

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: 5												
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: _____ FIRST: Ralph MI: D NICKNAME: Bubba LAST: Franz SUFFIX: _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">OFFICE USE ONLY</th> </tr> <tr> <td colspan="2" style="text-align: center;">Date Received</td> </tr> <tr> <td colspan="2" style="text-align: center; vertical-align: middle;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> FILED WALLER COUNTY CLERK ELECTIONS DIVISION 2010 FEB 23 AM 7:59 </div> </td> </tr> <tr> <td style="width:50%;">Date Hand-delivered or Date Postmarked</td> <td style="width:50%;">Receipt #</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>		OFFICE USE ONLY		Date Received		<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> FILED WALLER COUNTY CLERK ELECTIONS DIVISION 2010 FEB 23 AM 7:59 </div>		Date Hand-delivered or Date Postmarked	Receipt #	Date Processed		Date Imaged	
OFFICE USE ONLY															
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Date Hand-delivered or Date Postmarked	Receipt #														
Date Processed															
Date Imaged															
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: 30109 APT / SUITE #: Fm 1488 CITY: waller STATE: TX ZIP CODE: 77484														
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (936) PHONE NUMBER: 372-2132 EXTENSION: _____														
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: _____ FIRST: Valeria MI: D NICKNAME: _____ LAST: FRANZ SUFFIX: _____														
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 30109 APT / SUITE #: Fm 1488 CITY: waller STATE: TX ZIP CODE: 77484														
8 CAMPAIGN TREASURER PHONE	AREA CODE: (936) PHONE NUMBER: 372-2132 EXTENSION: _____														
9 REPORT TYPE	<table style="width:100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<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)				
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10 PERIOD COVERED	Month Day Year: 2 / 1 / 2010 THROUGH Month Day Year: 2 / 21 / 2010														
11 ELECTION	ELECTION DATE: Month Day Year: 3 / 2 / 2010 ELECTION TYPE: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special														
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) County Judge (waller)													
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: _____														

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

15 C/OH NAME Ralph "Bubba" Franz **16 ACCOUNT # (Ethics Commission Filers)**

17 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 <input type="checkbox"/> additional pages	COMMITTEE TYPE	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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 600.
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 261.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 528.49
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

19 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.

JOANNE GREGORY
Notary Public, State of Texas
My Commission Expires
March 04, 2011

Ralph "Bubba" Franz
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ralph "Bubba" Franz, this the 23 day of Feb, 20 10, to certify which, witness my hand and seal of office.

Joanne Gregory
Signature of officer administering oath

Joanne Gregory
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>1</u>	
2 FILER NAME <u>Ralph "Bubba" Franz</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>2-10-2010</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Raba-Kistner P.A.C. Inc.</u>	7 Amount of contribution (\$) <u>\$500.</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>P.O. Box 690287 78269 San Antonio, TX</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>unknown</u>		10 Employer (See Instructions)	
Date <u>2-22-2010</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Donald Hebert</u>	Amount of contribution (\$) <u>\$100.</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>32119 Sky Lakes Dr, Waller, TX 77484</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>retired</u>		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		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.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 2
2 FILER NAME Ralph "Bubba" Franz		3 ACCOUNT # (Ethics Commission filers)
4 Date 2-2-2010	5 Payee name The Hotline Press	7 Amount (\$) \$39.
6 Payee address; City; State; Zip Code 1116 Austin St. Hempstead, TX 77445		
8 Purpose of payment (See instructions regarding type of information required.) political ad (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 2-2-2010	Payee name WC News Citizen	Amount (\$) \$91.32
Payee address; City; State; Zip Code Hempstead TX 77445		
Purpose of payment (See instructions regarding type of information required.) ad - political (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 2-9-2010	Payee name Kwik Kopy	Amount (\$) \$37.89
Payee address; City; State; Zip Code 1215-5 West Main St. Tomball TX 77375		
Purpose of payment (See instructions regarding type of information required.) cards (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 2-16-2010	Payee name Office Depot	Amount (\$) \$21.63
Payee address; City; State; Zip Code 13802 Northwestway Houston, TX 77040		
Purpose of payment (See instructions regarding type of information required.) name tag holder / supplies (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		

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 2

2 FILER NAME Ralph "Bubba" Franz 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>2-18-2010</u>	5 Payee name <u>The Times Tribune</u>	7 Amount (\$) <u>\$23.</u>
6 Payee address; City; State; Zip Code <u>Brookshire, Tx</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>political ads</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
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Date <u>2-19-2010</u>	Payee name <u>self</u>	Amount (\$) <u>\$48.69</u>
Payee address; City; State; Zip Code <u>30109 Fm 1488, Waller, Tx 77484</u>		

Purpose of payment (See instructions regarding type of information required.) <u>repay loans</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
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