

# 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:  12
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3 CANDIDATE / OFFICEHOLDER NAME	<del>MS / MRS / MR</del> FIRST <b>Ralph</b> MI <b>D</b>	NICKNAME <b>Bubba</b> LAST <b>Franz</b> SUFFIX	OFFICE USE ONLY Date Received <b>2010 FEB - 1 PM 1:17</b> 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 <b>30109 FM1488 waller TX 77481</b>
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5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(936) 372-2132</b>	RECEIPT #	AMOUNT
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6 CAMPAIGN TREASURER NAME	<del>MS / MRS / MR</del> FIRST <b>Valeria</b> MI <b>D</b>	NICKNAME <b>FRANZ</b> LAST SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>30109 FM1488 waller TX 77481</b>
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8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(936) 372-2132</b>
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9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> Final report (Attach C/OH - FR)
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10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>1/14/2010    1/29/2010</b>
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11 ELECTION	ELECTION DATE Month Day Year <b>3/2/2010</b>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
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12 OFFICE OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <b>County Judge (waller)</b>
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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** Ralph "Bubba" Franz **16 ACCOUNT # (Ethics Commission Filers)**

**17 NOTICE FROM POLITICAL COMMITTEE(S)**

additional pages

\*\* 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	COMMITTEE NAME
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>18 CONTRIBUTION TOTALS</b>	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)	\$ 500.
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2659.98
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 190.02
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 48.69

**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.

Ralph "Bubba" Franz  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ralph "Bubba" Franz, this the 1 day of Feb, 2010, to certify which, witness my hand and seal of office.

Joanne Gregory  
Signature of officer administering oath

Joanne Gregory  
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: **1**

2 FILER NAME **Ralph "Bubba" Franz**

3 ACCOUNT # (Ethics Commission filers)

4 Date **1-22-2010**  
 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Pecos Vaught**  
 6 Contributor address; City; State; Zip Code  
**10472 River Ridge, Conroe, TX  
 77304**

7 Amount of contribution (\$) **500.**  
 8 In-kind contribution description (if applicable)  
 (If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
**Retired**

10 Employer (See Instructions)

Date \_\_\_\_\_ Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
 Contributor address; City; State; Zip Code

Amount of contribution (\$) \_\_\_\_\_ In-kind contribution description (if applicable) \_\_\_\_\_  
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date \_\_\_\_\_ Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
 Contributor address; City; State; Zip Code

Amount of contribution (\$) \_\_\_\_\_ In-kind contribution description (if applicable) \_\_\_\_\_  
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date \_\_\_\_\_ Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
 Contributor address; City; State; Zip Code

Amount of contribution (\$) \_\_\_\_\_ In-kind contribution description (if applicable) \_\_\_\_\_  
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date \_\_\_\_\_ Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
 Contributor address; City; State; Zip Code

Amount of contribution (\$) \_\_\_\_\_ In-kind contribution description (if applicable) \_\_\_\_\_  
 (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.

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME Ralph "Bubba" Franz

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan  
1-29-2010

7 Name of lender  out-of-state PAC (ID#: \_\_\_\_\_)  
Ralph Franz

9 Loan Amount (\$)  
10.80

6 Is lender a financial institution?  
Y  N

8 Lender address; City; State; Zip Code  
30109 Fm 1488, Waller, TX 77484

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral  
 none

15 GUARANTOR INFORMATION  
 not applicable

16 Name of guarantor  
17 Guarantor address; City; State; Zip Code

18 Amount Guaranteed (\$)

19 Principal Occupation

20 Employer

Date of loan  
1-19-2010

Name of lender  out-of-state PAC (ID#: \_\_\_\_\_)  
Ralph Franz

Loan Amount (\$)  
37.89

Is lender a financial institution?  
Y  N

Lender address; City; State; Zip Code  
30109 Fm 1488, Waller, TX 77484

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral  
 none

GUARANTOR INFORMATION  
 not applicable

Name of guarantor  
Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If lender 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: <div style="text-align: right; font-size: 2em;">1</div>
2 FILER NAME <div style="font-size: 1.5em;">Ralph "Bubba" Franz</div>		3 ACCOUNT # (Ethics Commission filers)
4 Date <div style="font-size: 1.5em;">1-15-2010</div>	5 Payee name <div style="font-size: 1.5em;">Kwik Kopy</div>	7 Amount (\$) <div style="font-size: 1.5em;">248.56</div>
6 Payee address; City; State; Zip Code <div style="font-size: 1.2em;">1215-5 W. Main St, Tomball, TX 77375</div>		
8 Purpose of payment (See instructions regarding type of information required.) <div style="font-size: 1.5em;">Door hangers</div> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held	
Date <div style="font-size: 1.5em;">1-22-2010</div>	Payee name <div style="font-size: 1.5em;">McCoy's</div>	Amount (\$) <div style="font-size: 1.5em;">88.50</div>
Payee address; City; State; Zip Code <div style="font-size: 1.2em;">2811 3 Tomball Parkway Tomball, TX 77375</div>		
Purpose of payment (See instructions regarding type of information required.) <div style="font-size: 1.5em;">lumber for signs</div> <small>(If travel outside of Texas, complete Schedule T)</small>	<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held	
Date <div style="font-size: 1.5em;">1-22-2010</div>	Payee name <div style="font-size: 1.5em;">SignTex</div>	Amount (\$) <div style="font-size: 1.5em;">2259.72</div>
Payee address; City; State; Zip Code <div style="font-size: 1.2em;">1225 Alma, Ste D Tomball, TX 77375</div>		
Purpose of payment (See instructions regarding type of information required.) <div style="font-size: 1.5em;">political signs</div> <small>(If travel outside of Texas, complete Schedule T)</small>	<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held	
Date <div style="font-size: 1.5em;">1-27-2010</div>	Payee name <div style="font-size: 1.5em;">Waller Times</div>	Amount (\$) <div style="font-size: 1.5em;">63.20</div>
Payee address; City; State; Zip Code <div style="font-size: 1.2em;">Waller, TX</div>		
Purpose of payment (See instructions regarding type of information required.) <div style="font-size: 1.5em;">political ads.</div> <small>(If travel outside of Texas, complete Schedule T)</small>	<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name      Office sought      Office held	
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		