

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: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI RUSSELL ERNEST NICKNAME LAST SUFFIX KLECKA	OFFICE USE ONLY Date Received Date Hand-delivered or Postmarked Receipt # Date Processed Date Imaged FILED FOR RECORD 14 JAN 14 AM 10:42 DEBRIE BOLLIN COUNTY CLERK WALLER COUNTY, TX.	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 25442 CURTIS RD. WALLER TX 77484		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (936) 931-3600		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI LINDA J. NICKNAME LAST SUFFIX KLECKA		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 25442 CURTIS RD WALLER TEXAS 77484		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (936) 931-3600		
9 REPORT TYPE	<input checked="" 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 type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 9 / 30 / 2013 1 / 15 / 2014		
11 ELECTION	ELECTION DATE Month Day Year 4 / 04 / 2014	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) WALLER COUNTY COMMISSIONER PRECINCT 2	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

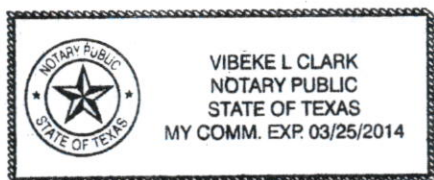
14 C/OH NAME ERNEST RUSSELL KLECKA 15 ACCOUNT # (Ethics Commission Filers)

16 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.

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 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)	\$ 350. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 227.59
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,177.78
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,137.78
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 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.

Russell Ernest Klecka
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said RUSSELL ERNEST KLECKA, this the 14th day of January, 20 14, to certify which, witness my hand and seal of office.

Vibeke L Clark VIBEKE L CLARK Notary
Signature of officer administering oath Printed name of officer administering oath 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 RUSSELL KLECKA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11-7-2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRENDA GARRETT	7 Amount of contribution (\$) 250.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 28432 HEGAR RD HOCKLEY, TEXAS 77447		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12-12-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELIZABETH KELLY	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 25441 NEWLAND WALLER, TEXAS 77484		(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)	
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 SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2	2 FILER NAME RUSSELL ERNEST KLECKA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 11-11-2013	5 Payee name RPWC PRIMARY FUND
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6 Amount (\$) 750.⁰⁰	7 Payee address; City; State; Zip Code 1015 ASTER DR. KATY, TEXAS 77493
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FEES	(b) Description (If travel outside of Texas, complete Schedule T) FILING FEES
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name RUSSELL KLECKA	Office sought WALLER COUNTY COMMISSIONER	Office held PRECINCT 2
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Date 11-14-2013	Payee name G.S.P. GRAPHIC SCREEN PRINTING PRODUCTION INC.
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Amount (\$) 1,052.32	Payee address; City; State; Zip Code 5512 MITCHELLDALE HOUSTON, TEXAS 77092
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) POLITICAL SIGNS
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name RUSSELL KLECKA	Office sought WALLER COUNTY COMMISSIONER	Office held PRECINCT 2
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Date 12-17-2013	Payee name G.S.P. GRAPHIC SCREEN PRINTING PRODUCTION INC.
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Amount (\$) 424.12	Payee address; City; State; Zip Code 5512 MITCHELLDALE HOUSTON, TEXAS 77092
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) POLITICAL SIGNS
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name RUSSELL KLECKA	Office sought WALLER COUNTY COMMISSIONER	Office held PRECINCT 2
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Date 1-9-2014	Payee name WALLER AREA CHAMBER OF COMMERCE
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Amount (\$) 150.⁰⁰	Payee address; City; State; Zip Code 1110 FARR ST. WALLER, TEXAS 77484
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FEES	Description (If travel outside of Texas, complete Schedule T) MEMBERSHIP FEES
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name RUSSELL KLECKA	Office sought WALLER COUNTY COMMISSIONER	Office held PRECINCT 2
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2	2 FILER NAME RUSSELL ERNEST KLECKA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 1-13-14	5 Payee name THE RURAL CONNECTION
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6 Amount (\$) 249.00	7 Payee address; City; State; Zip Code P.O. BOX 1466 WALLER, TEXAS 77484
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) THE RURAL CONNECTION MAGAZINE
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name RUSSELL KLECKA	Office sought WALLER COUNTY COMMISSIONER, PRECINCT 2	Office held
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Date 1-13-14	Payee name LAUNCH GRAPHICS, LLC
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Amount (\$) 324.75	Payee address; City; State; Zip Code 4935 MILWEE SUITE A. HOUSTON, TEXAS 77092
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) SIGNS
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name RUSSELL KLECKA	Office sought WALLER COUNTY COMMISSIONER, PRECINCT 2	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 2
2 FILER NAME RUSSELL ERNEST KLECKA		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$
5 Date of loan 11-4-2013	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) RUSSELL ERNEST KLECKA	9 Loan Amount (\$) \$2,000.⁰⁰
6 Is lender a financial institution? Y <input checked="" type="radio"/> (N)	8 Lender address; City; State; Zip Code 25442 CURTIS RD. WALLER, TEXAS 77484	10 Interest rate 0
		11 Maturity date 0
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 11-13-2013	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) RUSSELL ERNEST KLECKA	Loan Amount (\$) \$1,000.⁰⁰
Is lender a financial institution? Y <input checked="" type="radio"/> (N)	Lender address; City; State; Zip Code 25442 CURTIS RD. WALLER, TEXAS 77484	Interest rate 0
		Maturity date 0
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2

2 FILER NAME

RUSSELL ERNEST KLECKA

3 ACCOUNT # (Ethics Commission Filers)

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

\$

5 Date of loan

1-8-2014

7 Name of lender

RUSSELL ERNEST KLECKA

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

\$ 1,000.⁰⁰

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

25442 CURTIS RD.

10 Interest rate

0

11 Maturity date

0

WALLER, TEXAS 77484

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.