

# 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  
NICKNAME LAST SUFFIX  
*Harold A.*

**OFFICE USE ONLY**

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

RECEIVED  
 WALLER COUNTY CLERK  
 ELECTIONS DIVISION  
 2008 JAN 14 PM 4:56

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS  
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
*35131 Pineridge Rd  
Waller, Texas 77484*

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
*(936) 931-1285*

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
NICKNAME LAST SUFFIX  
*Robenia L.*

*Boyer - Barthe*

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
*35131 Pineridge Rd  
Waller, Texas 77484*

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
*(936) 931-1285*

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  
*12 / 28 / 2007       12 / 31 / 2007*

11 ELECTION

ELECTION DATE    ELECTION TYPE  
Month Day Year  
*03 / 04 / 2008*     Primary     Runoff     General     Special

12 OFFICE

OFFICE HELD (if any)

*NONE*

13 OFFICE SOUGHT (if known)

*Sheriff*

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 Harold A. Barthe 16 ACCOUNT # (Ethics Commission Filer)

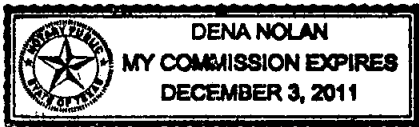
17 NOTICE FROM POLITICAL COMMITTEE(S)

This box is for notice of political expenditures 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 |

|                         |   |           |
|-------------------------|---|-----------|
| 18 CONTRIBUTION TOTALS  | 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)                                  | \$        |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED  | \$        |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 750.00 |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$        |
| 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.

Harold A. Barthe  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Harold A. Barthe, this the 14<sup>th</sup> day of January 20 08, to certify which, witness my hand and seal of office.

Dena Nolan  
Signature of officer administering oath

Dena Nolan  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME

*Harold A. Barthé*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*12/28/2007*

5 Payee name

*Waller County Republican Party*

6 Payee address; City; State; Zip Code

*P.O. Box 697  
Patterson, TX 77466*

8 Amount (\$)

*\$ 750.00*

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

*Filing Fee*  
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED