

# 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:

8

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
 MR. GLENN R  
 NICKNAME LAST SUFFIX  
 White

OFFICE USE ONLY

Date Received

WALLER COUNTY CLERK  
ELECTIONS DIVISION  
FILED  
2008 FEB - 11 PM 2:29

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
 26727 CLARK ROAD Waller TX 77484

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
 (281) 932-9217

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
 MR Glenn R  
 NICKNAME LAST SUFFIX  
 White

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
 26727 CLARK ROAD Waller, TX 77484

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
 (936) 281-932-9217

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 Month Day Year  
 01 / 04 / 08 THROUGH 01 / 31 / 08

11 ELECTION

ELECTION DATE ELECTION TYPE  
 Month Day Year  
 03 / 04 / 08  Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Constable Pct 2

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

NONE

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Glenn White 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

**COMMITTEE TYPE**

GENERAL

SPECIFIC

**COMMITTEE NAME**

**COMMITTEE ADDRESS**

**COMMITTEE CAMPAIGN TREASURER NAME**

**COMMITTEE CAMPAIGN TREASURER ADDRESS**

\*\* 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. \*\*

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>6,350.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>6,288.26</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>61.74</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Glenn White  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Glenn White, this the 25<sup>th</sup> day of February, 2008, to certify which, witness my hand and seal of office.

Amanda Rutledge Amanda Rutledge Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **3**

2 FILER NAME **GLENN White**

3 ACCOUNT # (Ethics Commission filers)

4 Date **1-2-08**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Glenn White**

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
**26727 CLARK ROAD  
Waller, TX 77484**

**1,700**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

**1-7-08**

**Dudley PARKIN**  
Contributor address; City; State; Zip Code  
**2219 ALDINE BENDER  
Houston, TX 77032**

**500**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

**1-9-08**

**CHERYL MYNAR**  
Contributor address; City; State; Zip Code  
**2568 MYNAR Rd  
WEST TEXAS 76691**

**200**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

**1-3-08**

**Scott Mclemore**  
Contributor address; City; State; Zip Code  
**2309 BRIARGLEN  
Houston, TX 77027**

**1,000**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

**1-22-08**

**Bob STRINGER**  
Contributor address; City; State; Zip Code  
**32901 Fm 1736  
Hempstead, TX 77445**

**500**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Glenn White

3 ACCOUNT # (Ethics Commission filers)

4 Date

1-19-08

5 Full name of contributor

out-of-state PAC (ID#:

RANDY BROWN

6 Contributor address; City; State; Zip Code

26643 CLARK ROAD  
WALLER, TX 77484

7 Amount of contribution (\$)

500

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1-11-08

Full name of contributor

out-of-state PAC (ID#:

J.C. OQUINN

Contributor address; City; State; Zip Code

26909 KICKAPOO  
HOCKLEY, TX 77447

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-11-08

Full name of contributor

out-of-state PAC (ID#:

FRANK POKLUDA

Contributor address; City; State; Zip Code

BOWLER ROAD

WALLER, TX 77484

Amount of contribution (\$)

200

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-11-08

Full name of contributor

out-of-state PAC (ID#:

BILLY PARKER

Contributor address; City; State; Zip Code

24642 PINE RIDGE  
HOCKLEY, TX 77447

Amount of contribution (\$)

300

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-19-08

Full name of contributor

out-of-state PAC (ID#:

JOY LYNN

Contributor address; City; State; Zip Code

26747 CLARK ROAD  
WALLER, TX

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME **Glenn White**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**1-11-08**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

**JAMES WHITE**  
6 Contributor address; City; State; Zip Code  
**1539 E. WASHINGTON  
NAVASOTA, TX 77868**

**700**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **3**

2 FILER NAME **Glenn White**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**1-2-08**

5 Payee name  
**Waller County Republican Party**  
6 Payee address; City; State; Zip Code  
**P.O. Box 691  
Pattison, TX 77466**

7 Amount (\$)  
**375.00**

8 Purpose of payment (See instructions regarding type of information required.)  
**Filing Fee**  
(If travel outside of Texas, complete Schedule T)

9 **\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

Date  
**1-3-08**

Payee name  
**Standley Enterprises**  
Payee address; City; State; Zip Code  
**54171 Hwy 290 West  
Hempstead, TX 77445**

Amount (\$)  
**2,652.13**

Purpose of payment (See instructions regarding type of information required.)  
**CAMPAIGN SIGNS + CARDS**  
(If travel outside of Texas, complete Schedule T)

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

Date  
**1-11-08**

Payee name  
**Standley Enterprises**  
Payee address; City; State; Zip Code  
**54171 Hwy 290 West  
Hempstead, TX 77445**

Amount (\$)  
**1,082.50**

Purpose of payment (See instructions regarding type of information required.)  
**CAMPAIGN SIGNS**  
(If travel outside of Texas, complete Schedule T)

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

Date  
**1-11-08**

Payee name  
**Standley Enterprises**  
Payee address; City; State; Zip Code  
**54171 Hwy 290 West  
Hempstead, TX 77445**

Amount (\$)  
**108.25**

Purpose of payment (See instructions regarding type of information required.)  
**CAMPAIGN CARDS**  
(If travel outside of Texas, complete Schedule T)

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME **Glenn White**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**1-15-08**

5 Payee name  
**Waller County News Citizen**  
6 Payee address; City, State; Zip Code  
**705 12TH/ST  
Hempstead, Tx 77445**

7 Amount (\$)  
**766.92**

8 Purpose of payment (See instructions regarding type of information required.)  
**Political A.D.**  
(If travel outside of Texas, complete Schedule T)

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date  
**1-22-08**

Payee name  
**Waller County News Citizen**  
Payee address; City, State; Zip Code  
**705 12TH/ST  
Hempstead, Tx 77445**

Amount (\$)  
**149.76**

Purpose of payment (See instructions regarding type of information required.)  
**Political AD**  
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date  
**1-15-08**

Payee name  
**Johnson Graphics**  
Payee address; City, State; Zip Code  
**31315 Fm 2920 #18  
Waller, Tx 77484**

Amount (\$)  
**213.30**

Purpose of payment (See instructions regarding type of information required.)  
**Political AD**  
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date  
**1-15-08**

Payee name  
**Hot Line Press**  
Payee address; City, State; Zip Code  
**1116 Austin St.  
Hempstead, Tx 77445**

Amount (\$)  
**176.00**

Purpose of payment (See instructions regarding type of information required.)  
**Political AD**  
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME Glenn White

3 ACCOUNT # (Ethics Commission filers)

4 Date  
1-29-08

5 Payee name  
Tomball. MAGNOLIA. Tribune  
6 Payee address; City; State; Zip Code  
517 West main ST.  
Tomball, TX 77375

7 Amount (\$)  
694.40

8 Purpose of payment (See instructions regarding type of information required.)

Political AD

(If travel outside of Texas, complete Schedule T)

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name  
Hometown Hardware  
Payee address; City; State; Zip Code  
Hwy 159  
Hempstead, TX 77445

Amount (\$)

1-14

70.00

Purpose of payment (See instructions regarding type of information required.)

T- Post-wood stakes

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name  
Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name  
Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

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