

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: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <i>Mr.</i> FIRST: <i>Don</i> MI: <i>M.</i> NICKNAME: _____ LAST: <i>Garrett</i> SUFFIX: _____	OFFICE USE ONLY Date Received: _____ Date Hand-delivered or Date Postmarked: _____ Receipt # _____ Amount: _____ Date Processed: _____ Date Imaged: _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <i>28432 Hegar Rd Hockley Tx 77447</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: PHONE NUMBER: EXTENSION: <i>(936) 931-1671</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <i>Mr.</i> FIRST: <i>William</i> MI: <i>A.</i> NICKNAME: _____ LAST: <i>Herrmann</i> SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <i>37306 FM 2979 Waller TX 77484</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: PHONE NUMBER: EXTENSION: <i>(979) 826-2867</i>		
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 checked="" 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 <i>01 / 21 / 2010 02 / 20 / 2010</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>03 / 02 / 2010</i>	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) <i>-</i>	13 OFFICE SOUGHT (if known) <i>Waller County Commissioner Precinct 2</i>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** 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: _____		
<input type="checkbox"/> additional pages			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME Don M. Garrett **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. ***

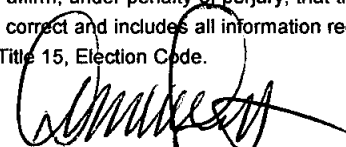
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$ <u>2950.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1350.44</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>3200.00</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>-</u>

19 AFFIDAVIT



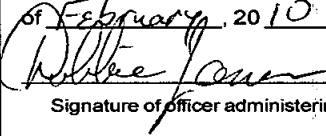
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Don M. Garrett, this the 22nd day of February, 2010, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

Debbie Jones
 Printed name of officer administering oath

Notary - State of TX
 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: 3	
2 FILER NAME Don M. Garrett		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/28/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weda + Robert Frierson	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 93 Waller, Tx 77484		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions)	
Date 2/9/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Boone Humphries Robinson LLP	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3200 Southwest Freeway, Suite 2600 Houston Tx 77027		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) LAW FIRM		Employer (See Instructions) SAME	
Date 2/9/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen M. Robinson	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 13118 Hermitage Ln. Houston Tx 77079		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) ALLEN BOONE HUMPHRIES ROBINSON LLP	
Date 2/9/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lacy A. Williams	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7 Dunnam Ln. Houston Tx 77024		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Commodities Trader		Employer (See Instructions) Self	
Date 2/9/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennie J. Agee	Amount of contribution (\$) 400.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1812 Hickory Hill Ct. Sugarland TX 77478		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Regional Director-Operating Sys		Employer (See Instructions) Severn Trent	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME Don M. Garrett		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/9/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Donellen G. Cornelius	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1660 Milford Houston TX 77006		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) CPA		10 Employer (See Instructions)	
Date 2/9/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Susan Edwards	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2015 Albans Rd. Houston Tx 77005		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) ALLEN BOON HUNPHRIES ROBINSON LLP	
Date 2/9/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James Russ	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10555 Westoffice Dr. Houston Tx 77042		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Edminster-Ninshaw-Russ	
Date 2/9/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: W. Scott Scheuermann	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4930 Winton Houston Tx 77096		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Scheuermann & Assoc.	
Date 01/29/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Republican Party of Tx - Voter Vault Staff	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable) VOTER VAULT
Contributor address; City; State; Zip Code 1105 Lavaca St. #500 Austin TX 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME Don M. Garrett		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/16/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Garrett "Trey" Duhon	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 640 Waller Tx 77484		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) ATTORNEY		10 Employer (See Instructions) self - Duhon Law Offices	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(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#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(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#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(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#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:

2

2 FILER NAME

Don M. Garrett

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/25/2010

5 Payee name

Premium GraphicX Signs

6 Payee address; City; State; Zip Code

5512 Mitchelldale Houston Tx 77092

8 Amount (\$)

309.60

7 Purpose of expenditure (See instructions regarding type of information required.)

Printing - Campaign item

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

1/27/2010

Payee name

Tomball Print + Copy

Payee address; City; State; Zip Code

28155 State Hwy 249 Tomball Tx 77375

Amount (\$)

56.83

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

Print Campaign letters

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

1/28/2010

Payee name

Tomball Print + Copy

Payee address; City; State; Zip Code

28155 State Hwy 249 Tomball Tx 77375

Amount (\$)

56.83

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

Print Campaign letters -

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

1/29/2010

Payee name

Dockley Post Office

Payee address; City; State; Zip Code

Dockley Texas 77447

Amount (\$)

225.72

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

Postage for mailout (stamps)

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

2/1/2010

Payee name

Premium GraphicX Signs

Payee address; City; State; Zip Code

5512 Mitchelldale Houston Tx 77092

Amount (\$)

244.65

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

Printing - Campaign item

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

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

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 Date 2/4/2010	5 Payee name The Walker Times 6 Payee address; City; State; Zip Code 31315 FM 2920 #19 Walker Texas 77484 7 Purpose of expenditure (See instructions regarding type of information required.) advertising (If travel outside of Texas, complete Schedule T)	8 Amount (\$) 114.75 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date 2/5/2010	Payee name The Hotline Press Payee address; City; State; Zip Code 1116 Austin St. Hempstead TX 77445 Purpose of expenditure (See instructions regarding type of information required.) advertising (If travel outside of Texas, complete Schedule T)	Amount (\$) 84.75 <input type="checkbox"/> Reimbursement from political contributions intended
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Date 2/15/2010	Payee name Premium Graphic X Signs Payee address; City; State; Zip Code 5512 Mitchelldale Houston TX 77092 Purpose of expenditure (See instructions regarding type of information required.) Printing - campaign item (If travel outside of Texas, complete Schedule T)	Amount (\$) 244.65 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date 2/19/2010	Payee name Efforts Products & Distribution, Inc Payee address; City; State; Zip Code 945 Austin Street Hempstead Tx 77445 Purpose of expenditure (See instructions regarding type of information required.) Supplies for handouts during neighborhood walks (If travel outside of Texas, complete Schedule T)	Amount (\$) 12.66 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
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