

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:**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
	NICKNAME	LAST	SUFFIX		
Louise Avery				Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
22501 Kmiec Rd. Hempstead, Tx. 77445					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Submitted	Amount
(979) 826-6981				Receipt #	Amount
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Processed	
	NICKNAME	LAST	SUFFIX	Date Imaged	
Freddie Avery					

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
 22501 Kmiec Rd. Hempstead, Tx. 77445

8 CAMPAIGN TREASURER PHONE
 AREA CODE PHONE NUMBER EXTENSION
 (979) 826-6981

9 REPORT TYPE

January 15
 30th day before election
 Runoff
 15th day after campaign treasurer appointment (officeholder only)

July 15
 8th day before election
 Exceeded \$500 limit
 Final report (Attach C/OH - FR)

10 PERIOD COVERED
 Month Day Year THROUGH Month Day Year
 7 / 30 / 09 12 / 31 / 09

11 ELECTION

ELECTION DATE: Month Day Year ELECTION TYPE:

3 / 2 / 2010
 Primary
 Runoff
 General
 Special

12 OFFICE OFFICE HELD (if any) **13 OFFICE SOUGHT (if known)**
 County Clerk

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 Louise Avery 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

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. ****

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	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	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 100.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 170.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,624.27
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 175.95
OUTSTANDING LOAN TOTALS	6. 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.

Louise Avery
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said LOUISE AVERY, this the 14th day of JANUARY, 2010, to certify which, witness my hand and seal of office.

Lora Wasicek LORA WASICEK
Signature of officer administering oath Printed name of officer administering oath



LORA ANN WASICEK
Notary Public, State of Texas
Commission Expires 11-19-2011

**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 <i>Louise Avery</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>9/29/09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lora Wasicsek</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>850 Peebles St., Hempstead, Tx. 77445</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Clerk</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)
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)
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)
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)
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:	
2 FILER NAME <i>Louise Avery</i>		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$ <i>2,970.22</i>	
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 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input type="checkbox"/> none			
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor		18 Amount Guaranteed (\$)
		17 Guarantor address; City; State; Zip Code	
19 Principal Occupation		20 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	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
		Guarantor address; City; State; Zip Code	
Principal Occupation		Employer	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.			

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:

3

2 FILER NAME

Louise Avery

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/8/09

5 Payee name

Johnson Graphics

6 Payee address; City; State; Zip Code

P.O. Box 509 Waller, Tx. 77484

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

Campaign Materials (Cards)
(If travel outside of Texas, complete Schedule T)

8 Amount (\$)

75.78

Reimbursement from political contributions intended

Date

9/9/09

Payee name

Standley Int.

Payee address; City; State; Zip Code

54171 Hwy 290 Hempstead, Tx. 77445

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

Campaign Materials (Signs)
(If travel outside of Texas, complete Schedule T)

Amount (\$)

53.04

Reimbursement from political contributions intended

Date

10/6/09

Payee name

More Than Signs

Payee address; City; State; Zip Code

54171 Hwy 290 Hempstead, Tx. 77445

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

Campaign Signs
(If travel outside of Texas, complete Schedule T)

Amount (\$)

379.11

Reimbursement from political contributions intended

Date

10/13/09

Payee name

More Than Signs

Payee address; City; State; Zip Code

54171 Hwy 290 Hempstead, Tx. 77445

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

Campaign Signs
(If travel outside of Texas, complete Schedule T)

Amount (\$)

560.84

Reimbursement from political contributions intended

Date

10/17/09

Payee name

Rolling Hills VFD

Payee address; City; State; Zip Code

FM 1736 Hempstead, Tx. 77445

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

Donation
(If travel outside of Texas, complete Schedule T)

Amount (\$)

75.00

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:

3

2 FILER NAME

Louise Avery

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/17/09

5 Payee name
Pattison United Methodist Church

6 Payee address; City; State; Zip Code
Hwy 359 at Ave H, Pattison, Tx. 77466

8 Amount (\$)
\$ 80.00

7 Purpose of expenditure (See instructions regarding type of information required.)
Donation
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date
10/18/09

Payee name
St. Katharine Drexel Catholic Church

Payee address; City; State; Zip Code
800 FM 1489, Hempstead, Tx. 77445

Amount (\$)
\$ 62.00

Purpose of expenditure (See instructions regarding type of information required.)
Donation
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date
10/24/09

Payee name
Brookshire Vol. Fire Dept.

Payee address; City; State; Zip Code
P.O. Box 1425, Brookshire, Tx. 77423

Amount (\$)
\$ 60.00

Purpose of expenditure (See instructions regarding type of information required.)
Donation
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date
10/25/09

Payee name
Sacred Heart Catholic Church

Payee address; City; State; Zip Code
FM 359, Pattison, Tx.

Amount (\$)
\$ 110.00

Purpose of expenditure (See instructions regarding type of information required.)
Donation
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date
10/24/09

Payee name
Holleman PTO

Payee address; City; State; Zip Code
2200 Brazel, Waller, Tx. 77484

Amount (\$)
\$ 260.00

Purpose of expenditure (See instructions regarding type of information required.)
Donation
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

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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:

3

2 FILER NAME

Louise Avery

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/11/09

5 Payee name

The Waller Times

6 Payee address; City; State; Zip Code

40344 Hwy. 290 Bus., Waller, Tx. 77484

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

Advertisement

(If travel outside of Texas, complete Schedule T)

8 Amount (\$)

\$ 76.50

Reimbursement from political contributions intended

Date

11/12/09

Payee name

First United Methodist Church

Payee address; City; State; Zip Code

1010 7th Street; Hempstead, Tx. 77445

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

Contribution

(If travel outside of Texas, complete Schedule T)

Amount (\$)

\$ 82.00

Reimbursement from political contributions intended

Date

12/3/09

Payee name

Waller County Republican Party

Payee address; City; State; Zip Code

P.O. Box 697, Pattison, Tx. 77466

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

Candidate Filing Fee

(If travel outside of Texas, complete Schedule T)

Amount (\$)

\$ 750.00

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

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