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: 2				
3 CANDIDATE / OFFICEHOLDER	MS/MRS (MR) FIRST MI VENUETH C	OFFICE USE ONLY		
NAME ⁻	NICKNAME LAST SUFFIX ENLOW	· Date Received		
4 CANDIDATÉ / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 39128 WEST DR HEMPSTEAD, TX.	Date Hand-delivered or Date Postmarked		
Change of Address	77445			
5 CANDIDATE/	AREA CODE PHONE NUMBER EXTENSION	Receipt # Amount		
OFFICEHOLDER PHONE	(281) 802-2967	Date Processed		
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST MI	Date Imaged Se CC		
NAME	NICKNAME LAST SUFFIX	<u> </u>		
.7	*,	2 000		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	S DIVIS		
8 CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION	2: OFF		
TREASURER PHONE	()	7 -3		
9 REPORTTYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (officeholder only)		
	July 15 Sth day before election Exceeded \$500 limit	Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH 1/14/	Year 08		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year			
	3 /4 /08 Primary Runoff	General Special		
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if km²)	2-2		
14 NOTICE OF DIRECT CAMPAIGN	 Direct campaign expenditures are campaign expenditures made by others without Candidates are required to disclose this information only if they receive notification of 	the ca addate's prior consent or approval. If the direct rampaign expenditure.		
EXPENDITURE BY OTHER INDIVIDUALS	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

	<u></u>			
15 C/OH NAME			ACCOUNT # (Ethics Commission Filers)	
17 NOTICE FROM POLITICAL	•• 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(S)		COMMITTEE NAME		
	COMMITTEE TYPE			
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		. *		
	GENERAL	COMMITTEE ADDRESS		
		COMMITTEE ADDRESS		
	SPECIFIC			
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additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages				
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		COMMITTEE CAMPAIGN TREASURER ADDRESS		
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40			1	
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	
•	2 TOTAL	POLITICAL CONTRIBUTIONS		
		POLITICAL CONTRIBUTIONS		
	(OTHER	THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ ()	
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	
			- X	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 375.00	
CONTRIBUTION	5. TOTAL F	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY	• .	
BALANCE		ORTING PERIOD	\$	
			ΙΨ	
			<u> </u>	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$	
19 AFFIDAVIT	MILLER	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	k	
	WY SUE	Lawar or offirm under panelty		
	1/2/	I swear, or affirm, under penalty o	n k npanving locort	
•	SALATON	is true and correct and includes all	\n\ i i i i i i i i i i i i i to be reported by	
•	= o D	me under Title 15, Election Code.		
	= 134V		Joan More burners or approved.	
	OF TEXA	o : No	of Mi	
	- On TAIRES .	Services C. V.	yww	
	STACOF TEXA	Signature of Candidate	e 6r Officeholder	
AFFIX NOTARY STAMP / SEAL ABOVE!!!				
AFFIX NOTARY STAMP / SEAL ABOVE 111				
Sworn to and subscribed before me, by the said APIII I THE CITCUM, this the day				
of Shill Out of Shill is to certify which, witness my hand and seal of office.				
CX. IVINULTULLI NIMUL IN DILLICILLA I NOCK I (NIKI)				
Signature of officer administering oath Printed name of officer administering oath Ititle of officer administering oath				
Signature of officer at	iministering oath	Printed name of office administering oath Unitle o	f officer administering oath	