

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:** 5 p/8

3 CANDIDATE / OFFICEHOLDER NAME
 MS / MRS / MR MR FIRST Wanda MI D
 NICKNAME Sewel LAST Ransom SUFFIX

OFFICE USE ONLY

Date Received

BY: [Signature]

Date Hand-Delivered 2008 FEB - 5 Date Postmarked FEB 12: 15

Receipt # [Blank] Amount [Blank]

Date Processed [Blank]

Date Imaged [Blank]

LAUREA A. HUGHES
COUNTY CLERK

FILED FOR RECORD
KAUFMAN CO. TEXAS

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
10748 CR 316-C Terrell Tx 7561
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE PHONE NUMBER EXTENSION
(972) 524-4106

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR MR FIRST Wanda MI
 NICKNAME Steward LAST SUFFIX

7 CAMPAIGN TREASURER ADDRESS
 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1217 S. Frances Terrell Tx. 75160
 (Residence or business)

8 CAMPAIGN TREASURER PHONE
 AREA CODE PHONE NUMBER EXTENSION
(972) 524-0852

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 Month Day Year
1 / 1 / 2008 THROUGH 1 / 24 / 2008

11 ELECTION

ELECTION DATE: Month 3 Day 14 Year 2008

ELECTION TYPE: Primary Runoff General Special

12 OFFICE OFFICE HELD (if any) **13 OFFICE SOUGHT (if known)**
County Commissioner Pt 3

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 WANDA Denise Greer Ransom 16 ACCOUNT # (Ethics Commission Filer)

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	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 300.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 300.00
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.

Wanda Denise Greer Ransom
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said WANDA DENISE GREER RANSOM, this the 5th day of 5th, 2027, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
L. HENDERSON DAVIS JR Printed name of officer administering oath
Notary 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

WANDA "Jewel" Greer-Ransom

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/23/2008

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

DR. Cecil Bailey (DBA) Heritage Inter Med

6 Contributor address; City; State; Zip Code

109 Tejas DR #100 Terrell, Tx. 75160

7 Amount of contribution (\$)

300.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Doctor

10 Employer (See Instructions)

Heritage Inter-Med - owner

Date

Full name of contributor out-of-state PAC (ID#:

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 out-of-state PAC (ID#:

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 out-of-state PAC (ID#:

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 out-of-state PAC (ID#:

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

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME WANDA "Jewel" Greer-Ransom		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/23/08	5 Payee name WANDA RANSOM 6 Payee address; City; State; Zip Code 10748 CR316-C Terrell, Tx. 75161	7 Amount (\$) \$ 300.00
8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for Political cost (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held WANDA "Jewel" Greer-Ransom County Commissioner
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (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 Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (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 Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (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

**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

WANDA "Jewel" Greer-Ransom

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/7/08

5 Payee name

Anchor Printing

6 Payee address; City; State; Zip Code

509 S. Virginia St Terrell, Tx. 75160

8 Amount (\$)

\$ 18.46

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

Political Stamp

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

1/9/2008

Payee name

Renaissance Civic & Social Club

Payee address; City; State; Zip Code

6045 Catherine Terrell, Tx. 75160

Amount (\$)

\$ 110.00

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

Political Ad

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

1/18/2008

Payee name

KENFRO Industries

Payee address; City; State; Zip Code

P.O. Box 773 Terrell, Tx. 75160

Amount (\$)

\$ 2143.67

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

Political Signs

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

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

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

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

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED