

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission Filers)

16 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

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3356.94
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EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 44.34
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4. TOTAL POLITICAL EXPENDITURES	\$ 423.63
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CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2877.37
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OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
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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 Kenneth Schoen, this the 17th day of January, 20 12, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Cynthia Ramirez

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		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11-22-11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MARK PAATT	7 Amount of contribution (\$) 10.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 7850 Hollow Ct Terrell 75166		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11-22-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KENNETH POWELL	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 18919 Fm 2728 Terrell Tx 75161		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11-22-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ROBERT HARRISON	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7812 Latigo Trail McKinney Tx 75070		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11-22-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RONNIE Oldfield	Amount of contribution (\$) 130.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 40200 W Moore Ave Terrell Tx 75160		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-12-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LESTER KEIRN	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 16552 County Rd 248 Terrell Tx 75160		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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#: _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11-22-11	Bill Morley 6 Contributor address; City; State; Zip Code 430 Astor Dr Sunnyvale TX 75182	1000 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#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11-22-11	Betty Brown Contributor address; City; State; Zip Code 5999 E US Hwy 80 Terrell TX 75160	250 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#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11-22-11	Paul Morobitto Contributor address; City; State; Zip Code 15423 FM 272B Terrell TX 75160	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#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11-22-11	Jim Davis Contributor address; City; State; Zip Code P.O. Box 239 Elmo TX 75118	100 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#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11-22-11	L.D. Thurman Contributor address; City; State; Zip Code 1103 Griffith	100 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

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

11-22-12

JOEY WINDHAM

6 Contributor address; City; State; Zip Code

7669 County Rd 302 Terrell TX 75160

1000.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

11-22-12

JIM DAVID

Contributor address; City; State; Zip Code

4694

IN Kind

(If travel outside of Texas, complete Schedule T)

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

(If travel outside of Texas, complete Schedule T)

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

(If travel outside of Texas, complete Schedule T)

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

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <u>1</u>		2 FILER NAME <u>KENNETH SCHOEN</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>11-22-11</u>		5 Payee name <u>U S Post Office</u>			
6 Amount (\$) <u>44.00</u>		7 Payee address; City; State; Zip Code <u>Tarrell TX</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>Stamps</u>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <u>11-22-11</u>		Payee name <u>Hooton's</u>			
Amount (\$) <u>17.30</u>		Payee address; City; State; Zip Code <u>Emory TX</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>TIES FOR SIGNS</u>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <u>11-22-11</u>		Payee name <u>Anchor</u>			
Amount (\$) <u>13.25</u>		Payee address; City; State; Zip Code <u>Tarrell TX</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Printing</u>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <u>11-22-11</u>		Payee name <u>OFFICE MAX</u>			
Amount (\$) <u>4253</u>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F (2)	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 11-22-11	5 Payee name Anchor Printing
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6 Amount (\$) 8039	7 Payee address; City; State; Zip Code Terrell, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing	(b) Description (if travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-12-12	Payee name Anchor Printing
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Amount (\$) 16982	Payee address; City; State; Zip Code Terrell TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	Description (if travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-22-11	Payee name MISSO
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Amount (\$) 44,34	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-22-11	Payee name 1st State Bank
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Amount (\$) 1200	Payee address; City; State; Zip Code Terrell TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CKs	Description (if travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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