

# 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: <div style="text-align: center; font-size: 2em;">4</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR  Mr.	FIRST  James	MI  F.
	NICKNAME	LAST	SUFFIX
		Deller	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	15124 CR 4018		Kemp TX 75143
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE ( 903 )	PHONE NUMBER 887-9726	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR  Mrs.	FIRST  Mary	MI  A.
	NICKNAME	LAST	SUFFIX
		Deller	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	15124 CR 4018		Kemp TX 75143
8 CAMPAIGN TREASURER PHONE	AREA CODE ( )	PHONE NUMBER	EXTENSION
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 type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month / Day / Year 10 / 30 / 2006	THROUGH	Month / Day / Year 01 / 15 / 2007
11 ELECTION	ELECTION DATE Month / Day / Year		ELECTION TYPE
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)  Commissioner Precinct 4	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		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code		

OFFICE USE ONLY

Date Received

2007 JAN 16

FILED FOR RECORD  
KAUFMAN CO. TEXAS  
LAUREN A. HUGHES  
COUNTY CLERK

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

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 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)

\$ 0

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 946.98

CONTRIBUTION BALANCE

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

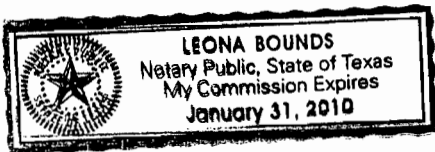
\$ 372.05

OUTSTANDING LOAN TOTALS

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

\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said James Della, this the 14 day of January, 2007, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

Leona Bounds  
Printed name of officer administering oath

Title of officer administering oath

**POLITICAL EXPENDITURES**

**SCHEDULE F**

<b>The Instruction Guide explains how to complete this form.</b>	<b>1 Total pages Schedule F:</b> 2
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<b>2 FILER NAME</b> James F. Deller	<b>3 ACCOUNT #</b> (Ethics Commission filers)
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<b>4 Date</b>  11/06/06	<b>5 Payee name</b> Paper Factory ..... <b>6 Payee address; City; State; Zip Code</b>  Terrell, TX	<b>7 Amount (\$)</b>  \$27.01
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<b>8 Purpose of payment</b> (See instructions regarding type of information required.) Victory Party decorations  (If travel outside of Texas, complete Schedule T)	<b>9</b> <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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<b>Date</b>  11/07/06	<b>Payee name</b> Dollar General ..... <b>Payee address; City; State; Zip Code</b>  Kemp, TX	<b>Amount (\$)</b>  \$16.88
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<b>Purpose of payment</b> (See instructions regarding type of information required.) Victory Party Decorations  (If travel outside of Texas, complete Schedule T)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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<b>Date</b>  11/07/06	<b>Payee name</b> Brookshires ..... <b>Payee address; City; State; Zip Code</b>  Mabank, TX	<b>Amount (\$)</b>  \$152.65
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<b>Purpose of payment</b> (See instructions regarding type of information required.) Food for Victory Party  (If travel outside of Texas, complete Schedule T)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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<b>Date</b>  11/07/06	<b>Payee name</b> Kemp Volunteer Fire Department ..... <b>Payee address; City; State; Zip Code</b>  Kemp, TX	<b>Amount (\$)</b>  \$200.00
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<b>Purpose of payment</b> (See instructions regarding type of information required.) Donation for use of building  (If travel outside of Texas, complete Schedule T)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:  
2

2 FILER NAME James F. Deller 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
11/22/06	Bobby Wilkins	\$130.00
	6 Payee address; City; State; Zip Code  Kemp, TX	

8 Purpose of payment (See instructions regarding type of information required.) Pies  (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date	Payee name	Amount (\$)
12/02/06	Mabank Volunteer Fire Department	\$50.00
	Payee address; City; State; Zip Code  Mabank, TX	

Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date	Payee name	Amount (\$)
12/12/03	Kaufman County Republican Men	\$30.00
	Payee address; City; State; Zip Code  Kaufman, TX	

Purpose of payment (See instructions regarding type of information required.) Membership Dues  (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date	Payee name	Amount (\$)
12/20/06	Cedar Creek Country Club	\$340.44
	Payee address; City; State; Zip Code  Kemp, TX	

Purpose of payment (See instructions regarding type of information required.) Dinner for volunteers  (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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