

# 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> (Ethics Commission filers)	<b>2 Total pages filed:</b>  <div style="font-size: 2em; text-align: center;">7</div>							
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>  Date Received  2010 FEB 22 AM 11:33 FILED WALLER COUNTY CLERK ELECTIONS DIVISION						
	Louise		LAST		SUFFIX					
Avery										
Nickname										
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE					
22501 Kmiec Rd., Hempstead, Tx. 77445										
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION							
	(979)	826-6981								
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR	FIRST	MI							
	Freddie		LAST	SUFFIX						
Avery										
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE									
22501 Kmiec Rd., Hempstead, Tx. 77445										
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION							
	(979)	826-6981								
<b>9 REPORT TYPE</b>	<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)									
	<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)									
<b>10 PERIOD COVERED</b>	Month	Day	Year	THROUGH	Month	Day	Year			
	2	/	1	/	2010	2	/	21	/	2010
<b>11 ELECTION</b>	ELECTION DATE			ELECTION TYPE						
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special						
	2	/	2	/	2010					
<b>12 OFFICE</b>	OFFICE HELD (if any)			<b>13 OFFICE SOUGHT (if known)</b>						
				Waller County Clerks						
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <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									
<b>GO TO PAGE 2</b>										

**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)

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  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	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	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 350.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,612.07
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-

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Louise Avery, this the 22 day of February 2010, to certify which, witness my hand and seal of office.

Kelly Sue Springer  
Signature of officer administering oath

KELLY SPRINGER  
Printed name of officer administering oath

ASST. BRANCH MANAGER  
Title of officer administering oath

# 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>2/2/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sandra Brown</i>	7 Amount of contribution (\$) <i>\$150.00</i>	8 In-kind contribution description (if applicable) <i>Campaign Materials</i>
6 Contributor address; City; State; Zip Code <i>40834 Kelly Rd., Hempstead, Tx. 77445</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>2/2/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gary Gostecnik</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable) <i>Campaign Materials</i>
Contributor address; City; State; Zip Code <i>P.O. Box 361 San Felipe, Tx. 77473</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/2/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Deborah S. Flint</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable) <i>Campaign Materials</i>
Contributor address; City; State; Zip Code <i>P.O. Box 240 Waller, Tx. 77484</i>		(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#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(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#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
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: <b>1</b>	
2 FILER NAME <i>Louise Avery</i>		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒			\$ <i>2,000.<sup>00</sup></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 files)

4 Date

2/2/10

5 Payee name

Computer Solutions

6 Payee address; City; State; Zip Code

225 Bus. Hwy. 290, Hempstead, Tx. 77445

8 Amount (\$)

\$ 146.41

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

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

Reimbursement from political contributions intended

Date

2/5/10

Payee name

Casa for Kids

Payee address; City; State; Zip Code

206 E. Alamo  
Brenham, Tx. 77833

Amount (\$)

\$ 150.00

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

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

Reimbursement from political contributions intended

Date

2/5/10

Payee name

The Hotline Press

Payee address; City; State; Zip Code

1116 Austin St.  
Hempstead, Tx. 77445

Amount (\$)

\$ 32.50

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

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

Reimbursement from political contributions intended

Date

2/5/10

Payee name

The Waller Times

Payee address; City; State; Zip Code

P.O. Box 509  
Waller, Tx. 77484

Amount (\$)

\$ 249.64

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

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

Reimbursement from political contributions intended

Date

2/5/10

Payee name

Waller County News Citizen

Payee address; City; State; Zip Code

705 12th St.  
Hempstead, Tx. 77445

Amount (\$)

\$ 136.98

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

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

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 files)

4 Date

2/6/10

5 Payee name

Knights of Columbus

6 Payee address; City: State: Zip Code

22892 Mack Washington Ln.  
Hempstead, Tx. 77445

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

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

8 Amount (\$)

\$ 53.00

Reimbursement from political contributions intended

Date

2/8/10

Payee name

Computer Solutions

Payee address; City: State: Zip Code

225 Bus. Hwy. 290  
Hempstead, Tx. 77445

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

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

Amount (\$)

\$ 97.41

Reimbursement from political contributions intended

Date

2/12/10

Payee name

The Hotline Press

Payee address; City: State: Zip Code

1116 Austin St.  
Hempstead, Tx. 77445

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

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

Amount (\$)

\$ 65.00

Reimbursement from political contributions intended

Date

2/19/10

Payee name

Waller Co. News Citizen

Payee address; City: State: Zip Code

705 12th St.  
Hempstead, Tx. 77445

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

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

Amount (\$)

\$ 91.32

Reimbursement from political contributions intended

Date

2/19/10

Payee name

Computer Solutions

Payee address; City: State: Zip Code

225 Bus. Hwy. 290  
Hempstead, Tx. 77445

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

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

Amount (\$)

\$ 254.39

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

2/8/10

5 Payee name

U.S. Postal Service

6 Payee address; City; State; Zip Code

901 12th St.  
Hempstead, Tx. 77445

8 Amount (\$)

\$ 1,562.00

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

Campaign Mailout  
(If travel outside of Texas, complete Schedule T) Reimbursement from political contributions intended

Date

2/11/10

Payee name

Office Depot

Payee address; City; State; Zip Code

25821 NW Frwy., Cypress, Tx. 77429

Amount (\$)

\$ 109.33

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

Campaign Materials  
(If travel outside of Texas, complete Schedule T) Reimbursement from political contributions intended

Date

2/20/10

Payee name

Waller Lions Club

Payee address; City; State; Zip Code

2007 Waller St.  
Waller, Tx. 77484

Amount (\$)

\$ 175.00

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

Contribution - Donation  
(If travel outside of Texas, complete Schedule T) Reimbursement from political contributions intended

Date

2/1/10

Payee name

Price Rite Company

Payee address; City; State; Zip Code

8400 Univ. Dr.  
Tamarac, Fl. 33321

Amount (\$)

\$ 369.50

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

Campaign Materials  
(If travel outside of Texas, complete Schedule T) Reimbursement from political contributions intended

Date

2/2/10

Payee name

Las Fuentes Mexican Rest.

Payee address; City; State; Zip Code

601 10th St.  
Hempstead, Tx. 77445

Amount (\$)

\$ 119.39

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

Campaign - Misc.  
(If travel outside of Texas, complete Schedule T) Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED