

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
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Johnny Adams M NICKNAME LAST SUFFIX	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Date Processed Date Imaged <div style="text-align: center; border: 1px solid black; padding: 5px;"> 2011 JUN 12 PM 12: 21 TARRANT COUNTY CLERK A. HUGHES CLERK </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE P.O. Box 391 MABANK, TX 75147		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (903) 887-4329		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Judy Junell NICKNAME LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE 104 Coleman MABANK, TX. 75147		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (903) 887-3146		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01 / 01 / 11 6 / 30 / 11		
11 ELECTION	ELECTION DATE Month Day Year 11 / 2 / 10	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Justice of the Peace Dist 4	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	.. 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		

GO TO PAGE 2

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code	7 Amount (\$)
--------	---	-----------------------

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

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
--	--

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

16 C/OH NAME

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

.. 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 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

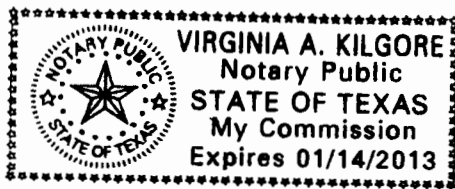
CONTRIBUTION BALANCE

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 / 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.

Johnny M. Adams
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Johnny M. Adams, this the 6 day of July, 20 11, to certify which, witness my hand and seal of office.

Virginia A. Kilgore Virginia A. Kilgore County Clerk
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath