

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 <input checked="" type="checkbox"/> MR	FIRST MI JERON M	OFFICE USE ONLY Date Received 2008 OCT 20 PM 1:55 WALLER COUNTY CLERK ELECTIONS DIVISION RECEIVED Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
	NICKNAME	LAST SUFFIX BARNETT		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	P.O. Box 6036 PRAIRIE VIEW, TX. 77446		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	(832) 483 8900		
6 CAMPAIGN TREASURER NAME	MS / MRS <input checked="" type="checkbox"/> MR	FIRST MI DONALD H.		
	NICKNAME	LAST SUFFIX BARNETT		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION	(832) 724 2551		
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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year Month Day Year 03 / 04 / 08 THROUGH 11 / 04 / 08			
11 ELECTION	ELECTION DATE Month Day Year 11 / 04 / 08	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) NONE	13 OFFICE SOUGHT (if known) County Sheriff		
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 N/A 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 **JERON M. BARNETT** 16 ACCOUNT # (Ethics Commission Filers)

17 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. **

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME N/A
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ ∅
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$ 2,500.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ ∅
	4. TOTAL POLITICAL EXPENDITURES	\$ \$ 2,545.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ ∅
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ N-A

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.

Jeron M. Barnett
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jeron M. Barnett, this the 20th day of October, 2008, to certify which, witness my hand and seal of office.

Dena Nolan
Signature of officer administering oath

Dena Nolan
Printed name of officer administering oath

Notary
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 JERON M. BARNETT		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOIE Callender	7 Amount of contribution (\$) 200⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 900 CARNATION KATV, TX. 77493		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) B.D. BASHAW	Amount of contribution (\$) 200⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1240 Bowler RD WALLER, TX 77484		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	
Date 09/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEVE ELDER	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 918 AUSTIN ST. HEMPSTEAD, TX 77445		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF	
Date 08/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DON GARRETT	Amount of contribution (\$) 200⁰⁰	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 09/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEE MARSHALL	Amount of contribution (\$) 300⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 231 Bowler RD WALLER, TX. 77484		(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:
2

2 FILER NAME **JERON BARNETT** 3 ACCOUNT # (Ethics Commission filers)

4 Date 09/08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINDA EBERT	7 Amount of contribution (\$) 100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 32660 Willow Bend Ln. Waller, TX 77484		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date 10/08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATRICK HUCKMAN	Amount of contribution (\$) 1000⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code FM 362 Waller, TX 77484		(If travel outside of Texas, complete Schedule T)	

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

Date 10/08	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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)

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POLITICAL EXPENDITURES

SCHEDULE F

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

2 FILER NAME **JERON M. BARNETT** 3 ACCOUNT # (Ethics Commission filers)

4 Date 10/08	5 Payee name MAGNOLIA SIGN SOURCE	7 Amount (\$) \$1648.40
6 Payee address; City; State; Zip Code 18252 FM 1488 SUITE 100 MAGNOLIA, TX. 77355		

8 Purpose of payment (See instructions regarding type of information required.) Political SIGNS <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: JERON M. BARNETT Office sought: SHERIFF Office held: NONE
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Date 10/08	Payee name THE HOTLINE PRESS	Amount (\$) \$500⁰⁰
Payee address; City; State; Zip Code 1116 AUSTIN STREET HEMPSTEAD, TX. 77445		

Purpose of payment (See instructions regarding type of information required.) Political ADS <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: JERON M. BARNETT Office sought: SHERIFF Office held: NONE
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Date 9/08	Payee name THE TIMES TRIBUNE	Amount (\$) \$125⁰⁰
Payee address; City; State; Zip Code 921 COOPER BROOKSHIRE, TX. 77423		

Purpose of payment (See instructions regarding type of information required.) <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 10/08	Payee name VIVIAN McCloud	Amount (\$) \$275⁰⁰
Payee address; City; State; Zip Code 700 FACTORY OUTLET DR #7 HEMPSTEAD, TX 77445		

Purpose of payment (See instructions regarding type of information required.) Campaign Luncheon <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: JERON M. BARNETT Office sought: SHERIFF Office held: NONE
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