## 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 /<br>OFFICEHOLDER<br>NAME                | NICKNAME AND AST SUFFIX  | OFFICE USE ONLY  Date Received  Teceived   |  |  |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>ADDRESS             | ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE   | 7-16-2057 OH  Date: Hand-delivered or Date Postmarked  |  |  |
| Change of Address                                    | Hempstead, TV 77445  | 1  |  |  |
| 5 CAMPAIGN<br>TREASURER<br>NAME                      | NICKNAME LAST SUFFIX   | Receipt # Amount  Date Processed  Date Imaged  |  |  |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#: CITY; STATE: 40757 Holit Hempstrad, Th. 77445   | ZIP CODE   |  |  |
| 7 CAMPAIGN<br>TREASURER<br>PHONE                     | AREA CODE PHONE NUMBER EXTENSION (979) P26-2170  |  |  |  |
| 8 REPORT TYPE  | January 15 30th day before election Runoff  July 15 8th day before election Exceeded \$500 limit   | 15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR) |  |  |
| 9 PERIOD<br>COVERED                                  | Month Day Year Month Day  01 / 01 / 07 THROUGH 06 / 30   | /o7  |  |  |
| 10 ELECTION.   | ELECTION DATE  Month Day Year  Primary Runoff  | General Special  |  |  |
| 11 OFFICE  | OFFICE HELD (if any)  12 OFFICE SOUGHT (if known   | vn)  |  |  |
| 13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE             | Direct campaign expenditures are campaign expenditures made by others without the ca<br>Candidates are required to disclose this information only if they receive notification of the direction. | ndidate's prior consent or approval.<br>ect campaign expenditure. **                               |  |  |
| BY OTHER<br>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

| Δ  |  |  |  |  |
|--|--|--|--|--|
| 14 C/OH NAME   | dy Sm  | ith  | 15 ACCOUNT #(Ethics Commission filers)                                       |  |
| 16 NOTICE<br>FROM<br>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 SPECIFIC   | COMMITTEE ADDRESS  |  |  |
| gddillonal pages   |  | COMMITTEE CAMPAIGN TREASURER NAME  |  |  |
|  |  | COMMITTEE CAMPAIGN TREASURER ADDRESS   |  |  |
| 17 NO REPORTABLE<br>ACTIVITY   |  | no reportable activity occurred during this reporting period. (Sign affidavit b                            | elow and submit pages 1 and 2 only.)   |  |
| 18 CONTRIBUTION<br>TOTALS  |  | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN<br>ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED |  |  |
|  |  | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                       | \$ 2   |  |
| EXPENDITURE<br>TOTALS  | 3. TOTAL   | POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZ  | SED \$   |  |
| <u>.</u>   | 4. TOTAL   | . POLITICAL EXPENDITURES   | \$   |  |
| OUTSTANDING<br>LOAN TOTALS   |  | PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T<br>AY OF THE REPORTING PERIOD                            | **************************************                                       |  |
| 19 AFFIDAVIT   |  |  |  |  |
| · ·  |  | · · · · · · · · · · · · · · · · · · ·  | perjury, that the accompanying report information required to be reported by |  |
| AMANDA RUTI.EDGE Signature of Cendidate or Officeholder  |  |  |  |  |
| 6) 1 3 76 7 1  | NRY PUBLIC<br>E OF TEXAS<br>科學智慧 1468-2007   |  | -  |  |
| Sworn to and subscribed before me, by the said Robert Manual Manu |  |  |  |  |
| Signature of officer a   | dministering oath  | Amanda Cutted & Printed name of officer administering oath   | Title of officer administrating oath   |  |