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	TE / OFFICEHOLDER		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		
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY		
OFFICEHOLDER NAME	NICKNAME JERON	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / POBOX; APT/SUITE #; CITY; 24361 RICHARDS Rd.	APT/SUITE #; CITY; STATE; ZIP CODE			
ADDRESS	Hempstead, TX. 774				
5 CANDIDATE/ OFFICEHOLDER PHONE	area code phone number (936) 857 327/	EXTENSION	Date Processed		
6 CAMPAIGN TREASURER NAME	NICKNAME FIRST NICKNAME LAST BARNETT		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE); APT/SUITE #; 24361 RichARDS RJ Hempsterd, TX. 7744		ZIP CODE		
8 CAMPAIGN TREASURER PHONE	area code phone number (832) 483 8900	EXTENSION			
9 REPORT TYPE	January 15 30th day before election	Exceeded \$500	15th day after campaign treasurer appointment (officeholder onty) Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 4 /29 / 12 THROUGH	Month Day 5 / 22,	 		
11 ELECTION	Month ELECTION DATE ELECTION TYPE Day Year To 729/12 Primary	Runofi 🗌	General Special		
12 OFFICE		13 OFFICE SOUGHT (IT KNOWN COUNTY CO	WALLER MISSIONER RT3		
	GO TO PAG	E2			
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	CAL CONTRIBUTIONS				
The instruction Guide explains how to complete this form.			1 Total pages Schedule A:		
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)	
	RON M. BARNETT			p	
4 Date	5 Full name of contributor □out-of-state PAC (ID#_ Bills Fp 07.1FR)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
05/01/12		· · · · · · · · · · · ·	100 00	1	
	48639 HWY 290 Bus. HempSterds, TX. 77445	-	(If travel outside	 of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) 10 Employer (See I					
Date	Full name of contributor 🔲 out-of-state PAC (ID#:	>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
N-A	Contributor address; City; State; Zip Code			 	
			(If travel outside	of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See			
Date	Full name of contributor 🔲 out-of-state PAC (ID#:)	Amount of	In-kind contribution	
W-A	Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)	
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)	
		Employer (See	manucions)		
Date	Full name of contributor 📋 out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)	
N-A	Contributor address; City; State; Zip Code			 	
			(If travel outside)	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I			
Date	Full name of contributor Out-of-state PAC (ID#:)		Amount of contribution (\$)	In-kind contribution description (if applicable)	
N.A	Contributor address; City; State; Zip Code				
			(If travel outside	l of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.					

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CANDIDAT SUPPORT		CEHOLDER REPORT: S	FORM C/OH Cover Sheet pg 2		
14 C/OH NAME	n M.	BARNETT	5 ACCOUNT # (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	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	COMMITTEE ADDRESS			
	SPECIFIC				
additional pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZEI	□ \$ Ø		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10000		
EXPENDITURE TOTALS					
	4. TOTAL	POLITICAL EXPENDITURES	\$ 2,700 00		
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	^{AY} \$		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	^{1E} \$		
18 AFFIDAVIT	DENA NOL	is true and correct and includes all in me under Title 15, Election Code.	perjury, that the accompanying report nformation required to be reported by		
AFFIX NOTARY STAM	Notary Publ STATE OF TE My Comm. Bp. Docum	AS Signature of Candi	idate or Officeholder		
Sworn to and subs	scribed before	me, by the said $$, by the said $$, to certify which, witness m	and and seal of office		
Deray	Wan	Dena Nalan	Notary		
Signature of officer admin	nistering oath	Printed name of officer administering oath	Title of officer administering oath		

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