| CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT | | | | | FORM C/OH COVER SHEET PG 1 | | |
|---|--|---|----------------------------------|---------------------------------------|---|-------------|--|
| The C/OH Instruction C | uide explains how to comple | | ACCOUNT# (Ethics Commission f | | al pages filed: | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MR. DO | IS IS VERS | s 711 | | OFFICE USE ON aceived | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS PO BOX; APT/SUITE P.D.BOX 557 | #: CITY: | trad TX | P CODE | nd-delivered or Date Pos | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUI (99%) 870- | mber -5/12 | EXTENSION | Receip | # Amount | ISTON | |
| ⁶ CAMPAIGN TREASURER NAME | NICKNAME | st 15an st YERS | | · · · · · · · · · · · · · · · · · · · | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEA P.D. BOX 557 31484 FMIN | SE); APT / SUITE #; | city: s empstead | TATE: ZIP CC | DE 77445 | | |
| CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUI (979) \$26- | MBER -6791 | EXTENSION | | | | |
| REPORT TYPE | | day before election ay before election | Runoff Exceeded \$50 | L ap | h day after campaign trea pointment (officeholder on) al report (Attach C/QH - FF | (v | |
| IO PERIOD COVERED | Month Day Year 12 / 10 / 01 | THROUGH | Month | 0ay Yea | | | |
| 11 ELECTION | ELECTION DATE Month Day Year 03/04/2008 | ELECTION TYPE | Runoff | General | Spei | cial | |
| 2 OFFICE | OFFICE HELD (if any) | | 13 OFFICE SOUCE | | imer Pot | #1 | |
| 4 NOTICE OF DIRECT CAMPAIGN EXPENDITURE | Direct campaign expenditures Candidates are required to disclo | are campaign expe se this information of | nditures made by othe | ers without the candi | date's prior consent or | r approval. | |
| BY OTHER INDIVIDUALS | Name | | | | | | |
| additional pages | Address / PO Box; Apt. / Suite #; C | ity; State; Ζiρ Ci | 2006 | | | | |
| | | | ······· | | | | |

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Revised 09/01/2007

Texas Ethics Commission P.O.3-

an an

Austin, Texas 78711-2070

1-800-325-8506

(512) 463-5800

| CANDIDA SUPPORT | FORM C/OH Cover Sheet pg 2 | | |
|--|-------------------------------|---|--|
| 15 C/OH NAME | Odis S | tyers III | 16 ACCOUNT # (Ethics Commission Filers) |
| 17 NOTICE FROM POLITICAL COMMITTEE(S) | may have been made | ice of political expenditures by political committees to support the without the candidate's or officeholder's knowledge or consent. C they receive notice of such expenditures. •• | candidate / officeholder. These expenditures andidates and officeholders are required to report |
| | COMMITTEE TYPE | COMMITTEE NAME | |
| | GENERAL | COMMITTEE ADDRESS | |
| additional pages | | COMMITTEE CAMPAIGN TREASURER NAME | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |
| 18 CONTRIBUTION TOTALS | | OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER T S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM | |
| | 2. TOTAL (OTHER | \$ | |
| EXPENDITURE TOTALS | 3. TOTAL P | OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS IT | S |
| | 4. TOTAL | POLITICAL EXPENDITURES | \$ |
| CONTRIBUTION BALANCE | 5. TOTAL P OF REPC | ST DAY | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL P LAST DA | DF THE \$ 6,846.81 | |
| AFFIX NOTARY STAMP | bed before me, by t | is true and correct and include me under Title 15, Election Co | ty of perjury, that the accompanying report s all information required to be reported by |
| Signature of officer ad | ministering oath | Printed name of officer administering oath | Title of officer administering oath |

| Texas Ethics Comn | ission P.O. Box 12070 Aus | tin, Texas 78711-2070 🔛 | (512) 463-5800 | 1-800-325-8506 | |
|---|---|-----------------------------|--------------------------|----------------------|--|
| LOANS | | | sc | HEDULE E | |
| | , | | | | |
| | | | Fotal pages Schedule E: | | |
| The Instruction | Guide explains how to complete this | iorm. | 1 | | |
| 2 FILER NAME | dis Styles I | | ACCOUNT # (Ethics Commis | ssion filers) | |
| 4 | L OF UNITEMIZED LOANS: | * * * * * * | ⇒ \$ | | |
| 5 Date of loan | 7 Name of lender | out-of-state PAC (ID#: | / | n Amount (\$) | |
| 12-20-07 | 12-20-07 Odis Styers III | | | ,846.81 | |
| 6 Is lender a financial Institution? | 6 Is lender a financial Institution? 8 Lender address; City; State; Zip Code | | | | |
| Y N | Financial Institution? Y N P.O.BOX 537 Hempstead, TX.77445 | | | urity date -31-08 | |
| | n/Job title (See Instructions) ov / Ranchev | 13 Employer (See Instruct | ions) | · · · | |
| 14 Description of Collate | eral | | | | |
| 15 GUARANTOR INFORMATION | 16 Name of guarantor | | 18 Amo | ount Guaranteed (\$) | |
| not applicable | 17 Guarantor address; City; State; | Zip Code | | | |
| 19 Principal Occupation | | 20 Employer | | | |
| Date of loan | Name of lender | out-of-state PAC (ID# |) Loa | n Amount (\$) | |
| Is lender a financial Institution? | | | | rest rate | |
| Y N | | | Mat | urity date | |
| Principal occupation | n / Job title (See Instructions) | Employer (See Instructions) | I | | |
| Description of Collat | eral | <u></u> | | | |
| GUARANTOR INFORMATION | Name of guarantor | | Am | ount Guaranteed (\$) | |
| not applicable | Guarantor address; City; State; | Zíp Code | | | |
| Principal Occupation | | Employer | <u></u> | | |
| 16 1 | ATTACH ADDITIONAL der is out-of-state PAC, please see in | COPIES OF THIS FORM AS N | | ents. | |
| IT IEN | uer is out-or-state PAC, piease see in | and anno in androlla | | Baviced 09/01/20 | |

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