

# 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:
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <u>MR</u> FIRST MI <i>Harold A.</i> NICKNAME LAST SUFFIX <i>Barthe</i>	OFFICE USE ONLY
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>35131 Pineridge Rd Waller, Texas 77484</i>	Date Received  Date Hand-delivered or Date Postmarked
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5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(936) 931-1285</i>	Receipt # Amount Date Processed Date Imaged
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6 CAMPAIGN TREASURER NAME	MS (MRS) / <u>MR</u> FIRST MI <i>Robenia L.</i> NICKNAME LAST SUFFIX <i>Bayer-Barthe</i>	FILED 2008 JUL 1 AM 10:09 WALLER COUNTY CLERK ELECTIONS DIVISION
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7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>35131 Pineridge Rd Waller, Texas 77484</i>	
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8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(936) 931-1285</i>	
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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 type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR)	
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10 PERIOD COVERED	Month Day Year <i>02 / 26 / 2008</i> THROUGH <i>06 / 20 / 2008</i>	Month Day Year
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11 ELECTION	ELECTION DATE Month Day Year <i>02 / 04 / 2008</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
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12 OFFICE OFFICE HELD (if any) <i>None</i>	13 OFFICE SOUGHT (if known) <i>Sheriff</i>
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14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> 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
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**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

**15 C/OH NAME** Harold A. Barthe **16 ACCOUNT # (Ethics Commission Filers)**

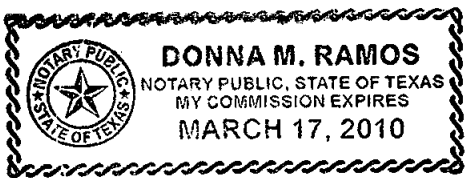
**17 NOTICE FROM POLITICAL COMMITTEE(S)**

This box is for notice of 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. \*\*

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

<b>18 CONTRIBUTION TOTALS</b>	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)	\$ 500.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 649.96
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ -0-
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**19 AFFIDAVIT**



**DONNA M. RAMOS**  
NOTARY PUBLIC, STATE OF TEXAS  
MY COMMISSION EXPIRES  
MARCH 17, 2010

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.

Harold A. Barthe  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Harold A. Barthe, this the 19 day of June, 2009, to certify which, witness my hand and seal of office.

Donna M. Ramos Donna M. Ramos Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

*Harold A. Barthe'*

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

*3-20-08*

*Harold A. Barthe'*

*\$ 649.96*

6 Payee address; City; State; Zip Code

*35131 Pineridge Rd  
Waller, Texas 77484*

8 Purpose of payment (See instructions regarding type of information required.)

*Reimbursement of expenditure from Personal Funds*  
(If travel outside of Texas, complete Schedule T)

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
 \*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

1 C/OH NAME

*Harold A. Berthe*

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

*Harold A. Berthe*

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below *only* if you are not an officeholder. \*\*

### A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

### B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

*Harold A. Berthe*

Signature of Candidate

5 OFFICEHOLDER

\*\* Complete this section *only* if you are an officeholder \*\*

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

*Harold A. Barthe*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*3-1-08*

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*Anthony W. Gomez*

7 Amount of contribution (\$)

*\$50.00*

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*4942 Lancelot Dr.*

*New Orleans, La 70127-3248*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

*Masterer*

10 Employer (See Instructions)

Date

*3-1-08*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*Trudy Barthe Charles*

Amount of contribution (\$)

*\$200.00*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*4809 Feliciana Dr.*

*New Orleans, La 70126*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Administrator*

Employer (See Instructions)

*Housing Authority New Orleans, La.*

Date

*3-1-08*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*Ruth D. Wolcher*

Amount of contribution (\$)

*\$50.00*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*1436 Leda Court*

*New Orleans, La 70119*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Retired*

Employer (See Instructions)

Date

*3-1-08*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*Earl A. Barthe*

Amount of contribution (\$)

*\$150.00*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*4700 Baccich St*

*New Orleans, La 70122*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Retired*

Employer (See Instructions)

Date

*3-1-08*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*Louise S. Barthe*

Amount of contribution (\$)

*\$50.00*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*4700 Baccich St*

*New Orleans, La 70122*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Retired*

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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