CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

O /(III) /(IO)			GOVER GREET FOR
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI C.	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received ECEIVE OCT. 0 4 2010
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	Pate Hand-derivered of Date Fostmarked
Change of Address	Incz 1+ 77968		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (361) GP-2068	EXTENSION	Receipt # Amount Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MS/ NICKNAME LAST	MI SUFFIX	Date Imaged
	NUI KUES	33.17.	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; 95179 J2 Ranch Rd. Incl. Pt 17968	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (34) 576-0638	EXTENSION	
9 REPORTTYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	
11 ELECTION	ELECTION DATE Month Day Year 11 C 2010 ELECTION TYPE Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know)	the second secon
14 NOTICE OF DIRECT CAMPAIGN	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITU CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION	JRES MADE BY OTHERS WITHOUT T	HE CANDIDATE'S PRIOR CONSENT OR APPROVAL.
EXPENDITURE BY OTHER INDIVIDUALS	Name		
	Address / PO Box; Apt. / Suite #; City; State; Zip Co	ode	
additional pages			
	GO TO PA	GE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

		
	1	6 ACCOUNT # (Ethics Commission Filers)
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES T CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S K CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH B COMMITTEE TYPE COMMITTEE TYPE GENERAL COMMITTEE ADDRESS SPECIFIC		
	COMMITTEE CAMPAIGN TREASURER ADDRESS	
		\$ \$3223.00
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		szed \$
4. TOTAL	POLITICAL EXPENDITURES	\$ 3227.98
		PAY \$
		THE \$.
Notary Pu	is true and correct and includes all me under Title 15, Election Code. GETTA HILL bild, State of Texas armission Expires: GCH 22, 2013	f perjury, that the accompanying report information required to be reported by diddate or Officeholder
	Clint C 7	IVIS Abia Abia
of October		
histering oath	Printed name of officer administering oath	Notary Title of officer administering oath
	CANDIDATE / OFFICE CONSENT. CANDIDATE CONSENT. CAND	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAY CANDIDATE AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF COMMITTEE TYPE COMMITTEE TYPE COMMITTEE TYPE COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZE 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEM 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST IN OF REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST IN OF REPORTING PERIOD 1. SWEAR, OR SHIFTING, STATE OF THE REPORTING PERIOD 1. SWEAR, OR SHIFTING, STATE OF THE REPORTING PERIOD 1. SWEAR, OR SHIFTING, SHIFTING PERIOD 1. SWEAR, OR SHIFTING PERIOD 1. SWE

SCHEDULE A

· · · · · · · · · · · · · · · · · · ·				
The Instructi	on Guide explains how to complete this form.		1 Total pages Sche	dule A:
2 FILER NAM			3 ACCOUNT# (Eth	ics Commission filers)
	Clint C. Tres			
4 Date	5 Full name of contributor out-of-state PAC (IDI#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
8/3/10	MOSGAN DAN O CONNOC 6 Contributor address; City; State; Zip Code		250,00	
	POB 290 VICTOR 7x 1790			
			(If travel outside o	of Texas, complete Schedule T)
9 Principal occi	upation / Job title (See Instructions)	10 Employer (See	Instructions)	•
Date	Full name of contributor Out-of-state PAC (IDI):		Amount of	In-kind contribution
8/3/10	Relie Nogle Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
3////	6007 J Country aul Dr. Victo		75.00	
	1 See 1 2 County Clob Dr. O.C.	77904	(If travel outside o	f Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See		
A Mariana	energies energy in the control of th			
Date	Full name of contributor out-of-state PAC (ID#:	1	Amount of	In-kind contribution
8/4/10	AJ COMEN Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
•	POB 1188 Victoria Px 779	100		
Principal occ	Lupation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
		Employer (dee)	man decions)	
Date	Full name of contributor out-of-state PAC (ID#:	,	Amount of	In-kind contribution
1. /,	Jack & Delia Mullins		contribution (\$)	description (if applicable)
6/7/10	Contributor address; City; State; Zip Code		300.00	
	Illo Glane St. Victoria Fx 179	04		
D. J				f Texas, complete Schedule T)
Principal occi	apation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
8/8/10	M. D. Auren Mulshe		contribution (\$)	description (if applicable)
8/31/6	Contributor address; City; State; Zip Code	_	\$100.00	
	105 Mantidia- Rd. Viltoria-7	×17904	(if travel outside o	f Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See I		
			-	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

SCHEDULE A

The Instructi	on Guide explains how to complete this form.		1 Total pages Sche	dule A:
FILER NAM	ME Clint Lucs		3 ACCOUNT# (Eth	ics Commission filers)
Date	5 Full name of contributor out-of-etiste PAC (ID#:		7 Amount of	8 In-kind contribution
chalia	Katherine Edwards		contribution (\$)	description (if applicable)
8//0//0	6 Contributor address; City; State; Zip Code		25.00	
	GOG CHIMNEY ROCK Dr. Wictori	CTX 77904	(If travel outside o	of Texas, complete Schedule T)
) Principal occi	upation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor \(\bigcap \alpha id-state-PAC (fi)#:		Amount of	In-kind contribution
-1.	Ton 8 634 Nort		contribution (\$)	description (if applicable)
8/11/10	Contributor address; City; State; Zip Code		700. oc.	
	Sal ChemPions Row Victoria,	TX 77904	tië terrori autoida a	f Tours complete Cabadula Ti
Principal occi	upation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
r inicipal occi	apadon / sob tide (oce mandonoma)	Limployer (OCC	mod dodono,	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of	In-kind contribution
8/11	Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
7//	78/ Bent Oaki, Inc. 1x 7,901	/	100.00	<u> </u>
	2000 2000		(If travel outside	of Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (If applicable)
111	Contributor address; City; State; Zip Code	***		
8/11/10	1/2 Reskishis & St. Victoria i		20.00	
	1/2 Reikshire St. Victoria,	^ 774cY	(if travel outside	 of Texas, complete Schedule T)
Principal occi	upation / 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)
sliz	Jon & Jan March Gents			
8/10	Contributor address; City; State; Zip Code		750.00	
	535 J.Z Ranch Dr. Tree, 77	17968	/If turned autolde	 of Texas, complete Schedule T)
		F	I (II navel oncolos	or reade, complete ochecule if

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

SCHEDULE A

The Instruction	on Guide explains how to complete this form.		1 Total pages Sche	idule A:
2 FILER NAM	E /		3 ACCOUNT# (Ett	ics Commission filers)
	Clini CLes			
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	Jan's Cilian			dead.pac (ii dppda.a)
8/18/10	6 Contributor address; City; State; Zip Code			
2)			100.10	
	406 CHIMNEY ROLL VICTORIA TX A	17904		
	<u> </u>		(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	-
			*	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Mr. Mcc J. 15 / 11/4		contribution (\$)	description (if applicable)
8/12/10	Mr. Mrs. Janes Smelly Contributor address; City; State; Zip Code			
8/12/10			50.00	
·	712 Dunderst. Ustoisa Tx 11404		30.20	
	7,7,50		(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		
286 15	en e			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	1/-11. 1/0 (1)		contribution (\$)	description (if applicable)
8/12	Nathalls schurter			1
8/1/	Contributor address; City; State; Zip Code		50. se	
			50.00	
	casi as Roughly	_		1
	2986 BenBow Rd. Jez, 1×11	168	(If travel outside	of Texas, complete Schedule T)
Principal occu	2966 BenBow W.Jcz, 1×11 pation / Job title (See Instructions)	968 Employer (See I		of Texas, complete Schedule T)
Principal occu				of Texas, complete Schedule T)
Principal occu				of Texas, complete Schedule T) In-kind contribution
Date	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:		nstructions)	
Date	pation / Job title (See Instructions) Full name of contributor □ out-of-state PAC (ID#:		nstructions) Amount of	In-kind contribution
Date	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution
Date	Full name of contributor out-of-state PAC (ID#	Employer (See I	Amount of contribution (\$)	In-kind contribution
Date	Full name of contributor out-of-state PAC (ID#	Employer (See I	Amount of contribution (\$)	In-kind contribution description (If applicable)
Date 8/12/10	pation / Job title (See Instructions) Full name of contributor □ out-of-state PAC (ID#:	Employer (See I	Amount of contribution (\$)	In-kind contribution
Date 8/12/10	pation / Job title (See Instructions) Full name of contributor □ out-of-state PAC (ID#:	Employer (See I	Amount of contribution (\$)	In-kind contribution description (If applicable)
Date 8/12/10	Full name of contributor out-of-state PAC (ID#:	Employer (See I	Amount of contribution (\$)	In-kind contribution description (If applicable)
Principal occu	pation / Job title (See Instructions) Full name of contributor □ out-of-state PAC (ID#□ William Kallin's Contributor address; City; State; Zip Code CE	Employer (See I	Amount of contribution (\$) OC. 26 (If travel outside onstructions)	In-kind contribution description (If applicable) If Texas, complete Schedule T)
Principal occu	Full name of contributor out-of-state PAC (ID# William Kaddin's Contributor address; City; State; Zip Code CE Guinevese St. Uthria TX pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID# Landar & Sad-1 Masse	Employer (See I	Amount of contribution (\$) OC. 26 (If travel outside constructions)	In-kind contribution description (If applicable) If Texas, complete Schedule T)
Principal occu	Full name of contributor out-of-state PAC (ID# William Kaddin's Contributor address; City; State; Zip Code CE Guinevese St. Uthria TX pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID# Landar & Sad-1 Masse	Employer (See I	Amount of contribution (\$) OC. 26 (If travel outside constructions)	In-kind contribution description (If applicable) If Texas, complete Schedule T) In-kind contribution
Principal occu	Full name of contributor out-of-state PAC (ID# William Kaddin's Contributor address; City; State; Zip Code CE Guinevese St. Uthria TX pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID# Landar & Sad-1 Masse	Employer (See I	Amount of contribution (\$) OC. 26 (If travel outside constructions)	In-kind contribution description (If applicable) If Texas, complete Schedule T) In-kind contribution
Principal occu	Full name of contributor out-of-state PAC (ID# William Kaddin's Contributor address; City; State; Zip Code CE Guinevese St. Uthria TX pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID# Landar & Sad-1 Masse	Employer (See I	Amount of contribution (\$) Amount of contribution (\$) (If travel outside constructions) Amount of contribution (\$)	In-kind contribution description (If applicable) In-kind contribution description (If applicable)
Principal occur Date 8/12/10	Full name of contributor out-of-state PAC (ID#_ William Kalling Contributor address; City; State; Zip Code CE GUNEVESC St. Undersate pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#_ Landar & Sand Mulgiple	Employer (See I	Amount of contribution (\$) Amount of contribution (\$) (If travel outside constructions) Amount of contribution (\$)	In-kind contribution description (If applicable) If Texas, complete Schedule T)
Principal occur Date 8/12/10	Full name of contributor out-of-state PAC (ID#_ William Kalling Contributor address; City; State; Zip Code College St. U.State; Zip Code Pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#_ Panial & Sand / Negge Contributor address; City; State; Zip Code College Such College City; State; Zip Code	Employer (See I	Amount of contribution (\$) Amount of contribution (\$) (If travel outside constructions) Amount of contribution (\$)	In-kind contribution description (If applicable) In-kind contribution description (If applicable)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

SCHEDULE A

The Instructi	on Guide explains how to complete this form.		1 Total pages Sche	edule A:
2 FILER NAM	11:12 1.03		3 ACCOUNT# (Elf	iics 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)
1.10	ROY J KONTHY SCHELES 6 Contributor address; City; State; Zip Code		(4)	l accompanie (ii application)
8/15/10	6 Contributor address; City; State; Zip Code			
	225/2000 Dr. J. 12. 1X 7	14/4	[20.00	
O Principal age	pation / Job title (See Instructions)		<u> </u>	of Texas, complete Schedule T)
9 Filitopai occi	paudi / Job due (See insudcions)	10 Employer (See	instructions)	
Date	Full name of contributor 🔲 out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
1 ,	MUNICHUNAWAT		COMMISSION (4)	description (ii applicable)
4/15/10	MUNISMUNAWAS Contributor address; City; State; Zip Code /6/07 KCNSUSJEN DS. SUIK /cs		100 10	
	16107 Kensyster Decul- WS	ugas lend, 1X		
Delegation 1	5/5/ / / 5 5/5/ / 5/5/ / C5	77479	(if travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	6. Ph.11.193		contribution (\$)	description (if applicable)
8/16	Contributor address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •		
	/7		50.00	
·	gotton / Job title (See Instructions)	17904	(if travel outside o	 of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor aut-of-state PAC (ID#:		Amount of	In-kind contribution
,	N. Challes Barchers		contribution (\$)	description (if applicable)
8/16/10	Contributor address; City; State; Zip Code			
- // - // -			100.00	
	2401 N. Wheeler Victoriant	× 17901		f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		Toxas, complete constitle ()
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
	Calvin & Reak Scherer.		contribution (\$)	description (if applicable)
8/14/10	Contributor address; City; State; Zip Code		1	
9/4/10	Cal area		25.00 !	
	POB 2532 VICTORIA, FX MACI	2-	(if travel outside o	f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

SCHEDULE A

The Instruction	on Guide explains how to complete this form.		1 Total pages Sche	dule A: 6
2 FILER NAM	E Clist CTues		3 ACCOUNT# (Est	ics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	1.	7 Amount of	8 In-kind contribution
Stenlie	6 Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
	2012 Whisperins Crack Victoria	Fx 71904	(If travel outside o	 - of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See		
	La contra de la contra del contra de la contra del la contra de la contra del la co		``	
5.4				
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
,	Best & Rathy Smallk		, (4)	(
1/27/10	1. 30. F. J. L. J.		1.0	
24 6 /1/0	Contributor address; City; State; Zip Code		150.00	
	240'S Del Monte DA. Houston, TX			
	CA) Det Monte on Horston, 14	77014		
Deinale at a second	- No. (lob AW (Co. local and a second			of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	nstructions)	
Date	Full name of contributor out-of-state-PAC (ID#		Amount of	In-kind contribution
•	Sleave Nievel		contribution (\$)	description (if applicable)
9/27/10	Stephen Diesel			
1/6/1/10	Contributor address; City; State; Zip Code		50.00	I
,	401/ Galenad. Vigoria TX:	179ail	X. 10	
	101 Salconico, II	/ / / / /		
Principal see	pation / Job title (See Instructions)	F1 (01		of Texas, complete Schedule T)
r incipal occu	pailott / 300 like (See Histractions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
	Michael Soun-1		contribution (\$)	description (if applicable)
also				
7/27	Contributor address; City; State; Zip Code			·
	min .		60,00	
	1269 Hary Brocke Dr. ANCETT	27010	<i></i>	<u>. </u>
Principal accu	ipation / Job title (See Instructions)			of Texas, complete Schedule T)
i ilitopai occu		Employer (See I	nstructions)	
5-4-				
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
,	David Frael		CONTRIBUTION (4)	description (in applicable)
9/70				
161	Contributor address; City; State; Zip Code		1	ļ
	1112		100.00	
	6/12 Carter Mole Dr. Victoria,	Tx 127011	M8 4	
Principal con-				of Texas, complete Schedule T)
г ппары осси	pation / Job title (See Instructions)	Employer (See I	i istructions)	
		L		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL CONTRIBUTIONS

SCHEDULE A

The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Sch	edule A:
2 FILER NAME	11.11 (. Tues		3 ACCOUNT # (E	thics Commission Filers)
Date	5 Full name of contributorout-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
8/27//0			100.00	
	202 whispering (rect, victoria,			of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)) Employer (See I	nstructions)	
Date /	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/27/10			Ko. 00	
	2505 Del monte Dr. Housdon, 74 7	7019	(If travel outside of	l of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
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 occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
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			l .
			(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
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 occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	ž *			

SCHEDULE A

The Instructi	on Guide explains how to complete this form.		1 Total pages Sche	odule A:
2 FILER NAM	IE //: At Ives		3 ACCOUNT# (Eth	ics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
9/27/10	MI JMB. Cligic Fernandel 6 Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			50.00	[
	213 GEHYSLURS Dr. VICtorian 1x	11904	(if travel outside o	of Texas, complete Schedule T)
9 Principal occu	apation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
idi	Contributor address; City; State; Zip Code			•
			5,00	
	2629 BALDW Rd. INC. 1+ 175	168	(if travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/1	Contributor address; City; State; Zip Code		75,00	
	207 Sandra Incz. 74 179	168		 of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor cut-of-state PAC (ID#:)	Amount of	In-kind contribution
,	Renale Chins	<i></i>	contribution (\$)	description (If applicable)
10/1	Contributor address; City; State; Zip Code		100.00	
	62/8 FM 1686 (DCZ, TX)	77968	(if travel outside (of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See I	· · · · · · · · · · · · · · · · · · ·	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
1	Don Truman		contribution (\$)	description (if applicable)
191	Contributor address; City; State; Zip Code		100.00	!
	1507 N. Ben Jordan Victoria	7F 1790/	(If travel outside a	 of Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See i		or reade, complete ecliption 1/
		<u> </u>		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITIC	CAL EXPENDITURES		SCHEDULE F
The Instruct	tion Guide explains how to complete this form.	1	Total pages Schedule F:
2 FILER NAME	[1.17. (10e3	3	ACCOUNT # (Ethics Commission filers)
4 Date 8/13/10	5 Payee name (Jan Cast Bo	orter club	7 Amount (\$)
1 Nic 18	6 Payee address; City; State; Zip Code		300, or
required.)	ment (See instructions regarding type of information	Candidate / Officeholder name	
	e of Texas, complete Schedule T)	Cary Countssian	es Het Y
8/14/10	Payee name St. Joseph Booster Club Payee address; City; State; Zip Code	• •	Amount (\$)
	Victoria, TX		130.00
required.)	Pro 35am Ad	Candidate / Officeholder name	
	of Texas, complete Schedule T)	Carl Com 35.	and Mill. 4
Date	Payee name MCCCS And Staff Payee address; City; State; Zip Code		Amount (\$)
-7 17/0	Inez, 14		53.38
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if direct e	expenditure to benefit C/OH •• Office sought Office held
(if travel outsi	de of Texas, complete Schedule T)	(134 (new 35:	ares Act 4
Date	Payee name Wassior West Boostor		Amount (\$)
8/4/1c	Payee address; City; State; Zip Code		300.00
required.)	ment (See instructions regarding type of information	Candidate Officeholder name	xpenditure to benefit C/OH •• Office sought Office held
(if travel outside	Posson Ade of Texas, complete Schedule T)	CAH Com Bica	al fict 4
	ATTACH ADDITIONAL COPIES	S OF THIS FORM AS NEFD)FD

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruc	ction Guide explains how to complete this form.		1 Total pages	s Schedule F:
2 FILER NAM	IE .		3 ACCOUNT	# (Ethics Commission filers)
4 Date	5 Payee name (-a-5-/), , , , (6 Payee address; City; State; Zip Code			7 Amount (\$)
9/17	6 Payee address; City; State; Zip Code San Antenia			90.83
8 Purpose of parequired.)	nyment (See instructions regarding type of information	1/	ect expenditure ame	to benefit C/OH Office sought Office held
(if travel outsi	de of Texas, complete Schedule T)	Caty Com. 55:00	c Arch	4
Date	Payee name			Amount (\$)
9/21	Payee address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		14.46
	Untoria TX			
Purpose of pa required.)	syment (See instructions regarding type of information	Candidate Officeholder n		to benefit C/OH •• Office sought Office held
(if travel outside	de of Texas, complete Schedule T)	Cary Commission	el Pari.	4
•Date	Payee name			Amount (\$)
9/27	Payee address; City; State; Zip Code	· • • • • • • • • • • • • • • • • • • •		300.00
	Victoria, To	<),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Purpose of pa required.)	syment (See instructions regarding type of information	Candidate 7 Officeholder n		to benefit C/OH Office sought Office held
(If travel out	side of Texas, complete Schedule T)	Caty Commission	6(ACL	4
Date	Payee name			Amount (\$)
	Payee address; City; State; Zip Code			
Purpose of pa required.)	syment (See instructions regarding type of information	•• Complete if dir Candidate / Officeholder n		to benefit C/OH Office sought Office held
(If travel outsi	de of Texas, complete Schedule T)			· · · · · · · · · · · · · · · · · · ·
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	EEDED	

POLITICAL EXPENDITURES

SCHEDULE G

The Instruct	tion Guide explains how to complete this form.	Total pages Schedule G
FILER NAME	11/1 Iucs 3	ACCOUNT # (Ethics Commission filers)
Date (16/10	5 Payée name The Other feel Store 6 Payee address; City; State; Zip Code	8 Amount (\$) 2/9.50
	Purpose of expenditure (See instructions regarding type of information requires Signature (See instructions regarding type of information requires (If travel outside of Texas, complete Schedule T)	Reimbursement from political contributions intended
Date	Payee name Sem 5. Payee address; City, State; Zip Code Hey 17 N. U. Cfor in Tx	Amount (\$)
. , , , , ,	Purpose of expenditure (See instructions regarding type of information requires the second of the se	Reimbursement from political contributions intended
8/12/10	0.001.0	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information requirements of the following states of the second	Reimbursement from political contributions intended
Date 8/21/10	Payee name How C Defat Payee address; City; State; Zip Code	Amount (\$) 25.27
, ,,,	Purpose of expenditure (See instructions regarding type of information requirements) (If travel outside of Texas, complete Schedule T)	Reimbursement from political contributions intended
Date	Payee name Mt (045) Payee address; City; State; Zip Code U: Ucr; ~ T-f	Amount (\$)
8/19/10	Purpose of expenditure (See instructions regarding type of information requi	Reimbursement from political contributions intended