

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u> </u> FIRST <u>Archie</u> MI <u> </u>	OFFICE USE ONLY Date Received 2015 AUG 13 PM 4:30 WALTER COUNTY ELECTIONS ADMINISTRATIONS OFFICE RECEIVED	
	NICKNAME <u>Bo</u> LAST <u>Hastaw</u> SUFFIX <u>JR</u>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
<input type="checkbox"/> Change of Address	<u>44 Windmill Dr. Hempstead, TX 77445</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u> </u> FIRST <u>Archie</u> MI <u> </u>	Date Hand-delivered or Date Permarked	
	NICKNAME <u>Bo</u> LAST <u>Hastaw</u> SUFFIX <u>JR</u>	Receipt #	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE	Amount \$	
(Residence or Business)	<u>44 Windmill Dr, Hempstead, TX 77445</u>	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Imaged	
	<u>(713) 875-9072</u>		
9 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 checked="" 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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>01 / 15 / 15</u> <u>07 / 15 / 15</u>		
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	<u>Walter County Constable Per. 1</u>		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>one</i>	2 FILER NAME <i>ARCHIE G. HASMAN, JR</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>02-02-15</i>	5 Payee name <i>HEMPSTEAD FFA</i>	
6 Amount (\$) <i>\$125.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>801 DONOHU ST, HEMPSTEAD, TX 77445</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>SPONSORSHIP</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>JUNE 2015</i>	Payee name <i>FAIRFIELD SPORTS ASSOC.</i>	
Amount (\$) <i>\$ 100.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>20310 MISTY RIVER WAY, CYPRESS, TX 77433</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>SPONSORSHIP</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought Office held

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 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 \$100 OR LESS, UNLESS ITEMIZED

\$ 225.00

4. TOTAL POLITICAL EXPENDITURES

\$ 225.00

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

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____

day of _____ 20_____, to certify which, witness my hand and seal of office

Signature of official _____ Printed name _____ Title of official administering oath _____



2015 Hempstead High School FFA Project Show Award Sponsorship Receipt

Student Name Makayla Wawarofsky

Date: 02-02-15

Name of Sponsor: Constable Bo Hashaw

Sponsorship Amount \$ _____
(\$50 minimum)

Belt Buckle Sponsorship \$ 125.⁰⁰
(\$125 per buckle)

2-4-15
CK# 10699

HISD TAX ID# 74-6001076

Thank you for your donation towards the Hempstead FFA Project Show.

**FAIRFIELD SPORTS ASSOCIATION
BASEBALL/SOFTBALL SPONSORSHIP FORM
SPRING 2015**

INSTRUCTIONS:

- Please have your team sponsor fill in the information in the space provided below.
- Please drop off or mail this completed form along with a check made out to Fairfield Sports Association, c/o 20310 Misty River Way, Cypress, Texas 77433
- **All completed forms and checks must be received by Friday, April 24, 2015**
- **Sponsorship fee is \$450.00**

Please print

TEAM NAME: Athletics

DIVISION: 4-6 Ageds

TEAM MANAGER'S NAME: Jentri Smith

COACHES NAME: Coach Broussard

SPONSOR'S NAME: Waller County ~~Constable~~ Pct. 7

ADDRESS: 846 6th St. Hempstead, TX

SPONSOR'S PHONE #: (713) 875-9072

SPONSOR'S WEBSITE: _____

SPONSOR'S SIGNATURE: _____

PRINTED NAME: Bo Hagshaw

TOTAL SPONSORSHIP AMOUNT: \$100

***** PLEASE MAKE A COPY OF THIS FORM TO USE AS YOUR RECEIPT OF PAYMENT FOR YOUR SPONSORSHIP. THANK YOU FOR YOUR SUPPORT!**