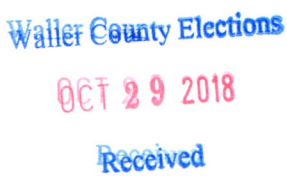


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <p style="text-align:center;">4</p>
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST                      MI Mrs.                      Barbara                      Joan	<b>OFFICE USE ONLY</b>  Date Received    Date Hand-delivered or Date Postmarked  Receipt #                      Amount \$ Date Processed Date Imaged	
	NICKNAME                      LAST                      SUFFIX Sargent		
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 1905 15th Street                      Hempstead, TX 77445		
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION ( 281 ) 387-8578		
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI Mr.                      Frank		
	NICKNAME                      LAST                      SUFFIX Kluna		
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 22214 Kmiec Road                      Hempstead, Tx                      77445		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION ( 979 ) 826-3540		
<b>9</b> 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 (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</b> PERIOD COVERED	Month                      Day                      Year                      Month                      Day                      Year 10 / 09 / 2018                      THROUGH                      10 / 27 / 2018		
<b>11</b> ELECTION	ELECTION DATE Month                      Day                      Year 11 / 06 / 2018	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	<b>12</b> OFFICE OFFICE HELD (if any)  County Treasurer	<b>13</b> OFFICE SOUGHT (if known)  County Treasurer	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

**14** C/OH NAME  
Barbara Joan Sargent

**15** Filer ID (Ethics Commission Filers)

**16** NOTICE FROM POLITICAL COMMITTEE(S)

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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

<b>17</b> CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 223.31
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 498.58
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**18** 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.

*Joan Sargent*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joan Sargent, this the 29th day of OCTOBER, 2018, to certify which, witness my hand and seal of office.

*Cindy Jones*  
Signature of officer administering oath

CINDY JONES  
Printed name of officer administering oath

NOTARY PUBLIC  
Title of officer administering oath

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> Barbara Joan Sargent		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 275.27
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

**The Instruction Guide explains how to complete this form.**

<b>1</b> Total pages Schedule F1: 1	<b>2</b> FILER NAME Barbara Joan Sargent	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/17/18	<b>5</b> Payee name The Waller Times	
<b>6</b> Amount (\$) 143.32	<b>7</b> Payee address; City; State; Zip Code 2323 Main St Waller, TX 77484	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 10/18/18	Payee name Daystar Publishing	
Amount (\$) 131.95	Payee address; City; State; Zip Code PO Box H Katy, TX 77492	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> 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**