

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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| The C/OH Instruction Guide explains how to complete this form. | | 1 ACCOUNT # (Ethics Commission filers) | 2 Total pages filed: <div style="font-size: 2em; text-align: center;">2</div> |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">Sandra J.</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Featherston</div> | OFFICE USE ONLY <hr/> Date Received <div style="text-align: center; font-size: 1.2em;">2009 JAN 12 A 10 57</div> <hr/> Date Hand-delivered or Date Postmarked <div style="text-align: center; font-size: 1.2em;">BY: BS</div> <hr/> Receipt # Amount <hr/> Date Processed <hr/> Date Imaged | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">5004 FM 987</div> <div style="font-size: 1.2em;">Kaufman, TX 75142</div> | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(972) 932-6453</div> | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">Same as above</div> NICKNAME LAST SUFFIX | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.5em; text-align: center;">Same</div> | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.5em; text-align: center;">() Same</div> | | |
| 9 REPORT TYPE | <input checked="" 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 checked="" type="checkbox"/> Final report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year <div style="font-size: 1.5em; text-align: center;">7 / 1 / 09 THROUGH 12 / 31 / 08</div> | | |
| 11 ELECTION | ELECTION DATE Month Day Year <div style="font-size: 1.5em; text-align: center;">/ /</div> | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) <div style="font-size: 1.5em; text-align: center;">District Clerk</div> | 13 OFFICE SOUGHT (if known) | |
| 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 <hr/> 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

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

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)

\$ 0

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 0

OUTSTANDING LOAN TOTALS

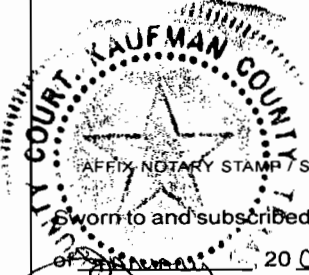
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 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.

Sandra Featherston
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sandra J. Featherston, this the 12 day of September, 2009, to certify which, witness my hand and seal of office.

Pam Singleton
Signature of officer administering oath

Pam Singleton
Printed name of officer administering oath

Court Clerk
Title of officer administering oath