

# 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 #<br>(Ethics Commission Filers)   | 2 Total pages filed:<br><br><b>2</b>   |                          |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br><b>MR.</b><br>NICKNAME  | FIRST<br><b>Odis</b><br>LAST<br><b>Styers</b>   | MI<br><br>SUFFIX<br><b>III</b>   |                          |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address                   | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><b>P.O. Box 557<br/>Hempstead, TX 77445</b>  |   | <div style="border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b><br/><br/>                 Date Received<br/><br/>                 Date Hand-delivered or Date Postmarked<br/><br/>                 Receipt #      Amount<br/><br/>                 Date Processed<br/><br/>                 Date Imaged<br/><br/> <b>FILED<br/>WALLER COUNTY CLERK<br/>ELECTIONS DIVISION<br/>2010 JUL 15 PM 1:55</b> </div> |                          |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE<br><b>(936)</b>  | PHONE NUMBER<br><b>870</b>  |  | EXTENSION<br><b>5112</b> |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR<br><b>MRS.</b><br>NICKNAME   | FIRST<br><b>Susan</b><br>LAST<br><b>Styers</b>  |  | MI<br><br>SUFFIX         |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><b>37484 FM 1736 Hempstead TX 77445</b>   |   |  |                          |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE<br><b>(979)</b>  | PHONE NUMBER<br><b>826 6791</b>   | EXTENSION  |                          |
| 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)<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) |   |  |                          |
| 10 PERIOD COVERED  | Month    Day    Year    THROUGH    Month    Day    Year<br><b>Jan / 1 / 2010    June / 30 / 2010</b>   |   |  |                          |
| 11 ELECTION  | ELECTION DATE<br>Month    Day    Year<br><b>  /  /  </b>   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special |  |                          |
| 12 OFFICE  | OFFICE HELD (if any)<br><b>Waller Co. Commissioner (Att #)</b>   | 13 OFFICE SOUGHT (if known)   |  |                          |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS<br><br><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.<br><br>Name<br><br>Address / PO Box; Apt. / Suite #; City; State; Zip Code   |   |  |                          |
| <b>GO TO PAGE 2</b>  |  |   |  |                          |

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

**15 C/OH NAME** Odis Styers III **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<br><br><input type="checkbox"/> SPECIFIC<br><br><input type="checkbox"/> additional pages | COMMITTEE TYPE | COMMITTEE NAME                       |
|  |                | COMMITTEE ADDRESS                    |
|  |                | COMMITTEE CAMPAIGN TREASURER NAME    |
|  |                | COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                                |   |  |
|--------------------------------|---|--|
| <b>18 CONTRIBUTION TOTALS</b>  | 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)                                  | \$ —                                     |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED  | \$ —                                     |
|                                | 4. TOTAL POLITICAL EXPENDITURES   | \$ —                                     |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ 11,925. <sup>00</sup> / <sub>XX</sub> |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ 8,799.33                              |

**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]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Odis Styers III, this the 14<sup>th</sup> day of July, 20 10, to certify which, witness my hand and seal of office.

|   |  |                                     |
|---|--|-------------------------------------|
| <u>Shelly Lane</u>                      | <u>Shelly Lane</u>                         | <u>Notary Public</u>                |
| Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath |