

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 <input checked="" type="checkbox"/> FIRST LAST MI SUFFIX Louise Avery NICKNAME LAST SUFFIX	OFFICE USE ONLY WALKER COUNTY CLERK ELECTIONS DIVISION FILED 2010 AUG 18 AM 9:50 Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 22501 Kmiec Rd, Hempstead, Tx. 77445		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 826-6981		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST LAST MI SUFFIX Freddie Avery		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 22501 Kmiec Rd., Hempstead, Tx. 77445		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 826-6981		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 2 / 22 / 2010 7 / 13 / 2010		
11 ELECTION	ELECTION DATE Month Day Year 2 / 2 / 10	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) County Clerk	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Louise Avery 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

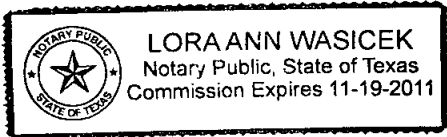
COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

** 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. **

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 239.24
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ -0-
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD -	\$ -0-

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.

Louise Avery
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said LOUISE AVERY, this the 13th day of JULY, 2010, to certify which, witness my hand and seal of office.

Lora Wasicek LORA WASICEK
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: <u>2</u>
2 FILER NAME <u>Louise Avery</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>2/26/10</u>	5 Payee name <u>The Waller Times</u> 6 Payee address; City; State; Zip Code <u>P.O. Box 509, Waller, Tx. 77445</u>	8 Amount (\$) <u>\$15.80</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) <u>Political Advertisement</u> (If travel outside of Texas, complete Schedule T)		
Date <u>2/26/10</u>	Payee name <u>Hempstead V.F.D.</u> Payee address; City; State; Zip Code <u>1400 11th St., Hempstead, Tx. 77445</u>	Amount (\$) <u>\$50.00</u> <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 <u>2/26/10</u>	Payee name <u>Hempstead FFA</u> Payee address; City; State; Zip Code <u>P.O. Box 1007, Hempstead, Tx. 77445</u>	Amount (\$) <u>\$100.00</u> <input checked="" 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 <u>3/19/10</u>	Payee name <u>The Waller Times</u> Payee address; City; State; Zip Code <u>P.O. Box 509, Waller, Tx. 77445</u>	Amount (\$) <u>\$17.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <u>Political Advertisement (Thank You)</u> (If travel outside of Texas, complete Schedule T)		
Date <u>3/19/10</u>	Payee name <u>The Hotline Press</u> Payee address; City; State; Zip Code <u>1116 Austin St., Hempstead, Tx. 77445</u>	Amount (\$) <u>\$13.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <u>Political Advertisement (Thank You)</u> (If travel outside of Texas, complete Schedule T)		
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: 2
2 FILER NAME <i>Louise Avery</i>	3 ACCOUNT # (Ethics Commission filers)

4 Date <i>3/19/10</i>	5 Payee name <i>Waller County News Citizen</i>	8 Amount (\$) <i>\$30.44</i>
	6 Payee address; City: State: Zip Code <i>705 12th St., Hempstead, Tx. 77445</i>	
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>Political Advertisement (Thank You)</i> <small>(If travel outside of Texas, complete Schedule T)</small>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>2/26/10</i>	Payee name <i>The Hotline Press</i>	Amount (\$) <i>\$113.00</i>
	Payee address; City: State: Zip Code <i>1116 Austin St., Hempstead, Tx. 77445</i>	
	Purpose of expenditure (See instructions regarding type of information required.) <i>Political Advertising (Thank You)</i> <small>(If travel outside of Texas, complete Schedule T)</small>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

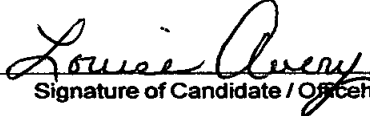
FORM C/OH - FR

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 <i>Louise Avery</i>	2 ACCOUNT # (Ethics Commission files)
---	--

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

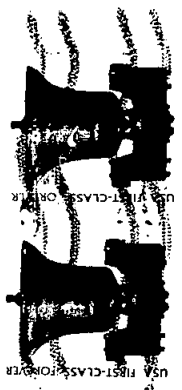
5 OFFICEHOLDER
 -- Complete this section *only* if you are an officeholder --

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, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

 Signature of Officeholder

A
Louise Avery
22501 Knitec Rd
Hempstead TX 77445-8290

HOUSTON TX 77058
13 AUG 2010 PM 6:37



Waller County Clerk
Elections Division
836 Austin Street, Suite 103
Hempstead, Texas 77445

77445+4671

