CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:		
The C/OH Instruction G	uide explains how to complete this form.	(Einics Commission ners)	6		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MR. MORRIS	MI L	OFFICE USE ONLY		
17 011	NICKNAME LAST OVERSTR	SUFFIX	Date Received 25/07 at CHERYL PETERS, COUNTY CLERK		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	-	CITY; STATE: ZIP CODE LAIRIE VIEW, TX 77446	Date Hand-delivered or Date Postmarked		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (979) 399-0029	EXTENSION	Receipt # Amount Date Processed		
GAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI DR. FRANK T NICKNAME LAST SUFFIX HAWKINS				
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SU 200 WILLIAMS ST.	ITE#; CITY; STATE;	ZIP CODE W, TX 77446		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (936) 857-3538				
9 REPORTTYPE	January 15 30th day before election July 15 8th day before election		Exceeded \$500 limit 15th day after campaign treasurer appointment (officeholder only)		
10 PERIOD COVERED	Month Day Year THRC	Month Day	Year		
11 ELECTION	ELECTION DATE Month Day Year 11 2006 Primary		General Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If know) CIPI MINAL DIS	TRUT ATTORNEY		
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	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. **				
BY OTHER INDIVIDUALS	Name				
additional pages	Address / PO Box; Apt. / Suite #: City; State;	Zip Code			
	. GO ТО	PAGE 2	,		

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

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 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 TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
additional pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN THEASURER ADDRESS			
		COMMINITIES CAMIFAIGHT I PREASURER AUURESS			
18 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED				
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 3100.00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		\$		
	4. TOTAL POLITICAL EXPENDITURES		\$ 3254 92		
CONTRIBUTION BALANCE	l	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D ORTING PERIOD	\$2128.10		
OUTSTANDING LOAN TOTALS	Į.	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	#E \$ 0		
19 AFFIDAVIT					
SHELYTHA R. ALEXANDER Notary Public, State of Texas My Commission Expires August 09, 2010 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 18, Election Code. Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP / SEAL ABOVE					
14	_	the said MORRIS L. OVERSTREET	_, this the 15TH day		
CO A A A	10 <u>07</u> , to cer	rtify which, witness my hand and seal of office.			
Signature of officer ad	ministering oath	Printed name of officer administering oath T	itle of officer administering oath		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

∌Box 12070

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:		
2 FILER NAME			3 ACCOUNT# (Eth	ics Commission filers)	
Morris L. Overstreet					
4 Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of	8 In-kind contribution	
	CHARLES HERRING		contribution (\$)	description (if applicable)	
11-01-2006	6 Contributor address; City; State; Zip Code				
	1204 CASTLE HILL, AUSTIN, TX 78703		1		
		40 F	(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions) 10 Employer (See In			Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)	
11-03-2006	FREDERICK B. HOWDEN		0011010011 (4)		
11 02 200	Contributor address; City; State; Zip Code		\$100.00		
	5015 WATERBECK, FULGHER	r.Tx			
:	JOID WIN TOTAL TOTAL	77441	(16 Annual mutatele a	of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See		or rexas, complete scriedule 1)	
SALESMA	J	CAMA MA	eketing		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution	
11-04-2006	RICHARD SCOTT		contribution (\$)	description (if applicable)	
11-04-2006	Contributor address; City; State; Zip Code		\$200.00		
	BOX 12341, AUSTIN, TX 78711		200*		
	pop 125 (1) Masterial		(16 turn of control of c	of Toyon complete Schodule T	
Principal occu	pation / Job title (See Instructions)	Employer (See	1	of Texas, complete Schedule T)	
ATIORNE	'r	. , ,	<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution	
1) 04 0006	AL GREEN		contribution (\$)	description (if applicable)	
11-04-2006	Contributor address; City; State; Zip Code		\$500°°		
	4615 SOUTHWEST FWY, HO	ISTON TY	*266"		
	4413 JULIAWESI TWY, 110.	77027		J	
Principal occu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)	
ATTORNEY	padent, deb ade (ede medaenene)	Zimpioyai (300			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution	
	WILLIAM BOWDEN		contribution (\$)	description (if applicable)	
11-04-2006	Contributor address; City; State; Zip Code		- 00		
			⁴ 500.	1	
	ODESSA, TX		464	Towns complete Sets date =	
Principal occu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)	
ATTORNEY					
•	•				

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:		
2 FILER NAME			3 ACCOUNT # (Ethics Commission filers)		
MORRIS L. OVERSTREET			,	,	
_			7	A to bind contribution	
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
11-06-2006	RICKY ANDERSON 6 Contributor address; City; State; Zip Code		\$500°°	 -	
	7322 SW FWY, HOUSTON, TX 77074			! 	
			L	of Texas, complete Schedule T)	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	nstructions)		
Date	Full name of contributor		Amount of	In-kind contribution	
11-06-2006	JAMES M- DOUGLAS		contribution (\$)	description (if applicable)	
11-08-2008	Contributor address; City; State; Zip Code		\$500.°°		
	5318 CALHOUN, HOUSTON,		1 200.		
	,		(If travel outside (of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See I		rexas, complete schedule 1)	
ATTORNE	4				
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution	
tl. Al. Jacob	BRIAN OVERSTREET		contribution (\$)	description (if applicable)	
11-06-2006	Contributor address; City; State; Zip Code		\$500°°]	
	1314 TEXAS AVE, House	N, TX		' 	
		777002	(If travel outside	of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date					
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code			 	
			///		
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)	
	paner, see his (ese histacione)	Employer (ddc 1	nondobons)		
Date	Full name of contributor	1	Amount of	In-kind contribution	
			contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code			· 	
				' 	
			(If travel outside o	of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See I			
	· · · · · · · · · · · · · · · · · · ·				

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruct	ion Guide explains how to complete this form.		1 Total pages	Total pages Schedule F:		
2 FILER NAME MORRIS L. OVERSTREET			3 ACCOUNT # (Ethics Commission filers)			
4 Date 10-30-200b	PRAIRIE VIEW ALUMUI AS 6 Payee address; City; State; Zip Code PRAIRIE VIEW, TX 774			7 Amount (\$) \$72.00		
required.) GAME	ment (See instructions regarding type of information TICKETS e of Texas, complete Schedule T)	9 ·· Complete if di Candidate / Officeholder i	•	to benefit C/OH ** Office sought Office held		
Date 11-03-2006	Payee name Home Town HARDWARE Payee address; City; State; Zip Code 2906 Hwy. 290, WALLE	n, Tx 7748	4	Amount (\$) 92 \$132		
required.) Mi	ment (See instructions regarding type of information ETAL POST e of Texas, complete Schedule T)	•• Complete if di Candidate / Officeholder i	•	office sought Office held		
Date	Payee name	AD, TX 7744	5	Amount (\$) \$\\$500.00		
required.) CONSUL	ment (See instructions regarding type of information TANT FEES ide of Texas, complete Schedule T)	•• Complete if di Candidate / Officeholder (•	e to benefit C/OH •• Office sought Office held		
Date	Payee name HERSHELL SMITH Payee address; City; State; Zip Code 1220 4st. St., HEMPSTEAD,	Tx 77445		Amount (\$)		
required.) CONSULYA	ment (See instructions regarding type of information NT TEES e of Texas, complete Schedule T)	•• Complete if di Candidate / Officeholder i	-	e to benefit C/OH Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED						

Texas Ethics C	ommission 🖟 🊅 Box 12070 Austin, To	exas 78711-207 🔞	(512) 463-5800	1-800-325-8506
POLITIC	CAL EXPENDITURES		so	CHEDULE F
The Instruct	tion Guide explains how to complete this form.		1 Total pages Schedule	F:
2 FILER NAME HORRIS			3 ACCOUNT # (Ethics C	ommission filers)
4 Date	5 Payee name COYOTE CAFE 6 Payee address; City; State; Zip Code HWY. 1488, HEMPSTEAD,		#20	Amount (\$) O O O
required.) ROOM	rment (See instructions regarding type of information RENTAL le of Texas, complete Schedule T)	9 ·· Complete if d Candidate / Officeholder	irect expenditure to benefit name Office soug	
Date	Payee name MARIAN MAIWEATHER Payee address; City; State; Zip Code HEMPSTEAD 1 TX 77445		\$12	Amount (\$)
CAFERIN	rment (See instructions regarding type of information G e of Texas, complete Schedule T)	•• Complete if d Candidate / Officeholder	irect expenditure to benefit name Office soug	
Date 11-08-2006	Payee name ADVANTAGE COMMUNICATIONS Payee address; City; State; Zip Code 4301 ALMEDA DRIVE, Hou	510N, TX 170	004 \$102	Amount (\$)
required.) ADVERTI	ment (See instructions regarding type of information SING ide of Texas, complete Schedule T)	•• Complete if d Candidate / Officeholder	irect expenditure to benefit name Office soug	
Date	Payee name Payee address; City; State; Zip Code			Amount (\$)
required.)	ment (See instructions regarding type of information le of Texas, complete Schedule T)	Complete if d Candidate / Officeholder	lirect expenditure to benefit name Office soug	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED