CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

3 CANDIDATE / OFFICEHOLDER NAME 4 CANDIDATE / OFFICEHOLDER NICKNAME 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS / PO BOX. APT / SUITE # CITY. STATE. ZIP CODE 5 CANDIDATE / OFFICEHOLDER PHONE NUMBER 6 CANDIDATE / OFFICEHOLDER PHONE NUMBER TREASURER NAME 6 CAMPAIGN TREASURER NAME 7 CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE). APT / SUITE # CITY STATE. ZIP CODE 8 STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE # CITY STATE. ZIP CODE 9 OFFICEHOLDER PHONE EXTENSION 10 Date Hand-delivered or Postmarked 10 Date Hand-delivered or Postmarked 11 Date Hand-delivered or Postmarked 12 Date Hand-delivered or Postmarked 13 Date Hand-delivered or Postmarked 14 CANDIDATE / OFFICEHOLDER PHONE NUMBER 15 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE # CITY STATE. ZIP CODE
ADDRESS / PO BOX. APT / SUITE # CITY. STATE. ZIP CODE ADDRESS Change of address Change of address CANDIDATE / OFFICEHOLDER PHONE NUMBER PHONE AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Postmarked Receipt # Amount Amount Amount CAMPAIGN TREASURER NAME MS / MRS / MR Charles NICKNAME LAST SUFFIX STATE. ZIP CODE
S CANDIDATE/ OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME MS/MRS/MR FIRST Charles NICKNAME LAST SUFFIX Receipt # Amount Amount Amount Amount Date Processed Date Imaged The Asylper Charles Suffix SUFFIX TREASURER NICKNAME LAST SUFFIX TREASURER STREET ADDRESS (NO POBOX PLEASE). APT/SUITE #: CITY STATE. ZIP CODE
S CANDIDATE/ OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME MS/MRS/MR FIRST Charles NICKNAME LAST SUFFIX 7 CAMPAIGN TREASURER NICKNAME STREET ADDRESS (NO PO BOX PLEASE). APT/SUITE#: CITY STATE. ZIP CODE
TREASURER NAME Charles Charles Suffix Codie Whitehead TREASURER NICKNAME LAST SUFFIX TREASURER NICKNAME LAST SUFFIX TREASURER STREET ADDRESS (NO PO BOX PLEASE). APT/SUITE#. CITY STATE. ZIP CODE
7 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE #. CITY STATE. ZIP CODE
ADDRESS (residence or business) Burnet, Tt 7861
CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION 7 55 - 287
PREPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election Exceeded \$500 Imit Final report (Attach C/OH - FR)
O PERIOD COVERED Month Day Year THROUGH 12/31/12
1 ELECTION ELECTION DATE ELECTION TYPE Month Day Year Primary Runoff General Special
Justice of the Peace # 2
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

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14 C/OH NAME		1	5 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	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.		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$ 4
88.8	2. TOTAL (OTHER	\$	
EXPENDITURE TOTALS	3. TOTAL P	ZED \$	
	4. TOTAL	\$ d	
CONTRIBUTION BALANCE	5. TOTAL PO OF REPO	\$ 28.40	
OUTSTANDING LOAN TOTALS	6 TOTAL P	\$ Ø	
18 AFFIDAVIT		I swear, or affirm, under penalty of point is true and correct and includes all in the me under Title 15, Election Code.	
Signature of Candidate of			date or Officeholder
AFFIX NOTARY STAMP		D' Y D'A	
Sworn to and subse	1	e, by the said Asa Whitehead 1 20 13 to certify which, witness my	hand and seal of office.
namy K.	Collan	Many K. Coffins Th	stens Public
Signature of officer admini	stering oath	Printed name of officer administering oath	Title of officer administering oath