

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:**

3 CANDIDATE / OFFICEHOLDER NAME

MS (MRS) MR **MR** FIRST **PATRICIA** MI **J.**
 NICKNAME **PAT** LAST **SPADACHENE** SUFFIX

OFFICE USE ONLY

Date Received

2008 JUL -7 PM 4:16

WALLER COUNTY CLERK
ELECTION DIVISION

Date Hand-delivered or Date Postmarked

Receipt #

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
WALLER COUNTY
836 AUSTIN, #318-Hempstead, Tex 77445

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(979) 826-7735

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
 NICKNAME **BILLYE** LAST **Sherrill** SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
32214-Whitewing DR. WALLER, Texas 77484

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(936) 931-9933

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year
1 / 1 / 08 THROUGH 6 / 30 / 08

11 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE
 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any) **W.C. DISTRICT CLERK** **13 OFFICE SOUGHT (if known)** **W.C. DISTRICT CLERK**

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

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

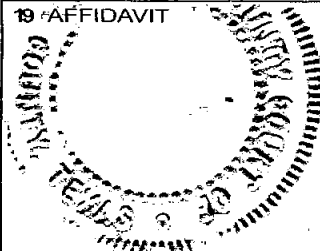
**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME	16 ACCOUNT # (Ethics Commission Filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> *additional pages	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> 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	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 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)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

19 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.

Patricia James Spadachene
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Patricia James Spadachene, this the 7th day of July, 20 08, to certify which, witness my hand and seal of office.

<i>Deborah Hollan</i> Signature of officer administering oath	Deborah Hollan Printed name of officer administering oath	Deputy County Clerk Title of officer administering oath
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