

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

|   |   |  |                                  |
|---|---|--|----------------------------------|
| The C/OH Instruction Guide explains how to complete this form.  |   | <b>1 ACCOUNT #</b><br>(Ethics Commission filers)   | <b>2 Total pages filed:</b><br>/ |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>  | MS / MRS / MR <input checked="" type="checkbox"/><br>FIRST <b>PATRICKA</b> MI <b>B.</b><br>NICKNAME LAST SUFFIX<br><b>Ashcroft</b>  | <b>OFFICE USE ONLY</b><br>Date Received: <b>2010 JAN 11</b><br>Date Hand-Delivered: <b>2:20</b><br>Date Postmarked: <b>2:20</b><br>Receipt # _____ Amount _____<br>Date Processed _____<br>Date Imaged _____ |                                  |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><input type="checkbox"/> Change of Address                       | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><b>P.O. Box 211 Forney, TX 75124</b>  |  |                                  |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>   | AREA CODE PHONE NUMBER EXTENSION<br><b>(972) 564-3070</b>   |  |                                  |
| <b>6 CAMPAIGN TREASURER NAME</b>  | MS / MRS / MR <input checked="" type="checkbox"/> <b>SAME</b> MI<br>NICKNAME LAST SUFFIX  |  |                                  |
| <b>7 CAMPAIGN TREASURER ADDRESS</b><br>(Residence or business)  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><b>SAME</b>  |  |                                  |
| <b>8 CAMPAIGN TREASURER PHONE</b>   | AREA CODE PHONE NUMBER EXTENSION<br><b>( Same )</b>   |  |                                  |
| <b>9 REPORT TYPE</b>  | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) |  |                                  |
| <b>10 PERIOD COVERED</b>  | Month Day Year    THROUGH    Month Day Year<br><b>10 / 26 / 09    THROUGH    12 / 31 / 09</b>   |  |                                  |
| <b>11 ELECTION</b>  | ELECTION DATE    ELECTION TYPE<br>Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special<br><b>3 / 2 / 2010</b>   |  |                                  |
| <b>12 OFFICE</b>  | OFFICE HELD (if any)  | <b>13 OFFICE SOUGHT (if known)</b><br><b>Justice of the Peace, Pet 2</b>   |                                  |
| <b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b><br><br><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. **<br>Name _____<br>Address / PO Box; Apt. / Suite #; City; State; Zip Code _____  |  |                                  |

1 of 3 pages

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

*Patricia B. Ashcroft*

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

-- 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 TYPE<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC<br><br><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 \$ 00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$

4. TOTAL POLITICAL EXPENDITURES \$ 575.00

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$

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.

*Patricia B. Ashcroft*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Patricia B. Ashcroft, this the 11<sup>th</sup> day of January, 20 10, to certify which, witness my hand and seal of office.

*Amanda D. [Signature]*  
Signature of officer administering oath

Amanda D. [Printed Name]  
Printed name of officer administering oath

*Deputy Clerk*  
Title of officer administering oath



**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

|  |   |   |
|--|---|---|
| The Instruction Guide explains how to complete this form.  |   | 1 Total pages Schedule G: <u>1</u>  |
| 2 FILER NAME<br><u>Patricia B. Ashcraft</u>  |   | 3 ACCOUNT # (Ethics Commission filers)  |
| 4 Date<br><u>12/23/09</u>  | 5 Payee name<br><u>Ryan Thomas</u>                | 8 Amount (\$)<br><u>200.00</u>  |
| 6 Payee address: City: State: Zip Code<br><u>205 E. Hwy 80 Forney TX 75729</u>   |   | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| 7 Purpose of expenditure (See instructions regarding type of information required.)<br><u>Build website</u><br>(If travel outside of Texas, complete Schedule T) |   |   |
| Date<br><u>12/31/09</u>  | Payee name<br><u>Kaufman Co- Republican Party</u> | Amount (\$)<br><u>375.00</u>  |
| Payee address: City: State: Zip Code<br><u>318 Rash Ln. Terrell, TX 75760</u>  |   | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Purpose of expenditure (See instructions regarding type of information required.)<br>(If travel outside of Texas, complete Schedule T)                           |   |   |
| Date   | Payee name  | Amount (\$)   |
| Payee address: City: State: Zip Code   |   | <input type="checkbox"/> Reimbursement from political contributions intended            |
| Purpose of expenditure (See instructions regarding type of information required.)<br>(If travel outside of Texas, complete Schedule T)                           |   |   |
| Date   | Payee name  | Amount (\$)   |
| Payee address: City: State: Zip Code   |   | <input type="checkbox"/> Reimbursement from political contributions intended            |
| Purpose of expenditure (See instructions regarding type of information required.)<br>(If travel outside of Texas, complete Schedule T)                           |   |   |
| Date   | Payee name  | Amount (\$)   |
| Payee address: City: State: Zip Code   |   | <input type="checkbox"/> Reimbursement from political contributions intended            |
| Purpose of expenditure (See instructions regarding type of information required.)<br>(If travel outside of Texas, complete Schedule T)                           |   |   |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED