

# AMENDED JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM JC/OH COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)  
00055159

2 PAGE #  
1 of 4

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
B. Michael  
NICKNAME LAST SUFFIX  
Mike Chitty

OFFICE USE ONLY

Date Received  
FILED FOR RECORDS  
KAUFMAN CO. TEXAS  
2008 JUL 15 PM 2:43  
LAURA A. HUGHES  
COUNTY CLERK  
DEPUTY

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

Date Hand-delivered or Date Postmarked

Receipt # Amount

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
Hal  
NICKNAME LAST SUFFIX  
Richards

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
4 Cartwright Street  
Terrell, TX 75160

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(972) 563-0390

8 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)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
01/01/2008 06/30/2008

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  General  Special  
11/04/2008

11 OFFICE

OFFICE HELD (if any)  
District Judge District 422

12 OFFICE SOUGHT (if known)  
District Judge District 422

13 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

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

14 C/OH NAME Chitty, B. Michael

15 ACCOUNT # (Ethics Commission filers)  
00055159

16 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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 500.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 125.00

4. TOTAL POLITICAL EXPENDITURES \$ 450.00

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 28,157.30

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

18 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 B. MICHAEL CHITTY, this the 15<sup>th</sup> day of July, 2008, to certify which, witness my hand and seal of office.

Signature of officer administering oath

JENNIFER SURRATT  
Print name of officer administering oath

NOTARY PUBLIC  
Title of officer administering oath

**AMENDED**  
**POLITICAL CONTRIBUTIONS**  
**OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The I NSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 3/4	
2 FILER NAME Chitty, B. Michael		3 ACCOUNT # (Ethics Commission filers) 00055159	
4 Date  02/05/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lyon, Ted B. Jr.  6 Contributor address; City; State; Zip Code 18601 LBJ Freeway Mesquite, TX 75150	7 Amount of contribution (\$)  \$500.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation lawyer		10 Contributor's job title lawyer	
11 Contributor's employer / law firm Ted B. Lyon & Associates		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

**AMENDED**  
**POLITICAL EXPENDITURES**

**SCHEDULE F**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 1/1 Report: 4/4
<b>2</b> FILER NAME Chitty, B. Michael		<b>3</b> ACCOUNT # (Ethics Commission filers) 00055159
<b>4</b> Date  06/04/2008	<b>5</b> Payee name Children's Advocacy Center  <b>6</b> Payee address; City; State; Zip Code P.O. Box 146 Kaufman, TX 75142	<b>7</b> Amount (\$)  \$100.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) donation/sponsorship  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  03/25/2008	Payee name Kaufman County Family YMCA  Payee address; City; State; Zip Code 105 N. Rockwall Street Terrell, TX 75160	Amount (\$)  \$100.00
Purpose of payment (See instructions regarding type of information required.) donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  03/25/2008	Payee name Terrell Chamber of Commerce  Payee address; City; State; Zip Code 1314 W. Moore Avenue Terrell, TX 75160	Amount (\$)  \$125.00
Purpose of payment (See instructions regarding type of information required.) membership; banquet tickets  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held: