

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b> <div style="text-align: center; font-size: 2em; font-weight: bold;">7</div>	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR      FIRST      MI <i>MR</i> <i>FRANCISCO</i>	<div style="border: 2px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b>  <div style="text-align: right; font-size: 0.8em;">                     WALKER COUNTY CLERK                      ELECTIONS DIVISION                      FILED                 </div> <div style="text-align: center; font-size: 1.2em; font-weight: bold; margin-top: 10px;">                     2012 OCT 31 PM 4:42                 </div> </div>		
NICKNAME      LAST      SUFFIX <i>FRANK</i> <i>MENA</i>	DATE RECEIVED			
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE <i>7518 BOBWHITE ST. Brookshire TEXAS 77423</i>			DATE HAND-DELIVERED OR POSTMARKED
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <i>(281) 375-5551</i>			RECEIPT #      Amount
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR      FIRST      MI <i>MRS.</i> <i>TERESA</i> <i>B.</i>	DATE PROCESSED		
NICKNAME      LAST      SUFFIX <i>MENA</i>	DATE IMAGED			
<b>7 CAMPAIGN TREASURER ADDRESS (residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE <i>7518 BOBWHITE ST Brookshire TX 77423</i>			
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <i>(281) 375-5551</i>			
<b>9 REPORT TYPE</b>	<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)			
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year <i>9 / 26 / 12</i> <i>10 / 28 / 12</i>			
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year <i>11 / 06 / 12</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> <i>Constable Pet 3</i>		
<b>GO TO PAGE 2</b>				

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

<b>14 C/OH NAME</b>	<b>15 ACCOUNT #</b> (Ethics Commission Filers)
---------------------	--

<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> 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.	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>  _____
		<b>COMMITTEE ADDRESS</b>  _____
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>  _____
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>  _____

<b>17 CONTRIBUTION TOTALS</b>	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-
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 571.98
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 389.30
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**18 AFFIDAVIT**



AFFIX NOTARY STAMP / SEAL ABOVE

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.

  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said FRANCISCO MENA, this the 27 day of oct, 20 12, to certify which, witness my hand and seal of office.

  
 Signature of officer administering oath

**DANIEL L EASTER**

 Printed name of officer administering oath

**PT**

 Title of officer administering oath



# 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.

<b>1</b> Total pages Schedule F: <i>1</i>	<b>2</b> FILER NAME <i>Francisco MEÑA</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
--	--	---

<b>4</b> Date <i>10-9-12</i>	<b>5</b> Payee name <i>THE Waller County News</i>
---------------------------------	--

<b>6</b> Amount (\$) <i>\$ 259.20</i>	<b>7</b> Payee address; City; State; Zip Code <i>350 U.S. Business 290 Hempstead, TX 77445</i>
--	---

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Advertising</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <i>Newspaper AD</i>
---------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>10-9-12</i>	Payee name <i>THE Waller Times</i>
------------------------	---------------------------------------

Amount (\$) <i>\$ 251.25</i>	Payee address; City; State; Zip Code <i>2323 MAIN STREET Waller, TX 77484</i>
---------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T) <i>Newspaper AD</i>
-------------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

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

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

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

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G: <i>1</i>	2 FILER NAME <i>FRANCISCO MENA</i>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	---------------------------------------	--

4 Date <i>10-20-12</i>	5 Payee name <i>Home Depot</i>
---------------------------	-----------------------------------

6 Amount (\$) <i>\$19.49</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>6800 Hwy 6 North Houston TX 77084</i>
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>1x2x8 wood stakes</i>
--------------------------	--	---

Date <i>10-22-12</i>	Payee name <i>Office MAX</i>
-------------------------	---------------------------------

Amount (\$) <i>42.04</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>1250 Fry Road Houston, TX 77084</i>
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T) <i>Copies of Flyer</i>
------------------------	--	---

Date	Payee name
------	------------

Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

OfficeMax

# OfficeMax®

OfficeMax #1233  
1250 FRY ROAD  
HOUSTON, TX 77084  
(281) 599-3258

1233 09 1596 10/22/12 07:33:12 PM

## SALE

998100000900  
Color FS Ltr 24# Laser  
Qty 80 @ \$0.49 \$39.20

SubTotal \$39.20  
Tax 7.250% \$2.84  
TOTAL \$42.04

Debit \$42.04  
Card number: XXXXXXXXXXXX9548  
Authorization



More saving.  
More doing.™

6800 HIGHWAY 6 NORTH  
HOUSTON, TX 77084 (281)858-8040

6506 00002 02085 10/20/12 04:40 PM  
CASHIER JONATHAN - JBJ3272

090489918507 1X2X8 FVRR <A>  
1X2-8FT STRIP  
24@0.75 18.00

SUBTOTAL 18.00  
SALES TAX 1.49  
TOTAL \$19.49  
XXXXXXXXXXXX9548 DEBIT ~~39.49~~  
AUTH CODE 931136

CHANGE DUE ~~39.49~~



6506 02 02085 10/20/2012 6239

RETURN POLICY DEFINITIONS  
POLICY ID DAYS POLICY EXPIRES ON  
A 1 90 01/18/2013





Display Advertising  
**INVOICE**

THE WALLER  
**TIMES**

2323 Main Street • Waller, Texas 77484  
Office: 936-372-5184 • Fax: 936.372.5186

Run Date: \_\_\_\_\_

Number of Insertions: 3

Start: 10-17-12 Ends: 10-31-12

Size of Ad: 3x5

B/W:  Color:

Amount Per Insertion: \$63.75 + 20 for color

Total: \$251.25 ck # 1008

Amount Paid: \$251.25

Balance Due on Receipt: \$0.00

Advertising Authorized by: Frank Mena

Description of ad: political ad

Bill:  Paid:

ADVERTISER: Frank Mena

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: 281-808-5192

Email: \_\_\_\_\_