CANDIDAT CAMPAIG	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 NICKNAME LAST STYPPS	SUFFIX	OFFICE USE ONLY Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	ADDRESS / POBOX; APT / SUITE #; CITY:	STATE: ZIP CODE PART TY445	Date Hand-delivered or Postmarked		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (936) 870-5112	EXTENSION	Date Processed		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MB. SUSAN NICKNAME LAST GTYEES	M! SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; ### ### ### ### ##################	CITY: STATE: Hempstrad	7X 77445		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (979) 876-6791	EXTENSION			
9 REPORT TYPE	January 15 30th day before election Sth day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH	Month Day (130)	/ Z011		
11 ELECTION	Month Day Year ELECTION TYPE Primary	Runoff	General Special		
12 OFFICE	Walter Co. Commissioner Political	13 OFFICE SOUGHT (if known			
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURE CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION Name Address / PO Box; Apt. / Suite #; City; State; Zip Cod	N ONLY IF THEY RECEIVE NOTIFICATION			
additional pages			` , ,		
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME, Odis Styeks III 16 ACCOUNT # (Ethics Commission Filers)				
17 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE COMMITTEE NAME			
	GENERAL SPECIFIC	COMMITTEE ADDRESS		
•				
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
auditional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
TOTALS PLEDGES, LOANS, OR GUARANT 2. TOTAL POLITICAL CONTRIB		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 4. TOTAL POLITICAL EXPENDITURES \$		NIZED \$	
			\$	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST BAY OF REPORTING PERIOD \$		BAY \$ 11,925.00 XX	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST BAY \$ 11,935. \$\frac{1}{x}\frac{1}{x}\$\$ 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 17,935. \$\frac{1}{x}\frac{1}{x}\$\$			
19 AFFIDAVIT				
SHELLY LANE Notary Public, State of Texas My Commission Expires November 07, 2012 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. Etection Code. Signature of Cardidate or Officeholder				
AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed before me, by the said <u>Od is Styers TIT</u> , this the				
Shelly L	are	Shelly Lane	NOTARY	
Signature of officer admi	inistering oath	Printed name of officer administering oath	Title of officer administering oath	