

# 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:

11

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

MR

FIRST  
Johnny

MI

L

NICKNAME

LAST  
Perry

SUFFIX

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

10780 CR 151 Kaufman

TX  
75142

Change of Address

Date Hand-delivered Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(972)

932 6619

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

Mrs

FIRST  
Joanne

MI

NICKNAME

LAST  
Perry

SUFFIX

Receipt #

Amount

Date Processed

Date Imaged

2006 JAN 17 P 3:49  
FILED FOR RECORD  
KAUFMAN COUNTY TEXAS

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

200 E. 7th

Kaufman TX 75142

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(972)

932 2531

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (officeholder only)

July 15

8th day before election

Exceeded \$500 limit

Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

7 / 1 / 05

THROUGH

Month

Day

Year

12 / 31 / 05

11 ELECTION

ELECTION DATE

Month

Day

Year

3 / 7 / 06

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

Justice of the Peace

13 OFFICE SOUGHT (if known)

SAME

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

additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

*Johnny Perry*

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

GENERAL

SPECIFIC

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)

\$ 600.00

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 891.92

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

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.

AFFIX NOTARY STAMP / SEAL ABOVE

*Johnny Perry*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Johnny Perry*, this the *17<sup>th</sup>* day of *January*, 20 *06*, to certify which, witness my hand and seal of office.

*Bonita Garvin*  
Signature of officer administering oath

*Bonita Garvin*  
Printed name of officer administering oath

*Deputy Clerk*  
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

*Johnny Perry*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*12-20-05*

5 Full name of contributor

*Doug Hughes*

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

*1000<sup>00</sup>*

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*CR 112*

*Kaufman TX  
75142*

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

*1-10-06*

Full name of contributor

*K.V. Radley*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*500<sup>00</sup>*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*4789 Abner Rd*

*Terrell TX 75161*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

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

*Johnny Perry*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*12-13-05*

5 Payee name

*Johnny Perry*

6 Payee address; City; State; Zip Code

*10780 CR 151  
Kaufman, Tx. 75142*

8 Amount (\$)

*404.55*

7 Purpose of expenditure (See instructions regarding type of information required.)

*signs*

Reimbursement from political contributions intended

Date

*12-14-05*

Payee name

*Johnny Perry*

Payee address; City; State; Zip Code

*10780 CR 151  
Kaufman, Tx. 75142*

Amount (\$)

*35.00*

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

*CD*

Reimbursement from political contributions intended

Date

*12-22-05*

Payee name

*Johnny Perry*

Payee address; City; State; Zip Code

*10780  
Kaufman, Tx. 75142*

Amount (\$)

*47.81*

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

*CARDS*

Reimbursement from political contributions intended

Date

*11-21-05*

Payee name

*Johnny Perry*

Payee address; City; State; Zip Code

*10780 CR 151  
Kaufman, Tx. 75142*

Amount (\$)

*404.56*

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

*signs*

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED