

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 # <input checked="" type="checkbox"/> (Ethics Commission filers)		2 Total pages filed: 3				
3 CANDIDATE / OFFICEHOLDER NAME		TITLE	FIRST	MI	OFFICE USE ONLY			
		NICKNAME	LAST	SUFFIX				
		Frank Pokluda, III						
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:			
		29503 F.M. 1488, Waller, Texas 77484						
5 CAMPAIGN TREASURER NAME		TITLE	FIRST	MI	Date Received			
		NICKNAME	LAST	SUFFIX	Date Hand-delivered or Date Postmarked			
		Frank Pokluda, III			Receipt #	Amount		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:			
		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"/> 15th day after campaign treasurer appointment (officemolder 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)						
9 PERIOD COVERED		Month	Day	Year	Month	Day	Year	
		02	07	2006	THROUGH	02	27	06
10 ELECTION		ELECTION DATE			ELECTION TYPE			
		Month	Day	Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special			
		03	07	2006				
11 OFFICE		OFFICE HELD (if any)			12 OFFICE SOUGHT (if known)			
		Commissioner Pct. 2			Commissioner Pct. 2			
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS		.. 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						
<input type="checkbox"/> additional pages								
GO TO PAGE 2								

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Frank Pokluda, III	15 ACCOUNT # (Ethics Commission filers)
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16 SUPPORTING POLITICAL COMMITTEE(S) <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	COMMITTEE NAME
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	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)	\$ 1700.00
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	\$

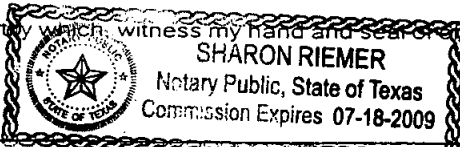
19 AFFIDAVIT

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.

Frank Pokluda III
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Frank Pokluda, III, this the 28th day of February, 2006, to certify which, witness my hand and seal of office.

	SHARON RIEMER Notary Public, State of Texas Commission Expires 07-18-2009
Signature of officer administering oath	Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages this Schedule A1:	
2 FILER NAME Frank Pokluda, III				3 ACCOUNT # (Ethics Commission filers)	
4 Date 02-15-06	5 Full name of contributor J. C. OQuin	<input type="checkbox"/> out-of-state PAC	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)	
6 Contributor address: City: State: Zip Code 26909 Kickapoo Road, Hockley, Texas 77447					
9 Principal occupation (Optional)			10 Employer (Optional)		
Date 02-22-06	Full name of contributor George Polk Cattle and Land George Polk	<input type="checkbox"/> out-of-state PAC	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)	
Contributor address: City: State: Zip Code P. O. Box 389, Waller, Texas 77484					
Principal occupation (Optional)			Employer (Optional)		
Date 02-27-06	Full name of contributor Welcome Wilson	<input type="checkbox"/> out-of-state PAC	Amount of contribution (\$) \$1000.00	In-kind contribution description (if applicable)	
Contributor address: City: State: Zip Code 5858 Westheimer, Ste., 800, Houston, Texas 77057					
Principal occupation (Optional)			Employer (Optional)		
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address: City: State: Zip Code				
Principal occupation (Optional)			Employer (Optional)		
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address: City: State: Zip Code				
Principal occupation (Optional)			Employer (Optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

