

**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 MS/MRS/MR FIRST *PATRICIA* MI *JAMES*
NICKNAME *SPADARHENE* LAST SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
WALLER COUNTY
 Change of Address *836 AUSTIN # 318 - HEMPSTEAD, TEX.* *77445*

5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION
(979) 866-7735

6 CAMPAIGN TREASURER NAME MS/MRS/MR FIRST MI
NICKNAME *Billye* LAST SUFFIX *Sherrill*

7 CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
32214 - White Wing Dr. - Waller, TEXAS *77484*

8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION
(936) 931-9933

9 REPORT TYPE
 January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED Month Day Year THROUGH Month Day Year
07/01/08 *01/07/09*

11 ELECTION ELECTION DATE: Month Day Year ELECTION TYPE: Primary Runoff General Special

12 OFFICE OFFICE HELD (if any) **13 OFFICE SOUGHT (if known)**
WALLER COUNTY - DISTRICT CLERK *W.C. DISTRICT CLERK*

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
 ** 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 _____

OFFICE USE ONLY

Date Received: **2009 JAN - 7 PM 2:07**

Date Hand-delivered or Date Postmarked: _____

Receipt # _____ Amount _____

Date Processed _____

Date Imaged _____

FILED
WALLER COUNTY CLERK
ELECTIONS DIVISION

GO TO 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 COMMITTEE(S)

** 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	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

\$ 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



AFFIX NOTARY STAMP AND SEAL ABOVE

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.

Patricia James Spadachene
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Patricia James Spadachene, this the 7th day of January, 20 09, to certify which, witness my hand and seal of office.

Deborah Hollan
Signature of officer administering oath

Deborah Hollan
Printed name of officer administering oath

Deputy County Clerk
Title of officer administering oath