

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

|   |   |  |   |
|---|---|--|---|
| The C/OH Instruction Guide explains how to complete this form.                                  |   | <b>1 ACCOUNT #</b><br>(Ethics Commission Filers)   | <b>2 Total pages filed:</b><br><br><span style="font-size: 2em;">3</span> |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>  | MS / MRS / MR      FIRST      MI<br><i>MRS. BARBARA JOAN</i><br><small>NICKNAME      LAST      SUFFIX</small><br><br><i>SARGENT</i>   | <b>OFFICE USE ONLY</b><br>Date Received: <i>2015 JAN 14 PM 1:46</i><br>Date Hand-delivered or Postmarked: _____<br>Receipt #      Amount: _____<br>Date Processed: _____<br>Date Imaged: _____ |   |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><input type="checkbox"/> change of address | ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE<br><i>1905 15th ST, HEMPSTEAD, TX 77445</i>  |  |   |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>   | AREA CODE      PHONE NUMBER      EXTENSION<br><i>(979) 826-0448</i>   |  |   |
| <b>6 CAMPAIGN TREASURER NAME</b>  | MS / MRS / MR      FIRST      MI<br><i>MR. FRANK</i><br><small>NICKNAME      LAST      SUFFIX</small><br><br><i>KLUINA</i>  |  |   |
| <b>7 CAMPAIGN TREASURER ADDRESS</b><br>(residence or business)                                  | STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE<br><i>22214 Kmiec Rd., HEMPSTEAD, TX. 77445</i>   |  |   |
| <b>8 CAMPAIGN TREASURER PHONE</b>   | AREA CODE      PHONE NUMBER      EXTENSION<br><i>(979) 826-3540</i>   |  |   |
| <b>9 REPORT TYPE</b>  | <input checked="" 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)<br><input 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) |  |   |
| <b>10 PERIOD COVERED</b>  | Month      Day      Year      THROUGH      Month      Day      Year<br><i>07 / 01 / 2014      12 / 31 / 2014</i>  |  |   |
| <b>11 ELECTION</b>  | ELECTION DATE<br>Month      Day      Year<br><i>11 / 04 / 2014</i>  | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special                                 |   |
| <b>12 OFFICE</b>  | OFFICE HELD (if any)  | <b>13 OFFICE SOUGHT (if known)</b><br><br><i>WALLER COUNTY TREASURER</i>   |   |

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME BARBARA JOAN SARGENT 15 ACCOUNT # (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<br><br><input type="checkbox"/> SPECIFIC<br><br><input type="checkbox"/> additional pages | COMMITTEE TYPE | COMMITTEE NAME                       |
|  |                | COMMITTEE ADDRESS                    |
|  |                | COMMITTEE CAMPAIGN TREASURER NAME    |
|  |                | COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                         |   |          |
|-------------------------|---|----------|
| 17 CONTRIBUTION TOTALS  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 0.00  |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ 0.00  |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ 0.00  |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 50.00 |
| 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 19 day of JANUARY, 20 15, 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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule G:<br><i>1</i> | <b>2</b> FILER NAME<br><i>BARBARA JOAN SARGENT</i> | <b>3</b> ACCOUNT # (Ethics Commission Filers) |
|--|--|---|

|                                  |                                     |
|----------------------------------|-------------------------------------|
| <b>4</b> Date<br><i>09-29-14</i> | <b>5</b> Payee name<br><i>RWLWC</i> |
|----------------------------------|-------------------------------------|

|                                      |  |
|--------------------------------------|--|
| <b>6</b> Amount (\$)<br><i>50.00</i> | <b>7</b> Payee address; City; State; Zip Code<br><i>WALLER, TX 77484</i> |
|--------------------------------------|--|

Reimbursement from political contributions intended

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See categories listed at the top of this schedule)<br><i>EVENT EXPENSE</i> | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T)<br><i>KEEP TX RED DINNER</i> |
|---------------------------------|---|---|

|  |  |
|--|--|
| 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) Description (If travel outside of Texas, complete Schedule T) |

|  |  |
|--|--|
| 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) Description (If travel outside of Texas, complete Schedule T) |

|  |  |
|--|--|
| 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) Description (If travel outside of Texas, complete Schedule T) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED