

# 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: <span style="font-size: 2em; margin-left: 20px;">2</span>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST <span style="font-size: 1.5em; margin-left: 20px;">DUKE</span>	MI <span style="font-size: 1.5em; margin-left: 20px;">ALI</span>
	NICKNAME <span style="font-size: 1.5em; margin-left: 20px;">SHARRIFF-BEY</span>	LAST <span style="font-size: 1.5em; margin-left: 20px;">SHARRIFF-BEY</span>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY:
	STATE:	ZIP CODE	
		<span style="font-size: 1.5em;">12620 FM 1887 HEMPSTEAD, TX 77445</span>	
OFFICE USE ONLY Date Received <span style="font-size: 1.2em;">Rec'd. 2/13/07</span> FILED CHERYL PETERS, COUNTY CLERK WALLER COUNTY, TEXAS BY <span style="font-size: 1.2em;">[Signature]</span> DEPUTY Date Hand-delivered or Date Postmarked Receipt #      Amount Date Processed Date Imaged			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<span style="font-size: 1.5em;">(979)</span>	<span style="font-size: 1.5em;">826</span>	<span style="font-size: 1.5em;">7637</span>
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST <span style="font-size: 1.5em; margin-left: 20px;">GLORIA</span>	MI
	NICKNAME <span style="font-size: 1.5em; margin-left: 20px;">ADAMS</span>	LAST <span style="font-size: 1.5em; margin-left: 20px;">ADAMS</span>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:
	STATE:	ZIP CODE	
		<span style="font-size: 1.5em;">1840 3<sup>rd</sup> st HEMPSTEAD, TX 77445</span>	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<span style="font-size: 1.5em;">(979)</span>	<span style="font-size: 1.5em;">826</span>	<span style="font-size: 1.5em;">9596</span>
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
10 PERIOD COVERED	Month	Day	Year
	<span style="font-size: 1.5em;">07</span>	<span style="font-size: 1.5em;">16</span>	<span style="font-size: 1.5em;">06</span>
THROUGH		Month	Day
		<span style="font-size: 1.5em;">12</span>	<span style="font-size: 1.5em;">31</span>
		<span style="font-size: 1.5em;">06</span>	
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	<span style="font-size: 1.5em;">01</span>	<span style="font-size: 1.5em;">01</span>	<span style="font-size: 1.5em;">05</span>
		<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	<span style="font-size: 1.5em;">CONSTABLE Pct 3</span>	<span style="font-size: 1.5em;">N/A</span>	
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 <span style="font-size: 1.5em; margin-left: 20px;">N/A</span>		
	Address / PO Box:    Apt. / Suite #:    City:    State:    Zip Code		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME N/A 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

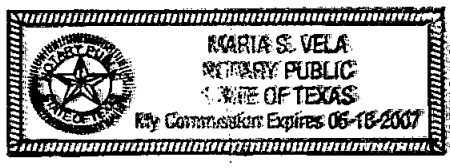
**\*\* This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they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

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE  COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS
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additional pages

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0
	4. TOTAL POLITICAL EXPENDITURES	\$	0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0

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.

*Duke A. Shariff Bey*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Duke A. Shariff Bey, this the 12<sup>th</sup> day of Feb, 20 07, to certify which, witness my hand and seal of office.

*M S Vela*  
Signature of officer administering oath

Maria S. Vela  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath