

# 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
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> (MR)	FIRST RUSSELL	MI E.
	NICKNAME	LAST KLECKA	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE
	25442 CURTIS RD WALLER TEXAS		77484
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(936)	931-3600	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> (MR)	FIRST LINDA	MI J.
	NICKNAME	LAST KLECKA	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY: STATE: ZIP CODE
	25442 CURTIS RD. WALLER TEXAS		77484
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(936)	931-3600	
9 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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	2	/ 02	/ 2010
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
3		/ 02	/ 2010
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
			WALLER COUNTY, JUSTICE OF THE PEACE, PCT 2
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	** 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			

OFFICE USE ONLY

Date Received

2010 FEB 9 PM 12:51

FILED  
WALLER COUNTY CLERK  
ELECTIONS DIVISION

Date Hand-delivered or Date Postmarked

Receipt #      Amount

Date Processed

Date Imaged

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME RUSSELL E. KLECKA 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

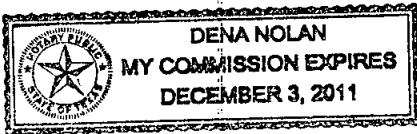
→ This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	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	\$ 709.87
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.



Russell E Klecka  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Russell E. Klecka this the 19 day of Feb, 20 10, 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: <b>1</b>
2 FILER NAME <b>RUSSELL E. KLECKA</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>2-3-2010</b>	5 Payee name <b>RUSSELL ERNEST KLECKA</b> 6 Payee address; City; State; Zip Code <b>25442 CURTIS RD. WALLER, TEXAS 77484</b>	8 Amount (\$) <b>548.31</b>  <input type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) <b>POLITICAL SIGNS</b> (If travel outside of Texas, complete Schedule T)		
Date <b>2-6-2010</b>	Payee name <b>RUSSELL ERNEST KLECKA</b> Payee address; City; State; Zip Code <b>25442 CURTIS RD. WALLER, TEXAS 77484</b>	Amount (\$) <b>72.70</b>  <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <b>METAL T-POSTS, PLASTIC STRAPS</b> (If travel outside of Texas, complete Schedule T)		
Date <b>2-10-2010</b>	Payee name <b>RUSSELL ERNEST KLECKA</b> Payee address; City; State; Zip Code <b>25442 CURTIS RD WALLER, TEXAS 77484</b>	Amount (\$) <b>26.04</b>  <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <b>PLYWOOD, WOOD SCREWS</b> (If travel outside of Texas, complete Schedule T)		
Date <b>2-17-2010</b>	Payee name <b>RUSSELL ERNEST KLECKA</b> Payee address; City; State; Zip Code <b>25442 CURTIS RD WALLER, TEXAS 77484</b>	Amount (\$) <b>62.79</b>  <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <b>BIOGRAPHY HANDOUTS</b> (If travel outside of Texas, complete Schedule T)		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED