------

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

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

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

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

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

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Pledgor address;    City; State; Zip Code	Amount of pledge (\$)	In-kind 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.

**LOANS**

**SCHEDULE E**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E:  1
<b>2</b> FILER NAME  Lisa J. Whitehead		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒		\$ 9
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?  Y        N	<b>8</b> Lender address;   City;   State;   Zip Code	<b>10</b> Interest rate
		<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> none		
<b>15</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>16</b> Name of guarantor  ..... <b>17</b> Guarantor address;   City;   State;   Zip Code	<b>18</b> Amount Guaranteed (\$)
<b>19</b> Principal Occupation		<b>20</b> Employer
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution?  Y        N	Lender address;   City;   State;   Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		
<b>GUARANTOR INFORMATION</b>  <input type="checkbox"/> not applicable	Name of guarantor  ..... Guarantor address;   City;   State;   Zip Code	Amount Guaranteed (\$)
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: 1

2 FILER NAME Lisa J Whitehead 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>07/23/09</u>	5 Payee name <u>D+W Printing</u>	7 Amount (\$) <u>10.83</u>
6 Payee address; City; State; Zip Code <u>main St. Burnet, TX 78611</u>		

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

Date <u>09/05/09</u>	Payee name <u>Fetty, Fast Signs</u>	Amount (\$) <u>48.30</u>
Payee address; City; State; Zip Code <u>Hwy 281 Burnet, TX 78611</u>		<u>16779</u>

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

Date <u>12/20/09</u>	Payee name <u>Fetty, Fast Signs</u>	Amount (\$) <u>500<sup>00</sup></u>
Payee address; City; State; Zip Code <u>Hwy 281 Burnet, TX 78611</u>		

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

Date <u>11/13/09</u>	Payee name <u>D+W Printing</u>	Amount (\$) <u>10.68</u>
Payee address; City; State; Zip Code <u>main St Burnet, TX 78611</u>		

Purpose of payment (See instructions regarding type of information required.) <u>name badge</u> (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> 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>Lisa J. Whitehead</u>		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.)  (If travel outside of Texas, complete Schedule T)	8 Amount (\$)  <input type="checkbox"/> 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 (\$)  <input type="checkbox"/> 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 (\$)  <input type="checkbox"/> 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 (\$)  <input type="checkbox"/> 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 (\$)  <input type="checkbox"/> Reimbursement from political contributions intended

**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: 1

2 FILER NAME

Lisa J Whitehead

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount (\$)

6 Business address; City, State, Zip Code

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

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Business name

Amount (\$)

Business address; City, State, Zip Code

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

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Business name

Amount (\$)

Business address; City, State, Zip Code

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

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Business name

Amount (\$)

Business address; City, State, Zip Code

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

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

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:

1

2 FILER NAME

Lisa J Whitehead

3 ACCOUNT # (Ethics Commission filers)

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

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:

1

2 FILER NAME

Lisa J Whithead

3 ACCOUNT # (Ethics Commission filers)

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

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: 1

2 FILER NAME

Lisa J Whitehead

3 ACCOUNT # (Ethics Commission filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Voter Vault

5 Contribution / Expenditure reported on:

- Schedule A  
  Schedule B  
  Schedule C  
  Schedule D  
  Schedule F  
  Schedule G  
 Schedule H  
  Schedule N  
  COH-UC  
  COH-T  
  PAC-C  
  PAC-E

6 Dates of travel

7 Name of person(s) traveling

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:

- Schedule A  
  Schedule B  
  Schedule C  
  Schedule D  
  Schedule F  
  Schedule G  
 Schedule H  
  Schedule N  
  COH-UC  
  COH-T  
  PAC-C  
  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:

- Schedule A  
  Schedule B  
  Schedule C  
  Schedule D  
  Schedule F  
  Schedule G  
 Schedule H  
  Schedule N  
  COH-UC  
  COH-T  
  PAC-C  
  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**