

# 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> |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>                                                          | MS / MRS / MR                      FIRST                      MI<br><del>Trimm</del> Joe                      A<br>NICKNAME                      LAST                      SUFFIX<br>Trimm                      JR                                                                                                                                                                                                      | <b>OFFICE USE ONLY</b><br>Date Received<br><div style="text-align: right; font-weight: bold; color: blue;">                     2015 JAN 14 AM 11:26<br/>                     WALLER COUNTY ELECTIONS<br/>                     ADMINISTRATIONS OFFICE                 </div> 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>5960 WHISPERING LAKES DR<br>KATY TX 77493                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                          |                             |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>                                                         | AREA CODE                      PHONE NUMBER                      EXTENSION<br>(281) 391-4064                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                          |                             |
| <b>6 CAMPAIGN TREASURER NAME</b>                                                                | MS / MRS / MR                      FIRST                      MI<br>Candice                      F<br>NICKNAME                      LAST                      SUFFIX<br>Trimm                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                          |                             |
| <b>7 CAMPAIGN TREASURER ADDRESS</b><br>(residence or business)                                  | STREET ADDRESS (NO PO BOX PLEASE);                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE<br>5960 WHISPERING LAKES DR<br>KATY TX 77493                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                          |                             |
| <b>8 CAMPAIGN TREASURER PHONE</b>                                                               | AREA CODE                      PHONE NUMBER                      EXTENSION<br>(281) 391-4064                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                          |                             |
| <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>7 / 15 / 14                      1 / 15 / 15                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                          |                             |
| <b>11 ELECTION</b>                                                                              | ELECTION DATE<br>Month                      Day                      Year<br>11 / 6 / 12                                                                                                                                                                                                                                                                                                                                | 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)<br>CONSTABLE PCT 4<br>Waller CO,                                                                                                                                                                                                                                                                                                                                                                   | <b>13 OFFICE SOUGHT (if known)</b>                                                                                                                                                                                                                                                                                                                                                       |                             |
| <b>GO TO PAGE 2</b>                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                          |                             |

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

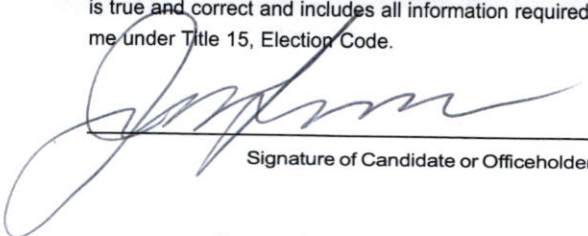
|              |                                         |
|--------------|-----------------------------------------|
| 14 C/OH NAME | 15 ACCOUNT # (Ethics Commission Filers) |
|--------------|-----------------------------------------|

|                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                         |                                      |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><input type="checkbox"/> additional pages | 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                                                                                                                                                                                                                                                                                                               | 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 |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ 0 |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED                                                     | \$ 0 |
|                         | 4. TOTAL POLITICAL EXPENDITURES                                                                                       | \$ 0 |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ 0 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ 0 |

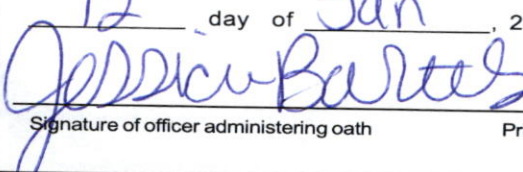
**18 AFFIDAVIT**


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.

  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joel A. Trimm Jr, this the 12 day of Jan, 20 15, to certify which, witness my hand and seal of office.

  
 \_\_\_\_\_  
 Signature of officer administering oath

  
 \_\_\_\_\_  
 Printed name of officer administering oath

\_\_\_\_\_  
 Title of officer administering oath



Constable Joe Trimm  
Waller County Precinct 4  
PO Box 389  
Pattison, Texas 77466

RECEIVED  
WALLER COUNTY ELECTIONS  
ADMINISTRATIONS OFFICE

2015 JAN 14 AM 11:24

NORTH HOUSTON TX 77060

12 JAN 2015 PM 5 L



Jenifer Deatrach  
Waller County Clerk's Office  
836 Austin St #103  
Hampstead TX 77445

77445467128

