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	CANDIDATE / OFFICEHOLDER NAME	County Clerk Cheryl J	OFFICE USE ONLY				
	- 1 St. 11 W Figure	NICKNAME LAST SUFFIX	Date Receive				
		Peters	anu -				
4	CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX. APT / SUITE #: CITY STATE. ZIP CODE	7.15.02				
	ADDRESS	38479 FM 1488 Rd. Hempstead TX 77445	Date Hand-delivered of Date Postmarked				
	Change of Address						
5	CAMPAIGN TREASURER	TITLE FIRST MI					
	NAME	Kicky L.	Receipt = Amount				
	•	NICKNAME LAST SUFFIX Peters	Date Processed				
			Date Imaged				
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE.	ZIP CODE				
	ADDRESS (Residence or business)	38479 FM1488 Rd. Hempstead TX 77	7445				
_	CAMPAIGN TREASURER	AREA CODE: PHONE NUMBER EXTENSION	4				
	PHONE	(979) 826-3/01					
8	REPORT.TYPE	January 15 30th day before election Runoff 15th day after campaign ireasurer appointment (officenoider only)					
		July 15 8th day before election Exceeded S500 limit	Final report (Attach C/OH - FR)				
9	PERIOD COVERED	Month Day Year Month Day Year THROUGH					
		Jan 15/02 July 15/02					
10	ELECTION	ELECTION DATE ELECTION TYPE Month Day Year					
		NOV 03 02	General . Special				
11	OFFICE	Waller County Clerk County	Clerk				
13	CAMPAIGN Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval.						
	EXPENDITURE BY OTHER	Candidates are required to disclose this information only if they receive notification of the direct of	ampaign expenditure				
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

				· · · · · · · · · · · · · · · · · ·			
74	C/OH NAME	very / Pe	ters	15 ACCOUNT #(Ethics Commission filers)			
16	SUPPORTING POLITICAL COMMITTEE(S)	This listing includes 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				
		GENERAL	COMMITTEE ADDRESS	·			
		SPECIFIC					
		_	COMMITTEE CAMPAIGN TREASURER NAME				
	additional pages	e le					
		i	COMMITTEE CAMPAIGN TREASURER ADDRESS				
		•		·			
17	NO REPORTABLE	/	1				
.,	ACTIVITY	Check here if no reportable activity occurred during this reporting period. (Sign afficient below and submit pages 1 and 2 only.)					
18	CONTRIBUTION TOTALS	1. TOTAL : PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S. LOANS), UNLESS ITEMIZED	S			
			POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	S			
:	EXPENDITURE TOTALS .	3. TOTAL F	OTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$				
	٠.	4. TOTAL	POLITICAL EXPENDITURES	\$			
	OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y 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.							
	Signature of Candidate or Officeholder						
AFFIX NOTARY STAMP / SEAL ABOVE							
Sworn to and subscribed before me, by the said <u>CHERYL</u> <u>IPETERS</u> , this the <u>8+3</u> day							
July 20 07 T, to certify which, witness my hand and seal of office LORA WASICEK							
NOTARY PUBLIC STATE OF TEXAS							
Signature of officer administering oath Printed name of officer administering oath Printed name of officer administering oath							