

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: 2

3 CANDIDATE / OFFICEHOLDER NAME
 MS / MRS / MR FIRST MI
MR Thomas E
 NICKNAME LAST SUFFIX
Tommy Davis

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
12235 Ray Wright Rd Waller TX 77484
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE PHONE NUMBER EXTENSION
(979) 826-3902

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR FIRST MI
MRS. Jaime A
 NICKNAME LAST SUFFIX
Davis

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
12235 Ray Wright Rd Waller TX 77484

8 CAMPAIGN TREASURER PHONE
 AREA CODE PHONE NUMBER EXTENSION
(832) 435 2667

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 THROUGH Month Day Year
7 / 1 / 08 6 / 30 / 08

11 ELECTION
 ELECTION DATE: Month Day Year ELECTION TYPE
 / / Primary Runoff General Special

12 OFFICE OFFICE HELD (if any) **13** OFFICE SOUGHT (if known)
Commissioner Pct 3

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

OFFICE USE ONLY

Date Received: 2008 OCT - 3 AM 10:39

Date Hand-delivered or Date Postmarked: _____

Receipt # _____ Amount _____

Date Processed _____

Date Imaged _____

FILED
WALLER COUNTY CLERK
ELECTIONS DIVISION

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Thomas E Davis 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 <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	\$ 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	\$ 0
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.

Thomas E Davis
Signature of Candidate or Officeholder

AFFIX NOTARY SEAL TO THIS PAGE

Sworn to and subscribed before me, by the said candidate, this the 3rd day of October, 2008, to certify which, witness my hand and seal of office.

Peggy Sanders Signature of officer administering oath
Peggy Sanders Printed name of officer administering oath
WCJA Sr. Mgr. Title of officer administering oath