

# 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:** 4

<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: <b>MR.</b> FIRST: <b>James</b> MI: <b>F.</b> NICKNAME: <b>Jim</b> LAST: <b>Deller</b> SUFFIX:	<b>OFFICE USE ONLY</b> Date Received Date Hand Delivered or Date Postmarked Date Processed Date Imaged RECEIVED FEB - 2010 8:51 FILED FOR RECORD HANFMAN CO. TEXAS
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <b>15124 CR 4018 Kemp Tr 75143</b> <input type="checkbox"/> Change of Address	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE: PHONE NUMBER: EXTENSION: <b>(903) 887-9726</b>	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: <b>Mrs.</b> FIRST: <b>MARY</b> MI: <b>A</b> NICKNAME: <b>Jody</b> LAST: <b>Deller</b> SUFFIX:	
<b>7 CAMPAIGN TREASURER ADDRESS (Residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <b>15124 CR 4018 Kemp Tr 75143</b>	
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE: PHONE NUMBER: EXTENSION: <b>(903) 887-9726</b>	
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" 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 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 <b>1 / 1 / 2010    THROUGH    1 / 21 / 2010</b>	
<b>11 ELECTION</b>	ELECTION DATE: Month Day Year    ELECTION TYPE: <b>3 / 2 / 2010    <input checked="" type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> General    <input type="checkbox"/> Special</b>	
<b>12 OFFICE</b>	OFFICE HELD (if any) <b>Commissioner Pct 4</b>	<b>13 OFFICE SOUGHT (if known)</b> <b>Same</b>
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>	** 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: <input type="checkbox"/> additional pages	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME \_\_\_\_\_ 16 ACCOUNT # (Ethics Commission Filers) \_\_\_\_\_

**17 NOTICE FROM POLITICAL COMMITTEE(S)**

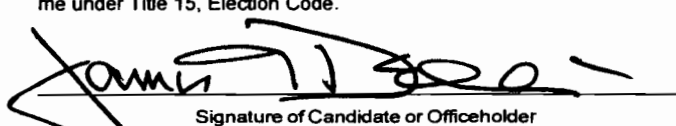
.. This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE  <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

<b>18 CONTRIBUTION TOTALS</b>	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
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 541.80
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 284.81
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

**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.

  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said James Deller, this the 1st day of February 10, to certify which, witness my hand and seal of office.

Cynthia Ramirez      Cynthia Ramirez      deputy clerk  
 Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# 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  <i>1/18/2010</i>	5 Payee name <i>Nixon Notes</i> 6 Payee address; City; State; ZipCode <i>SCURRY, TX 75158</i>	7 Amount (\$)  <i>200.00</i>
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8 Purpose of payment (See instructions regarding type of information required.) <i>Retainer</i> <small>(if travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
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Date	Payee name  Payee address;      City; State; ZipCode	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.)  <small>(if travel outside of Texas, complete Schedule T)</small>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
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Date	Payee name  Payee address;      City, State; ZipCode	Amount <i>M</i>
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Purpose of payment (See instructions regarding type of information required.)  <small>(if travel outside of Texas, complete Schedule T)</small>	- Complete if direct expenditure to benefit C/O1-1 ** Candidate / Officeholder name      Office sought      Office held
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Date	Payee name  Payee address;      City; State; ZipCode	Amount <i>(3)</i>
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Purpose of payment (See instructions regarding type of information required.)  <small>(if travel outside of Texas, complete Schedule T)</small>	- Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# 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 3 ACCOUNT# (Ethics Commission filers)

4 Date <i>11/12/2010</i>	5 Payee name <i>Kaufman Children's Advocacy</i> 6 Payee address; City; State; ZipCode <i>Washington, St. Kaufman</i>	8 Amount (\$) <i>90.00</i>
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>donation</i> (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

Date <i>11/15/2010</i>	Payee name <i>U.S. Postmaster</i> Payee address; City; State; ZipCode	Amount (\$) <i>251.80</i>
	Purpose of expenditure (See instructions regarding type of information required.) <i>mailing</i> (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address; City; State; ZipCode	Amount M
	Purpose of expenditure (See instructions regarding type of information required.) (if travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address; City; State; ZipCode	Amount M
	Purpose of expenditure (See instructions regarding type of information required.) (if travel outside of Texas, complete Schedule T)	Reimbursement from political contributions intended

Date	Payee name Payee address; City; State; ZipCode	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.) (if travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

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