

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: 12/12
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. Eddie W NICKNAME LAST SUFFIX	OFFICE USE ONLY FILED FOR RECORD KAUFMAN CO. TEXAS COUNTY CLERK LAURA A. HUGHES 2008 FEB -4 P 2:4 Date Received 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 PO Box 1572 Forney TX 75126 <input type="checkbox"/> Change of Address	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (469) 628.7535	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. Rodney NICKNAME LAST SUFFIX Rod Kinkaid	

7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 2701 CR 249 Terrell TX 75160
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8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 524 0636
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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 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 01 / 01 / 2008 THROUGH Month Day Year 01 / 24 / 2008
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11 ELECTION	ELECTION DATE Month Day Year 03 / 04 / 2008 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) N/A	13 OFFICE SOUGHT (if known) Sheriff
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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 Address / PO Box: Apt. / Suite #: City: State: Zip Code <input type="checkbox"/> additional pages
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME Eddie Frankum **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. **

<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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,731.57
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,028.71
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 928.66
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.

Eddie Frankum
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Eddie Frankum, this the 4th day of February, 2008, to certify which, witness my hand and seal of office.

Annabel Guerrero Annabel Guerrero 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 FILER NAME Eddie Frankum		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1-8-08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gwen Ashman	7 Amount of contribution (\$) 25.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1104 Beechwood Tyler TX 75701		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1-10-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David or Paula Maroney	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 300 Environmental way Seagoville TX 75159		(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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Ed Mason	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2612 Boll St Dallas TX 75204		(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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Jo Ann Frankum	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10721 CR 903 Princeton TX 75407		(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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Bob Jensen	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7200 Bailey Rd Sachse TX 75048		(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		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Steven Tinsley	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1-11-08	6 Contributor address; City; State; Zip Code 517 West Centerville Rd Garland TX 75041	150.00	
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lynn Lee Johnson	Amount of contribution (\$)	In-kind contribution description (if applicable)
1-11-08	Contributor address; City; State; Zip Code 228 Ridgecrest Dr Tyler TX 75701	25.00	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kenny Meazell	Amount of contribution (\$)	In-kind contribution description (if applicable)
1-11-08	Contributor address; City; State; Zip Code 799 S. RL Thorton Freeway Dallas TX 75203	50.00	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ellen George Russell	Amount of contribution (\$)	In-kind contribution description (if applicable)
1-14-08	Contributor address; City; State; Zip Code 521 Shoreview Rockwall TX 75087	1,000.00	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scott Ashman	Amount of contribution (\$)	In-kind contribution description (if applicable)
1-14-08	Contributor address; City; State; Zip Code 2001 Woodland Rd Petersburg VA 23805	25.00	
		(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 Eddie Frankum		3 ACCOUNT # (Ethics Commission files)	
4 Date 1-15-08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (if applicable) Steve Eason	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 771 Monticello Cir Allen TX 75002		(if travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1-15-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (if applicable) Roger Fuller	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 4230 LBJ Freeway #330 Dallas TX 75244		(if travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-15-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (if applicable) Steve Castonguay	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 402 Parkview Dr Trophy Club TX 76262		(if travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-22-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (if applicable) Rodney Kinkaid	Amount of contribution (\$) 100.00	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 1-7-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (if applicable) Krista Wagner	Amount of contribution (\$) 156.57	In-kind contribution description (if applicable) cards
Contributor address: City: State: Zip Code 2821 Carlisle Dallas TX		(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

Eddie Frankum

3 ACCOUNT # (Ethics Commission files)

4 Date

1-12-08

5 Full name of contributor

Jessica Ramos

6 Contributor address; City; State; Zip Code

2625 Oaklawn
Dallas TX 75219

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

printing
450.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1-22-08

Full name of contributor

Ken Foster

Contributor address; City; State; Zip Code

Terrell TX

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

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

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 FORM AS 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:

2 FILER NAME

Eddie Frankum

3 ACCOUNT # (Ethics Commission filers)

4 Date 1-1-08	5 Payee name Walmart	8 Amount (\$) 22.18
	6 Payee address; City: State; Zip Code Forney TX 75126	
7 Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 1-2-08	Payee name U.S. Post Office / KCRP primary	Amount (\$) 750.00
	Payee address; City: State; Zip Code Forney TX 75126	
Purpose of expenditure (See instructions regarding type of information required.) Money order for Application for Rep. Ballot (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 1-2-08	Payee name U.S. Post Office	Amount (\$) 1.50
	Payee address; City: State; Zip Code Forney TX 75126	
Purpose of expenditure (See instructions regarding type of information required.) money order fee (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 1-4-08	Payee name Murphy USA	Amount (\$) 54.90
	Payee address; City: State; Zip Code 802 suite A East Hwy 80 Forney TX 75126	
Purpose of expenditure (See instructions regarding type of information required.) Fuel (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 1-5-08	Payee name Murphy USA	Amount (\$) 100.00
	Payee address; City: State; Zip Code 802 suite A East Hwy 80 Forney TX 75126	
Purpose of expenditure (See instructions regarding type of information required.) Fuel (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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:

2 FILER NAME

Eddie Frankum

3 ACCOUNT # (Ethics Commission files)

4 Date 1-5-08	5 Payee name Walmart	8 Amount (\$) 10.47
	6 Payee address; City; State; Zip Code Forney TX 75126	
7 Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 1-5-08	Payee name Cicis Pizza	Amount (\$) 24.85
	Payee address; City; State; Zip Code Forney TX 75126	
Purpose of expenditure (See instructions regarding type of information required.) meal for helpers (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 1-4-08	Payee name US Post Office	Amount (\$) 164.00
	Payee address; City; State; Zip Code Dallas TX 75201	
Purpose of expenditure (See instructions regarding type of information required.) postage (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 1-8-08	Payee name US Post Office	Amount (\$) 1.98
	Payee address; City; State; Zip Code Forney TX 75126	
Purpose of expenditure (See instructions regarding type of information required.) postage (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 1-11-08	Payee name Chilis	Amount (\$) 24.31
	Payee address; City; State; Zip Code Forney TX 75126	
Purpose of expenditure (See instructions regarding type of information required.) meal (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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:

2 FILER NAME

Eddie Frankum

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name 6 Payee address: City: State: Zip Code	8 Amount (\$)
1-14-08	US Post Office Forney TX 75126 7 Purpose of expenditure (See instructions regarding type of information required.) postage (If travel outside of Texas, complete Schedule T)	4.96 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
1-15-08	Murphy USA 802 Suite A East Hwy 80 Forney TX 75126 Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
1-21-08	Walmart Forney TX 75126 Purpose of expenditure (See instructions regarding type of information required.) cable ties (If travel outside of Texas, complete Schedule T)	3.38 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
1-24-08	Walmart Forney TX 75126 Purpose of expenditure (See instructions regarding type of information required.) printer ink (If travel outside of Texas, complete Schedule T)	18.27 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
1-14-08	Kaufman Grocery 1107 mulberry Kaufman TX Purpose of expenditure (See instructions regarding type of information required.) fuel (If travel outside of Texas, complete Schedule T)	20.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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 Eddie Frankum 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>1-17-08</u>	5 Payee name <u>Renfro Industries</u>	7 Amount (\$) <u>1553.39</u>
6 Payee address; City; State; Zip Code <u>102 metro Drive Terrell TX 75160</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>Road Signs</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
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Date <u>1-18-08</u>	Payee name <u>Murphy USA</u>	Amount (\$) <u>11.61</u>
Payee address; City; State; Zip Code <u>802 Suite A East Hwy 80 Forney TX 75126</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Fuel</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
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Date <u>1-19-08</u>	Payee name <u>Food Fast</u>	Amount (\$) <u>70.11</u>
Payee address; City; State; Zip Code <u>125 N Hwy 274 Kemp TX 75143</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Fuel</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
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Date <u>1-20-08</u>	Payee name <u>Hong Kong Express</u>	Amount (\$) <u>22.56</u>
Payee address; City; State; Zip Code <u>501 N Hwy 548 #190 Forney TX 75126</u>		

Purpose of payment (See instructions regarding type of information required.) <u>meals for helpers</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
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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

Eddie Frankum

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

1-22-08

Jumpin Jacks

6 Payee address; City; State; Zip Code

19012 Fm 986
Terrell TX 75160

12.84

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

meals for helpers

(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

Amount (\$)

1-22-08

Murphy USA

Payee address; City; State; Zip Code

802 Suite A East Hwy 80
Forney TX 75126

80.01

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

fuel

(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

Amount (\$)

1-24-08

Murphy USA

Payee address; City; State; Zip Code

802 Suite A East Hwy 80
Forney TX 75126

48.72

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

fuel

(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

Amount (\$)

1-24-08

McGinty Hardware

Payee address; City; State; Zip Code

3.67

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

cable ties

(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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED