

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 FIRST MI
Harold *A.*
NICKNAME LAST SUFFIX

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
35131 Pineridge Rd
Waller, TX 77484

Date Hand-delivered or Date Postmarked

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(936) 931-1285

Receipt #

Amount

6 CAMPAIGN
TREASURER
NAME

MS MRS / MR FIRST MI
Robenia *L*
NICKNAME LAST SUFFIX
Boyer-Barthe'

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
35131 Pineridge Rd
Waller, TX 77484

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(936) 931-1285

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
01 / 01 / 2008 THROUGH *02 / 03 / 2008*

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
02 / 04 / 2008 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

None

13 OFFICE SOUGHT (if known)

Sheriff

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

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

FILED
 WALLER COUNTY CLERK
 ELECTIONS DIVISION
 2008 FEB -4 PM 2:54

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

15 C/OH NAME Harold A. Barthe 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

This box is for notice of political expenditures 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 <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$ 200.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2247.24
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 157.96
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Harold A. Barthe
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Harold A. Barthe, this the 4 day of February, 2008, to certify which, witness my hand and seal of office.

Donna M. Ramos
Signature of officer administering oath

Donna M. Ramos
Printed name of officer administering oath

Notary Public
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 FILER NAME *Harold A. Barthé* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>1/9/2008</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kelly Krensek</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2330 Vogel Ln Brookshire TX</i>		(If travel outside of Texas, complete Schedule T)	

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

Date <i>1/25/2008</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Darryl G. Barthé</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1321 N. Meridian St #1009 Indianapolis, IN 46202</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) *Counselor* Employer (See Instructions)
Sealston Army

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)

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)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor 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:

2 FILER NAME *Harold A. Barthe'* 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name <i>Hometown Hdwe</i>	7 Amount (\$)
	6 Payee address; City; State; Zip Code <i>Waller, TX 77484</i>	<i>42.04</i>

8 Purpose of payment (See instructions regarding type of information required.) <i>wood stakes; staples & nails</i> <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
--	---

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

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

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

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

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- 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:

2 FILER NAME

Harold A. Barthe

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/11/08

5 Payee name

I-45 Signs

6 Payee address; City; State; Zip Code

*9811 N I-45 suite A106
Houston TX 77037*

8 Amount (\$)

\$804.00

7 Purpose of expenditure (See instructions regarding type of information required.)

*Signs
(If travel outside of Texas, complete Schedule T)*

Reimbursement from political contributions intended

Date

1/12/08

Payee name

Hometown Hdw

Payee address; City; State; Zip Code

*2906 Hwy 290
Waller TX 77484*

Amount (\$)

23.41

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

*stakes; staples; nails
(If travel outside of Texas, complete Schedule T)*

Reimbursement from political contributions intended

Date

1/23/08

Payee name

I-45 Signs

Payee address; City; State; Zip Code

*9811 N I-45 suite A106
Houston TX 77037*

Amount (\$)

\$562.79

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

*Signs
(If travel outside of Texas, complete Schedule T)*

Reimbursement from political contributions intended

Date

1/24/08

Payee name

Waller Times / Houston Community News

Payee address; City; State; Zip Code

*705 12th St
Hempstead TX 77445*

Amount (\$)

\$225.00

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

*Newspaper ads
(If travel outside of Texas, complete Schedule T)*

Reimbursement from political contributions intended

Date

1/30/08

Payee name

Boom Promotional Products

Payee address; City; State; Zip Code

El Cajon, CO 92021

Amount (\$)

\$590.00

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

*Promotional pens
(If travel outside of Texas, complete Schedule T)*

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED