

CANDIDATE/ OFFICEHOLDER REPORT: SUPPORT & TOTALS


FORM C/OH
COVER SHEET PG 2

16 C/OH NAME <small>Filers)</small>	16 ACCOUNT# (Ethics Commission)
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17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	* 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 <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME Kaufman County Republican Men
		COMMITTEE ADDRESS P.O. Box 221, Kemp, TX 75160
		COMMITTEE CAMPAIGN TREASURER NAME John Cook
		COMMITTEE CAMPAIGN TREASURER ADDRESS 8322 Karen Lane, Terrell, TX 75160

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 140.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 935.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5137.37
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 916.83
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

James F. Deller
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said James F. Deller, this the 30th day of October, 2006, to certify which, witness my hand and seal of office.

Angie Tijerina
Signature of officer administering oath

Angie Tijerina
Printed name of officer administering oath

Notary Public
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: 1	
2 FILER NAME James F. Deller		3 ACCOUNT# (Ethics Commission filers)	
4 Date 10.09.06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC QD#: Ms. Sybil Vinson	7 Amount of contribution (\$) \$20.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 18489 Hickory Circle, Kemp, TX 75143		
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10.12.06	Full name of contributor <input type="checkbox"/> out-of-state PAC QD#: Mr. Mike Klink	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 18425 Hickory Circle, Kemp, TX 75143		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.18.06	Full name of contributor <input type="checkbox"/> out-of-state PAC QD#: Mr. & Mrs. Billy Pearson	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 14850 CR 4054, Kemp, TX 75143		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.18.06	Full name of contributor <input type="checkbox"/> out-of-state PAC QD#: Mrs. Carolyn Gent	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1340 CR 142, Kaufman, TX 75142		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.18.06	Full name of contributor <input type="checkbox"/> out-of-state PAC QD#: Kaufman County Republican Men	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code P.O. Box 221, Terrell, TX 75160		
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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

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

4 Date 10.25.06	5 Full name of contributor Mr. Bill Coleman	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 18367 Hickory Circle. Kemp. TX 75143		

(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 QD#:	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 <input type="checkbox"/> out-of-state PAC QD#:	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 <input type="checkbox"/> out-of-state PAC QD#:	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 <input type="checkbox"/> out-of-state PAC QD#:	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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

3

2 FILER NAME

James F. Deller

3 ACCOUNT# (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
10.08.06	Walmart 6 Payee address; City; State; ZipCode Gun Barrel Citv. TX 75156	\$59.36

8 Purpose of payment (See instructions regarding type of information required.) (if travel outside of Texas, complete Schedule I)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Donation to Scurry VFD	

Date	Payee name	Amount (\$)
10.12.06	The Communicator Payee address; City; State; ZipCode 255 Pole Bridge Rd., Combine, TX 75159	\$177.70

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
News Paper Ad	

Date	Payee name	Amount M
10.12.06	Wayne Gent Payee address; City, State; ZipCode 1340 CR 142, Kaufman, TX 75142	\$100.00

Purpose of payment (See instructions regarding type of information required.) (if travel outside of Texas, complete Schedule I)	** Complete if direct expenditure to benefit C/O1-1 ** Candidate / Officeholder name Office sought Office held
Political donation	Wayne Gent County Judge County Judge

Date	Payee name	Amount (\$)
10.13.06	The Monitor Payee address; City; State; ZipCode Hwy 198, Mabank, TX 75147	\$1289.75

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
Newspaper Ads	

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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 10.16.06	5 Payee name The Kaufman Herald	7 Amount (\$) \$1030.40
	6 Payee address; City; State; Zip Code N. Washington, Kaufman, TX 75142	

8 Purpose of payment (See instructions regarding type of information required.) Newspaper ads (If travel outside of Texas, complete Schedule T)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 10.16.06	Payee name Mail Service Co.	Amount (\$) \$1439.89
	Payee address; City; State; Zip Code Quaker, Dallas, TX 75207	

Purpose of payment (See instructions regarding type of information required.) Mailer postage and mail service (if travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 10.26.06	Payee name O'Neal Business Forms	Amount (\$) \$377.80
	Payee address; City; State; Zip Code 1156 Mississippi, Dallas, TX 75207	

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/O1-1 -- Candidate / Officeholder name Office sought Office held
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Date 10.27.06	Payee name Walmart	Amount (\$) \$35.15
	Payee address; City; State; Zip Code Seagoville, TX 75159	

Purpose of payment (See instructions regarding type of information required.) Donation to Combine VFD (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

3

2 FILER NAME

James F. Deller

3 ACCOUNT# (Ethics Commission filers)

4 Date 10.28.06	5 Payee name Combine Volunteer Fire Department	7 Amount (\$) \$565.00
	6 Payee address; City; State; Zip Code Davis St.. Combine. TX 75159	

8 Purpose of payment (See instructions regarding type of information required.) Donation (If travel outside of Texas, complete Schedule T)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
	Payee address; City; State; ZipCode	

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
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Date	Payee name	Amount M
	Payee address; City, State; ZipCode	

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/O1-1 •• Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
	Payee address; City; State; ZipCode	

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
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

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

4 Date 10.20.06	5 Payee name Dollar General 6 Payee address; City; State; ZipCode Hwy 274, Kemp, TX 75143 7 Purpose of expenditure (See instructions regarding type of information required.) Candy for parade <small>(If travel outside of Texas, complete Schedule T)</small>	8 Amount (\$) \$25.52 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address; City; State; ZipCode Purpose of expenditure (See instructions regarding type of information required.) <small>(if travel outside of Texas, complete Schedule T)</small>	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address; City; State; ZipCode Purpose of expenditure (See instructions regarding type of information required.) <small>(if travel outside of Texas, complete Schedule T)</small>	Amount M <input type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address; City; State; ZipCode Purpose of expenditure (See instructions regarding type of information required.) <small>(if travel outside of Texas, complete Schedule T)</small>	Amount M Reimbursement from political contributions intended
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Date	Payee name Payee address; City; State; ZipCode Purpose of expenditure (See instructions regarding type of information required.) <small>(if travel outside of Texas, complete Schedule T)</small>	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
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