	TE / OFFICEHOLDER	FORM C/C
CAMPAIG	N FINANCE REPORT	COVER SHEET PO
The C/OH INSTRUCTS this form.	M GUIDE explains how to complete (Ethics Commission filers)	2 Total pages filed:)
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI JERON M.	
	BARNETT	*
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT/SUITE #: CITY: STATE: ZIP CC P.O. BOX 2571 PRAVELE VIEW, TX	Date Hand-delivered or Date Postm
5 CANDIDATE/ OFFICEHOLDER PHONE		1.15.04 Receipt # Amount
6 CAMPAIGN TREASURER NAME	MESMIRS/MR FIRST MI Shiela NICKNAME LAST SUFFIC	Date Processed Date Imaged
	MARTIN	
7 CAMPAIGN TREASURER ADDRESS (Residence or <u>business</u>)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #. CITY: STATE 24361 RICHARDS RD Hempster	d, TK 27445
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 483-8900	
9 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasu appointment (officeholder only)
	July 15 8th day before election Exceeded \$500 lin	mit Final report (Atlach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month	15/04
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year 03/09/04 Primary Runoff	General Specia
12 OFFICE	N-A COUNT	(E KNOWN) Y, Sheriff (WA
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	 Direct campaign expenditures are campaign expenditures made by others without Candidates are required to disclose this information only if they receive notification of 	the candidate's prior consent or approval.
	Name N - A Address / PO Box; Apt. / Suite #; City; State; Zip Code	
additional pages		

SUPPORT		SEHOLDER REPORT:	Cov	FORM C/ /ER SHEET P
15 CIOH NAME JERON	m. B	ARNETT	16ACO	OUNT# (Ethics Commissic
17 NOTICE FROM POLITICAL	may have been made	tice of political expenditures by political committees to support the without the candidate's or afficeholder's knowledge or consent. Ca I they receive notice of such expenditures. ••	andidate / offic ndidates and of	eholder. These expendit ficeholders are required t
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC			
🔲 addižional pages		COMMITTEE CAMPAIGN TREASURER NAME		·
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM		N-A ¢
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	ØØ
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITE	MIZED \$	ØØ
	4. TOTAL	POLITICAL EXPENDITURES	\$	1;25000
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY	ØØ
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O Y OF THE REPORTING PERIOD	F THE \$	ØØ
19 AFFIDAVIT	LELA LOE NOTARY PUI STATE OF TE EXPIRES: 10-2	BLIC is use and correct and includes EXAS me under Title 15, Election Cod	all informatio	
AFFIX NOTARY STAMP		he said JERON BARNETT	andidate or O	154

-	CAL EXPENDITURES FROM PERSONAL FUNDS		SCHEDUI
The Instruction	I GUIDE explains how to complete this form.	1 Total pages Schedul	e G:
2 FILER NAMI		3 ACCOUNT # (Ethics	Commission filers)
4 Date 0 -02-04	5 Payee name JERON BARNETT 6 Payee address; City; State; Zip Code P.O. Box 2571 PRAIRIE VIEW;	Tx. 77446	Amoun (\$)
	7 Purpose of expenditure (See instructions regarding type of information re CANDIDATE Filing FEE	· · · · · · · · · · · · · · · · · · ·	Reimburser from politics contribution intended
Date 01-09-04	Payee name JERON BARNETT Payee address; City; State; Zip Code P.O. BOX 2571 PRAVRIE VIEW, TX		Amoun (\$) 2 00 ⁹³
	Purpose of expenditure (See instructions regarding type of information re Polifical ADVERTISING	equired.)	Reimbursen from politice contribution intended
Date	Payee name Payee address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	Amoun (\$)
	Purpose of expenditure (See instructions regarding type of information re	equired.)	Reimbursen from politice contribution intended
Date	Payee name Payee address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	Amoun (\$)
	Purpose of expenditure (See instructions regarding type of information n	equired.)	Reimbursen from politics contribution intended
Date	Payee name Payee address; City; State; Zip Code	•••••	Amoun (\$)
	Purpose of expenditure (See instructions regarding type of information re	equired.)	Reimbursen from politics contribution intended
	ATTACH ADDITIONAL COPIES OF THIS FORM		intended

	NDIDATE / OFFICEHOLDER REPORT: FORM C/OH - F SIGNATION OF FINAL REPORT
The Ir •• Cor	nstruction Guide explains how to complete this form. nplete only if "Report Type" on page 1 is marked "Final Report" **
C/OHI	NAME 2 ACCOUNT # (Ellhics Commissient)
SIGN	ATURE
a rep	not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designation or as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign treasurer appointment on file.
	Signature of Candidate / Officeholder
	R WHO IS NOT AN OFFICEHOLDER
+ con	aplete A & B below <i>only</i> if you are not an officeholder. ↔
Α.	CAMPAIGN FUNDS
Chec	k only one:
	I do not have unexpended contributions or unexpended interest or income earned from political contributions.
	I have unexpended contributions or unexpended interest or income earned from political contributions. Hunderstand that I may convert unexpended political contributions or unexpended interest or income earned on political contributions to personal us also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contribution or unexpended interest or income earned on political contributions longer than six years after filing this final report. Furth- understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.
В.	ASSETS
Chec	k only one:
	I do not retain assets purchased with political contributions or interest or other income from political contributions.
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand the may not convert assets purchased with political contributions or interest or other income from political contributions to persouse. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirement Election Code, § 254.204.
	ΛΙ Λ.
	Signature of Candidate
	CEHOLDER plete this section <i>only</i> if you are an officeholder ~
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain asso purchased with political contributions or interest or other income from political contributions.

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