CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION this form.	N GUIDE explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS (MR) FIRST Archie	G.	OFFICE USE ONLY
NAME	NICKNAME LAST BO Hashaw	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / POBOX: APT / SUITE #: C	ompstead, TX 17445	Date Frand-delivered or Date Postmarked
5	AREA CODE PHONE NUMBER (979) 826-6432	EXTENSION	ROFCEALONED
6 CAMPAIGN TREASURER NAME	MS/MRS (MR) Archie NICKNAME LAST BO HOSMUS	Suffix	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI	TE#; CITY; STATE;	zip code 17445
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (979) 826-6432	EXTENSION	
9 REPORTTYPE	January 15 30th day before election July 15 8th day before election		15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 10 / 02 / 04 THROU	ugh 10 /21 /	/ 0 /
11 ELECTION	ELECTION DATE Month Day Year Primary		General Special
12 OFFICE	Pct. 1 Constable (app	13 OFFICE SOUGHT (If known	Constalle
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER	Direct campaign expenditures are campaign expe Candidates are required to disclose this information of Name	anditures made by others without the cand	fidate's prior consent or approval.
INDIVIDUALS	Address / PO Box; Apt. / Suite #; City; State;	Zip Code	
additional pages			

POLITICAL EXPENDITURES

SCHEDULE G

MADE	FROM PERSONAL FUNDS		
The Instruction	idule G:		
2 FILER NAM Archil	(Bo) B. Hashaw, Jr.	3 ACCOUNT # (Eth	hics Commission filers)
4 Date	S. Peryee name The Hotline Press 6 Payee address: City: State: Zip Code 1116 Austin St., Hempstead, Tr 17445		8 Amount (\$) # Lo O.
	Purpose of expenditure (See instructions regarding type of information requi	Reimbursement from political contributions intended	
Date	Payee name Payee address; City: State; Zip Code	Amount (\$)	
	Purpose of expenditure (See instructions regarding type of information requi	Reimbursement from political contributions intended	
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information requi	ired.)	Reimbursement from political contributions intended
Date	Payee name		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information requ	uired.)	Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information requ	ired.)	Reimbursement from political contributions intended
	ATTACH ADDITIONAL COPIES OF THIS FORM AS	S NEEDED	-

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	schie (B) Hashaw, Ir.	16ACCOUNT # (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 TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC				
additional pages		COMMITTEE CAMPAIGN TREASURER NAME			
	COMMITTEE CAMPAIGN TREASURER ADDRESS				
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0		
1		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0		
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZI	\$ 6		
	4. TOTAL POLITICAL EXPENDITURES		\$ 0		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA DRTING PERIOD	* \$ Ø		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD	\$ \$		
19 AFFIDAVIT		ψ- 1 ξ	f		
		I swear, or affirm, under penalty of p	perjury, that the accompanying report		
MEI	INDA Z. HASHAW	1 700 45 50 0 0	nformation required to be reported by		
Nota M	ry Public, State of Text y Commission Expires	is it is the critical trial to, include:			
Main Maria	October 30, 2005	Archie (Bo) of	Jashaw Jr.		
AFFIX NOTARY STAMP / SEAL ABOVE (Bo)					
Sworn to and subscribed before me, by the said $\frac{Archie}{Archie}$ (. Hashaw, T , this the $\frac{2157}{21}$ day of $\frac{Defoker}{Defoker}$, 20 $\frac{D^4}{Defoker}$, to certify which, witness my hand and seal of office.					
Melinly 3 Phasher Melinda I. Hashaw Texas Watari					
Signature of officer ad	ministering oath	Printed name of officer admirfistering oath Tit	le of officer administering oath		