CANDIDATE / OF EHOLD R * CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form. 1 ACCOUNT# - 2 Total pages filed:								
3	CANDIDATE / OFFICEHOLDER NAME ·	CONSTABLE POTY	Jo el	А	LB-r-	ΦFFICE USE ONLY		
	14/14/14	NICKNAME	LAST		SUFFIX	Oate Received		
		_	Trimm J	R				
4	CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX: APT / 5 460 WH. SPA r.	,	TY: STATE. KATY TV 7	ZIP CODE 71143			
:	Change of Address					Date Hand-delivered or Date Postmarked 2. 2. 03		
5	CAMPAIGN TREASURER NAME	TITLE	CANdice		L L	Receipt = Amount		
	· · · · · · · · · · · · · · · · · · ·	NICKNAME	LAST		SUFFIX	Date Processed		
			nimm			Oate Imaged		
6	CAMPAIGN TREASURER ADDRESS (Residence or business)	PO DY 846			STATE. ファ リン	ZIP CODĚ		
_	CAMPAIGN	AREA CODE PHONE	NUMBER	EXTENSIO	 IN	· · · · · · · · · · · · · · · · · · ·		
	TREASURER PHONE	(281-) 391-4064						
8	REPORT TYPE .	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officenoider only) July 15 8th day before election Exceeded SSCO limit Final report (Attach C/OH - FR)						
9	PERIOD COVERED	Month Day Year 1 / 16 / OU	THROU	JGH /	tn Cay 2/31/	Year / OQ		
10	ELECTION	ELECTION DATE Month Day Year	ELECTION TYP	E Runoff		Generat Special		
		/ /						
11	OFFICE	CONSTABLE P	11	12 OFFICE S	OUGHT (if knowr	ן ר		
	DIRECT	CUNSTADIC.	<u>ر ، - ا</u>	1				
-	CAMPAIGN EXPENDITURE BY OTHER	Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.						
	INDIVIDUALS	Name .						
	}	Address / PO 8ox; Apt. / Suite #	City: State; 2	ip Coge		<u> </u>		
	additional pages	٠						
GO TO PAGE 2								

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

	· · · · · · · · · · · · · · · · · · ·							
14 C/OH NAME			15 ACCOUNT #(Ethics Commission filers)					
16 NOTICE FROM 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 GENERAL SPECIFIC	COMMITTEE NAME	9					
		COMMITTEE ADDRESS						
additional pages		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRESS	į.					
17 NO REPORTABLE ACTIVITY	Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)							
18 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	\$ 1						
	2. TOTAL (OTHER	\$						
EXPENDITURE TOTALS	3. TOTAL F	\$ **						
	4. TOTAL	POLITICAL EXPENDITURES	\$					
OUTSTANDING LOAN TOTALS	LAST DA	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD	#E \$.					
19 AFFIDAVIT	I swear, or affirm, under penalty of perjury, that the accompanying repo							
	SEAL ABOVE	me under Title 15, Election Code.	date or Officeholder					
Sworn to and subscribed before me, by the said								
Signature of officer administering oath Leta Loewe ELECTIONS Admin. Printed name of officer administering oath Title of officer administering oath								