

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:** 5

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input type="checkbox"/> FIRST <u>PATRICIA</u> MI <u>B.</u>	OFFICE USE ONLY
	NICKNAME LAST SUFFIX <u>Ashcroft</u>	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>P.O. Box 211</u> <u>Forney 75126</u>	Date Received <u>2010 FEB 22 PM 3:23</u> BY: <u>DEB</u> LAURA HUGHES COUNTY CLERK
	Date Received, Date Filed, or Date Postmarked	

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <u>(972)</u> PHONE NUMBER <u>564-3070</u> EXTENSION	Receipt #	Amount
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6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input type="checkbox"/> FIRST MI	OFFICE USE ONLY
	NICKNAME LAST SUFFIX <u>Same</u>	

7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>Same</u>
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8 CAMPAIGN TREASURER PHONE	AREA CODE <u>()</u> PHONE NUMBER <u>Same</u> EXTENSION
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9 REPORT TYPE	<input 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) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)
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10 PERIOD COVERED	Month Day Year <u>1 / 22 / 2010</u> THROUGH Month Day Year <u>2 / 20 / 10</u>
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11 ELECTION	ELECTION DATE Month Day Year <u>3 / 2 / 2010</u>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
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12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>Justice of the Peace, Prec 2</u>
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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

**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. --

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	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	\$ 165.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 865.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2468.50
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 22nd day of February 2010, to certify which, witness my hand and seal of office.

Karen Jones KAREN JONES Deputy Clerk
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:

2

2 FILER NAME

Patricia B. Ashcroft

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/22/10

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

Sandy Blair

6 Contributor address; City; State; Zip Code

P.O. Box 1409, Forney 75124

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Business owner

10 Employer (See Instructions)

Date

1/22/10

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

Bill & Marty Daum

Contributor address; City; State; Zip Code

P.O. Box 2696 Forney 75126

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Business owner

Employer (See Instructions)

Date

1/22/10

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

Susan Clark

Contributor address; City; State; Zip Code

11034 Reeder Ln. Forney 75126

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Homemaker

Employer (See Instructions)

Date

1/22/10

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

Mark & Vickie Canada

Contributor address; City; State; Zip Code

12686 Glenwood Tr. Forney TX 75124

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Date

1/22/10

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

Teresa & Steve Saucier

Contributor address; City; State; Zip Code

2411 Bonin Youngsville, LA 70592

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Admin asst / Architect (sister & her husband)

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

2 FILER NAME

PATRICIA B. Ashcroft

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/22/10

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

JASON Ashcroft

6 Contributor address; City; State; Zip Code

9661 Stonehearta
FORNEY 75126

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

SENIOR MGR (SON)

10 Employer (See Instructions)

Date

1/22/10

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

Houston Smith

Contributor address; City; State; Zip Code

12043 Coolwater
FORNEY 75126

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/2/10

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

MIKE & CAROL ADAMS

Contributor address; City; State; Zip Code

401 Burgett
FORNEY 75126

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Business owner/nurse

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(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#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORMAS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME

Patricia B. Ashcroft

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/22/10

5 Payee name

Rendero Graphics

6 Payee address: City: State: Zip Code

101 Metro Terrell, TX 75160

8 Amount (\$)

1428.00

7 Purpose of expenditure (See instructions regarding type of information required.)
(If travel outside of Texas, complete Schedule T)

Campaign Signs

Reimbursement from political contributions intended

Date

1/22/10

Payee name

Just Print IT

Payee address: City: State: Zip Code

P.O. Box 1616 Forney 75126

Amount (\$)

216.50

Purpose of expenditure (See instructions regarding type of information required.)
(If travel outside of Texas, complete Schedule T)

Flyers

Reimbursement from political contributions intended

Date

2/9/10

Payee name

Forney Messenger

Payee address: City: State: Zip Code

P.O. Box 936 Forney 75126

Amount (\$)

204.00

Purpose of expenditure (See instructions regarding type of information required.)
(If travel outside of Texas, complete Schedule T)

News Paper Ads

Reimbursement from political contributions intended

Date

2/10/10

Payee name

Terrell Tribune

Payee address: City: State: Zip Code

P.O. Box 669 Terrell TX 75160

Amount (\$)

420.00

Purpose of expenditure (See instructions regarding type of information required.)
(If travel outside of Texas, complete Schedule T)

newspaper ads

Reimbursement from political contributions intended

Date

2/11/10

Payee name

Forney Post

Payee address: City: State: Zip Code

c/o Denise Bell Carl C. Senter Forney TX 75126

Amount (\$)

200.00

Purpose of expenditure (See instructions regarding type of information required.)
(If travel outside of Texas, complete Schedule T)

Online newspaper ads

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED