

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-6800 1-800-325-8506

# 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: <b>2</b>
--	---	----------------------------------

3 CANDIDATE / OFFICEHOLDER NAME	TITLE <b>Judge</b> FIRST <b>Dewayne E.</b> MI	OFFICE USE ONLY
	NICKNAME LAST SUFFIX	

4 CANDIDATE / OFFICEHOLDER ADDRESS <input checked="" type="checkbox"/> Change of Address	ADDRESS / PO BOX: <b>21403 Briar Meadow</b> APT / SUITE # CITY: <b>Hempstead TX</b> STATE: ZIP CODE <b>77445</b>	Date Hand-delivered / Date Postmarked <b>1.17.04</b>
		Receipt # Amount

5 CAMPAIGN TREASURER NAME	TITLE FIRST MI <b>Amy Charleston</b>	Date Processed
	NICKNAME LAST SUFFIX	Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
	<b>21403 Briar Meadow, Hempstead, TX 77445</b>

7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION
	<b>(936) 857-3343</b>

8 REPORT TYPE	<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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 6th day before election <input type="checkbox"/> Exceeded \$900 limit <input type="checkbox"/> Final report (Attach C/OH - FR)
---------------	---

9 PERIOD COVERED	Month Day Year THROUGH Month Day Year
	<b>7 / 16 / 2002 THROUGH 1 / 15 / 04</b>

10 ELECTION	ELECTION DATE (Month Day Year) ELECTION TYPE
	<b>1 / 1 /</b> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special

11 OFFICE	OFFICE HELD (if any)    12 OFFICE SOUGHT (if known)
	<b>Justice of the Peace #3</b>

13 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

**GO TO PAGE 2**

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

*Dewayne Charleston*

15 ACCOUNT # (Ethics Commission filers)

16 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. \*\**

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

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)

\$ 0-

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0-

4. TOTAL POLITICAL EXPENDITURES

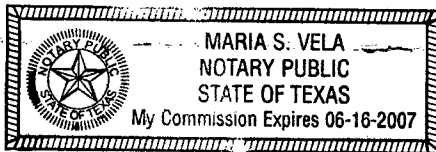
\$ 0-

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0-

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.

*[Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dewayne Charleston, this the 16<sup>th</sup> day of January, 20 04, to certify which, witness my hand and seal of office.

*Maria S. Vela*

Signature of officer administering oath

Maria S. Vela

Printed name of officer administering oath

Clerk

Title of officer administering oath