

# 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:  <div style="font-size: 2em; text-align: center;">11</div>			
3 CANDIDATE / OFFICEHOLDER NAME	TITLE Mr.	FIRST Archie	MI G.	<b>OFFICE USE ONLY</b>  Date Received   Date (hand-delivered) or Date Postmarked  <div style="font-size: 1.5em;">4-5-04</div> Receipt #      Amount  Date Processed  Date Imaged		
	NICKNAME Bo	LAST Hashaw	SUFFIX JR.			
4 CANDIDATE / OFFICEHOLDER ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY:		STATE:	ZIP CODE
	44 Windmill Dr. Hempstead TX 77445					
5 CAMPAIGN TREASURER NAME	TITLE Mr.	FIRST Archie	MI G.			
	NICKNAME Bo	LAST Hashaw	SUFFIX JR.			
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE	
	44 Windmill Dr. Hempstead, TX 77445					
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(979) 826-6432					
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" 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 checked="" type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)					
9 PERIOD COVERED	Month      Day      Year	THROUGH		Month      Day      Year		
	03 / 14 / 04      04 / 05 / 04					
10 ELECTION.	ELECTION DATE		ELECTION TYPE			
	Month      Day      Year	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special				
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)			
			Constable Pct. 1			
13 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

14 C/OH NAME

*Archie (Bo) Hashaw, Jr.*

15 ACCOUNT # (Ethics Commission files)

16 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. \*\*

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

additional pages

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 50.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 50.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 408.85

4. TOTAL POLITICAL EXPENDITURES

\$ 408.85

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ —

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.



*Archie (Bo) Hashaw Jr.*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Archie (Bo) Hashaw, Jr.*, this the *4th* day of *April*, 20 *04*, to certify which, witness my hand and seal of office.

*Melinda Z. Hashaw*  
Signature of officer administering oath

*Melinda Z. Hashaw*  
Printed name of officer administering oath

*Texas* Notary  
Title of officer administering oath

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B: 0

2 FILER NAME  
*Archie (Bo) Hasbaw, Jr.*

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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**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: 1

2 FILER NAME

*Archie (Bo) Hashaw, Jr.*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*3-15-04*

5 Full name of contributor

*Thomas Brown*

out-of-state PAC (ID#:

7 Amount of contribution (\$)

*50.00*

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*Kelly Rd. Hempstead, TX 77445*

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#:

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#:

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#:

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#:

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

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.**

**LOANS**

**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E:  0
2 FILER NAME <i>Archie (Bo) Haslow, Jr.</i>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?  Y        N	8 Lender address;    City;    State;    Zip Code	10 Interest rate
		11 Maturity date
12 Description of Collateral <input type="checkbox"/> none		
13 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	14 Name of guarantor  15 Guarantor address;    City;    State;    Zip Code	16 Amount Guaranteed (\$)
17 Principal Occupation		18 Employer
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution?  Y        N	Lender address;    City;    State;    Zip Code	Interest rate
		Maturity date
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address;    City;    State;    Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p><b>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>		

**POLITICAL EXPENDITURES**

**SCHEDULE F**

*VOID*

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: *10*

2 FILER NAME *Archie (Bo) Hasbaw, Sr.* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>3/11/04</i>	5 Payee name <i>Waller Co. Election Office</i>	7 Amount (\$) <i>30.00</i>
6 Payee address; City; State; Zip Code <i>931 5th St. Hempstead, TX 77445</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>List of Votes</i>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <i>1/3/04</i>	Payee name <i>Wal-Mart</i>	Amount (\$) <i>23.94</i>
Payee address; City; State; Zip Code <i>Hwy 290 Hempstead, TX 77445</i>		

Purpose of payment (See instructions regarding type of information required.) <i>ink jet cartridges for comp. use for flyers</i>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <i>3/16/04</i>	Payee name <i>Wal-Mart</i>	Amount (\$) <i>58.91</i>
Payee address; City; State; Zip Code <i>Hwy 290 Hempstead, TX 77445</i>		

Purpose of payment (See instructions regarding type of information required.) <i>copy paper; 2 ink jet cartridges (flyers)</i>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <i>3/12/04</i>	Payee name <i>Houston Community Newspaper</i>	Amount (\$) <i>72.50</i>
Payee address; City; State; Zip Code <i>705 12th St. Hempstead, TX 77445</i>		

Purpose of payment (See instructions regarding type of information required.) <i>newspaper ad</i>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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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

Archie (Bo) Hashaw, Jr.

3 ACCOUNT # (Ethics Commission filers)

<p>4 Date</p> <p>3/19/04</p>	<p>5 Payee name</p> <p>Hotline Press</p> <p>6 Payee address: City: State: Zip Code</p> <p>1114 Austin St, Hempstead, TX 77445</p> <p>7 Purpose of expenditure (See instructions regarding type of information required.)</p> <p>newspaper ad</p>	<p>8 Amount (\$)</p> <p>30.00</p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>3/12/04</p>	<p>Payee name</p> <p>Hotline Press</p> <p>Payee address: City: State: Zip Code</p> <p>1116 Austin St, Hempstead, TX 77445</p> <p>Purpose of expenditure (See instructions regarding type of information required.)</p> <p>newspaper ad</p>	<p>Amount (\$)</p> <p>32.50</p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>2/9/04</p>	<p>Payee name</p> <p>Hotline Press</p> <p>Payee address: City: State: Zip Code</p> <p>1116 Austin St, Hempstead, TX 77445</p> <p>Purpose of expenditure (See instructions regarding type of information required.)</p> <p>newspaper ad</p>	<p>Amount (\$)</p> <p>18.00</p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>1/24/04</p>	<p>Payee name</p> <p>Hotline Press</p> <p>Payee address: City: State: Zip Code</p> <p>1116 Austin St, Hempstead, TX 77445</p> <p>Purpose of expenditure (See instructions regarding type of information required.)</p> <p>newspaper ad</p>	<p>Amount (\$)</p> <p>18.00</p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>3/15/04</p>	<p>Payee name</p> <p>Houston Sign Co.</p> <p>Payee address: City: State: Zip Code</p> <p>5801 Chimney Rock, Houston, TX 77081</p> <p>Purpose of expenditure (See instructions regarding type of information required.)</p> <p>Signs</p>	<p>Amount (\$)</p> <p>125.00</p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>

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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: <b>2</b>
2 FILER NAME <i>Archie (Bo) Haslow, Jr.</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>3/11/04</b>	5 Payee name <i>Waller Co. Elections Office</i> 6 Payee address; City: State: Zip Code <i>931 5th St, Hempstead, TX 77445</i>	8 Amount (\$) <b>30.00</b> <input type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) <i>List of voters</i>		
Date <b>1/3/04</b>	Payee name <i>Wal-Mart</i> Payee address; City: State: Zip Code <i>Hwy 290E. Hempstead, TX 77445</i>	Amount (\$) <b>2394</b> <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <i>ink cartridges for computer use ( flyers printed )</i>		
Date <b>3/16/04</b>	Payee name <i>Wal-Mart</i> Payee address; City: State: Zip Code <i>Hwy 290 Hempstead, TX 77445</i>	Amount (\$) <b>58.91</b> <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <i>Copy paper : 2 ink jet cartridges ( flyers )</i>		
Date <b>3/12/04</b>	Payee name <i>Houston Community Newspaper</i> Payee address; City: State: Zip Code <i>1105 12th St, Hempstead, TX 77445</i>	Amount (\$) <b>72.50</b> <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <i>newspaper ad</i>		
Date	Payee name Payee address; City: State: Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.)		

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# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule H: <u>0</u>
2 FILER NAME <i>Archie (Bo) Hasbaw, Jr.</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name	7 Amount (\$)
6 Business address: City: State: Zip Code		
8 Purpose of payment (See instructions regarding type of information required.)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Business name	Amount (\$)
Business address: City: State: Zip Code		
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Business name	Amount (\$)
Business address: City: State: Zip Code		
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Business name	Amount (\$)
Business address: City: State: Zip Code		
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I: 0

2 FILER NAME  
*Archie (Bo) Haslow, Jr.*

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

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**CREDITS (optional)**

**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K: 0

2 FILER NAME

*Archie (Bo) Hasbaw, Jr.*

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	
	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	

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