

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 <small>TITLE</small> County Clerk <small>FIRST</small> Cheryl <small>MI</small> J. <small>NICKNAME</small> Peters <small>LAST</small> <small>SUFFIX</small>	OFFICE USE ONLY Date Received A.S. Date Hand-delivered or Date Postmarked 1.9.02 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><small>Receipt #</small></td> <td style="width:50%;"><small>Amount</small></td> </tr> <tr> <td colspan="2"><small>Date Processed</small></td> </tr> <tr> <td colspan="2"><small>Date Imaged</small></td> </tr> </table>		<small>Receipt #</small>	<small>Amount</small>	<small>Date Processed</small>		<small>Date Imaged</small>	
<small>Receipt #</small>	<small>Amount</small>							
<small>Date Processed</small>								
<small>Date Imaged</small>								
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address <small>ADDRESS / PO BOX:</small> 38479 FM 1488 Rd. <small>APT / SUITE #:</small> <small>CITY:</small> Hempstead TX <small>STATE:</small> <small>ZIP CODE:</small> 77445								
5 CAMPAIGN TREASURER NAME <small>TITLE</small> <small>FIRST</small> Ricky <small>MI</small> L. <small>NICKNAME</small> Peters <small>LAST</small> <small>SUFFIX</small>								
6 CAMPAIGN TREASURER ADDRESS (Residence or business) <small>STREET ADDRESS (NO PO BOX PLEASE):</small> 38479 FM 1488 Rd. <small>APT / SUITE #:</small> <small>CITY:</small> Hempstead TX <small>STATE:</small> <small>ZIP CODE:</small> 77445								
CAMPAIGN TREASURER PHONE <small>AREA CODE</small> (979) <small>PHONE NUMBER</small> 826-3101 <small>EXTENSION</small>								
8 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)								
9 PERIOD COVERED <small>Month</small> Dec / <small>Day</small> 13 / <small>Year</small> 01 THROUGH <small>Month</small> Jan / <small>Day</small> 15 / <small>Year</small> 02								
10 ELECTION <small>ELECTION DATE</small> <small>Month</small> Mar / <small>Day</small> 12 / <small>Year</small> 02 <small>ELECTION TYPE</small> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special								
11 OFFICE <small>OFFICE HELD (if any)</small> Waller County Clerk	12 OFFICE SOUGHT (if known) County Clerk							
13 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. -- <small>Name</small> <small>Address / PO Box:</small> <small>Apt. / Suite #:</small> <small>City:</small> <small>State:</small> <small>Zip Code</small>							

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Cheryl Peters 15 ACCOUNT # (Ethics Commission filers)

16 SUPPORTING POLITICAL COMMITTEE(S)

** This listing includes 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

17 NO REPORTABLE ACTIVITY Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

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)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
OUTSTANDING LOAN TOTALS	5. 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.

Cheryl Peters
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said CHERYL PETERS, this the 9th day of January, 20 02, to certify which, witness my hand and seal of office.

Lora Wasicek
Signature of officer administering oath

LORA WASICEK
Printed name of officer administering oath

