

# 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 #<br>(Ethics Commission filers)                   | 2 Total pages filed:<br><b>4</b>              |
| 3 CANDIDATE / OFFICEHOLDER NAME  | TITLE   | FIRST   | MI  |
|  | NICKNAME  | LAST  | SUFFIX  |
|  |   | Frank<br>Pokluda, III                                       |   |
| 4 CANDIDATE / OFFICEHOLDER ADDRESS<br><input type="checkbox"/> Change of Address                 | ADDRESS / PO BOX:   | APT / SUITE #:  | CITY: STATE: ZIP CODE                         |
|  | 29503 F M 1488, Waller, Texas 77484   |   |   |
| 5 CAMPAIGN TREASURER NAME  | TITLE   | FIRST   | MI  |
|  | NICKNAME  | LAST  | SUFFIX  |
|  |   | Frank<br>Pokluda, III                                       |   |
| 6 CAMPAIGN TREASURER ADDRESS<br>(Residence or business)  | STREET ADDRESS (NO PO BOX PLEASE):  | APT / SUITE #:  | CITY: STATE: ZIP CODE                         |
|  | 29503 F M 1488, Waller, Texas 77484   |   |   |
| CAMPAIGN TREASURER PHONE   | AREA CODE   | PHONE NUMBER  | EXTENSION                                     |
|  | ( 936)  | 372-3491  |   |
| 8 REPORT TYPE  | <input type="checkbox"/> January 15   | <input type="checkbox"/> 30th day before election           | <input type="checkbox"/> Runoff               |
|  | <input type="checkbox"/> July 15  | <input checked="" type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded \$500 limit |
|  | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)  | <input type="checkbox"/> Final report (Attach C/OH - FR)    |   |
| 9 PERIOD COVERED   | Month   | Day   | Year  |
|  | 02  | 01  | 2002  |
|  | THROUGH   | Month   | Day   |
|  |   | 03  | 04  |
| 10 ELECTION  | ELECTION DATE   |   | ELECTION TYPE                                 |
|  | Month   | Day   | Year  |
|  | 03  | 12  | 2002  |
|  | <input checked="" type="checkbox"/> Primary   | <input type="checkbox"/> Runoff                             | <input type="checkbox"/> General              |
|  | <input type="checkbox"/> Special  |   |   |
| 11 OFFICE  | OFFICE HELD (if any)  |   | 12 OFFICE SOUGHT (if known)                   |
|  | None  |   | Commissioner, Precinct Two                    |
| 13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS<br><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

|   |  |
|---|--|
| 14 C/OH NAME<br><b>Frank Pohluda, III</b> | 15 ACCOUNT # (Ethics Commission filer's) |
|---|--|

|   |  |                |  |
|---|--|----------------|--|
| 16 SUPPORTING POLITICAL COMMITTEE(S)<br><br><input type="checkbox"/> additional pages | ** 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. ** |                |  |
|   | COMMITTEE TYPE<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC  | 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   | \$ 765.32 |
| 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.

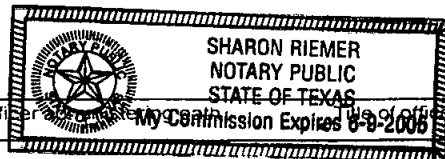
*Frank J. Pohluda III*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Frank J Pohluda III, this the 4 day March, 2002, to certify which, witness my hand and seal of office.

*Sharon Riemer*  
\_\_\_\_\_  
Signature of officer administering oath

Printed name of officer administering oath: **SHARON RIEMER**  
My Commission Expires **6-9-2006**



# POLITICAL EXPENDITURES

# SCHEDULE F

|   |  |   |
|---|--|---|
| The INSTRUCTION GUIDE explains how to complete this form.   |  | 1 Total pages Schedule F:<br><b>2</b>   |
| 2 FILER NAME<br><b>Frank Pokluda, III</b>   |  | 3 ACCOUNT # (Ethics Commission filers)  |
| 4 Date<br><b>02-25-2002</b>   | 5 Payee name<br><b>Johnson Graphics</b><br>6 Payee address; City; State; Zip Code<br><b>P. O. Box 509, Waller, Texas 77484</b> | 7 Amount (\$)<br><b>318.02</b>  |
| 8 Purpose of expenditure (See instructions regarding type of information required.)<br><b>Advertising (Cards)</b> |  | 9 -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name<br>Office sought / held |
| Date<br><b>02-01-2002</b>   | Payee name<br><b>Johnson Graphics</b><br>Payee address; City; State; Zip Code<br><b>P. O. Box 509, Waller, Texas 77484</b>     | Amount (\$)<br><b>57.05</b>   |
| Purpose of expenditure (See instructions regarding type of information required.)<br><b>Advertising (Cards)</b>   |  | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name<br>Office sought / held   |
| Date<br><b>2-1-2002</b>   | Payee name<br><b>Waller Times</b><br>Payee address; City; State; Zip Code<br><b>P. O. Box 509, Waller, Texas 77484</b>         | Amount (\$)<br><b>175.00</b>  |
| Purpose of expenditure (See instructions regarding type of information required.)<br><b>Advertising-Ads</b>       |  | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name<br>Office sought / held   |
| Date<br><b>2-18-2002</b>  | Payee name<br><b>The Waller Times</b><br>Payee address; City; State; Zip Code<br><b>P. O. Box 509, Waller, Texas 77484</b>     | Amount (\$)<br><b>\$140.00</b>  |
| Purpose of expenditure (See instructions regarding type of information required.)<br><b>Advertising-Ads</b>       |  | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name<br>Office sought / held   |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)  
 Frank Pokluda, III

|  |              |               |
|--|--------------|---------------|
| 4 Date                                 | 5 Payee name | 7 Amount (\$) |
| 02-25-2002                             | Waller Times | 75.26         |
| 6 Payee address: City: State: Zip Code |              |               |
| P. O. Box 509, Waller, Texas 77484     |              |               |

|   |   |
|---|---|
| 8 Purpose of expenditure (See instructions regarding type of information required.) | 9 ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name <span style="float: right;">Office sought / held</span> |
| Advertising-Ads   |   |

|                                      |            |             |
|--------------------------------------|------------|-------------|
| Date                                 | Payee name | Amount (\$) |
|                                      |            |             |
| Payee address: City: State: Zip Code |            |             |

|   |   |
|---|---|
| Purpose of expenditure (See instructions regarding type of information required.) | ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name <span style="float: right;">Office sought / held</span> |
|   |   |

|                                      |            |             |
|--------------------------------------|------------|-------------|
| Date                                 | Payee name | Amount (\$) |
|                                      |            |             |
| Payee address: City: State: Zip Code |            |             |

|   |   |
|---|---|
| Purpose of expenditure (See instructions regarding type of information required.) | ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name <span style="float: right;">Office sought / held</span> |
|   |   |

|                                      |            |             |
|--------------------------------------|------------|-------------|
| Date                                 | Payee name | Amount (\$) |
|                                      |            |             |
| Payee address: City: State: Zip Code |            |             |

|   |   |
|---|---|
| Purpose of expenditure (See instructions regarding type of information required.) | ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name <span style="float: right;">Office sought / held</span> |
|   |   |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED