

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 <u>J</u> FIRST <u>Melinda</u> MI <u>Z.</u> | OFFICE USE ONLY |
| | NICKNAME LAST SUFFIX <u>Hashaw</u> | |

| | | |
|---|--|--|
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE | Date Hand-delivered or Date Postmarked |
| | <u>44 Windmill Dr, Hempstead TX 77445</u> | <u>2010 APR 5 PM 4:16</u> |

| | | | |
|---|----------------------------------|-----------|--------|
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION | Receipt # | Amount |
| | <u>(979) 826-6432</u> | | |

| | | |
|----------------------------------|---|----------------|
| 6 CAMPAIGN TREASURER NAME | MS/MRS/MR <u>B</u> FIRST <u>Beth</u> MI <u>B.</u> | Date Processed |
| | NICKNAME LAST SUFFIX <u>Ewing</u> | Date Imaged |

| | |
|--|---|
| 7 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE |
| | <u>131 Pin Oak Ln, Hempstead, TX 77445</u> |

| | |
|-----------------------------------|----------------------------------|
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION |
| | <u>(979) 645-0441</u> |

| | | | | |
|----------------------|-------------------------------------|---|---|--|
| 9 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 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 |
| | <u>02 / 23 / 10</u> | | <u>04 / 05 / 10</u> |

| | | |
|--------------------|------------------------------------|---|
| 11 ELECTION | ELECTION DATE | ELECTION TYPE |
| | Month Day Year <u>04 / 13 / 10</u> | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special |

| | | |
|------------------|----------------------|---|
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) |
| | | <u>Waller Co. Justice of The Peace, Prec. 1</u> |

| | | |
|--|---|--|
| 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 | |

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Melinda Z. Hashaw

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. --

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

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

\$ *40.00*

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

\$ *40.00*

EXPENDITURE TOTALS

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

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *380.41*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

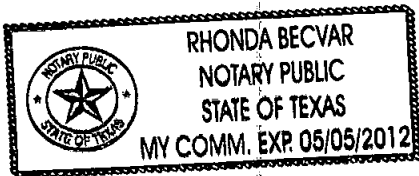
\$ *96.00*

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.

Melinda Z. Hashaw
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Melinda Z. Hashaw, this the 5th day of April, 20 10, to certify which, witness my hand and seal of office.

Rhonda Becvar
Signature of officer administering oath

Rhonda Becvar
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule F: <u>1</u> |
| 2 FILER NAME <i>Melinda Z. Hashaw</i> | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date <i>3/1/10</i> | 5 Payee name <i>More Than Signs</i> | 7 Amount (\$) <i>45.47</i> |
| 6 Payee address; City; State; Zip Code <i>54171 Hwy 290, Hempstead, TX 77445</i> | | |
| 8 Purpose of payment (See instructions regarding type of information required.) <i>T-Shirts</i> <small>(If travel outside of Texas, complete Schedule T)</small> | | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date <i>3/9/10</i> | Payee name <i>Waller Co. New Citizen</i> | Amount (\$) <i>148.40</i> |
| Payee address; City; State; Zip Code <i>705 12th, Hempstead, TX 77445</i> | | |
| Purpose of payment (See instructions regarding type of information required.) <i>Political Newspaper Ad</i> <small>(If travel outside of Texas, complete Schedule T)</small> | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date <i>3/16/10</i> | Payee name <i>The Hotline Press</i> | Amount (\$) <i>150.00</i> |
| Payee address; City; State; Zip Code <i>1116 Austin St, Hempstead, TX 77445</i> | | |
| Purpose of payment (See instructions regarding type of information required.) <i>Political Newspaper Ad</i> <small>(If travel outside of Texas, complete Schedule T)</small> | | ** 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.) <small>(If travel outside of Texas, complete Schedule T)</small> | | ** 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 MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME

Melinda Z. Hashaw

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/31/10

5 Payee name

Waller Co. News Citizen

6 Payee address; City; State; Zip Code

4705 12th St, Hempstead, TX 77445

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

Political Ad
(If travel outside of Texas, complete Schedule T)

8 Amount (\$)

30.44

Reimbursement from political contributions intended

Date

3/8/10

Payee name

Waller Co. Tax Collector

Payee address; City; State; Zip Code

130 9th St, Hempstead, TX 77445

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

Voter Registration Information Request
(If travel outside of Texas, complete Schedule T)

Amount (\$)

6.10

Reimbursement from political contributions intended

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 (\$)

Reimbursement from political contributions intended

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 (\$)

Reimbursement from political contributions intended

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 (\$)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|--|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: <u>2</u> | |
| 2 FILER NAME <i>Melinda Hasbrow</i> | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date <i>3/16/10</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lupe Carpenter</i> | 7 Amount of contribution (\$) <i>40.⁰⁰</i> | 8 In-kind contribution description (if applicable) <i>cash</i> |
| 6 Contributor address; City; State; Zip Code <i>44 999 Cory Ln, Hempstead, TX 77445</i> | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) <i>Hair Dresser</i> | | 10 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) | |
| 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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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.