

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="font-size: 2em; text-align: center;">3</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <i>Mr.</i> FIRST: <i>Kenneth</i> MI: <i>L</i> NICKNAME: _____ LAST: <i>Garvin</i> SUFFIX: _____	OFFICE USE ONLY Date Received: <i>JAN 15 10:01 AM</i> Date Hand Delivered: _____ Date Marked: _____ Receipt #: _____ Amount: _____ Date Processed: _____ Date Imaged: _____ FILED FOR RECORD AUFMAN CO. TEXAS AURAA A. HUGHES COUNTY CLERK	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <i>405 N. Elm Kemp TX 75143</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(903) 498-2707</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <i>Ms</i> FIRST: <i>Mary</i> MI: <i>K</i> NICKNAME: <i>Kathy</i> LAST: <i>Commons</i> SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE <i>1319 Mister B's Blvd. Kemp TX 75143</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(903) 498-8420</i>		
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 THROUGH Month Day Year <i>7 / 1 / 07 12 / 31 / 07</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>/ /</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>Constable PCT4</i>	13 OFFICE SOUGHT (if known) <i>Constable PCT4</i>	
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: _____		

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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

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 950⁰⁰

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION BALANCE

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

\$

OUTSTANDING LOAN TOTALS

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

\$

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.

Kenneth L. Garun

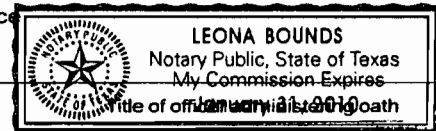
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kenneth L. Garun, this the 15th day of JANUARY 2008, to certify which, witness my hand and seal of office

[Signature]
Signature of officer administering oath

Leona Bounds
Printed name 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 <i>Kenneth L. Garvin</i>			3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>12-8-07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jim D. Vess</i>	7 Amount of contribution (\$) <i>50⁰⁰</i>	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code <i>P.O. Box 1885 Mabank Tx 75147</i>		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)		
Date <i>01-11-08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jan Sloan</i>	Amount of contribution (\$) <i>400⁰⁰</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>9059 N. Raguet Scurry Tx 75158</i>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date <i>1-9-08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Sherrie Perkins</i>	Amount of contribution (\$) <i>400⁰⁰</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>P.O. Box 0544 Scurry Tx 75158</i>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date <i>1-15-08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Big C Builders</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <i>Box 876 Crandall, Tx 75114</i>		(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)	
	Contributor address; City; State; Zip Code		(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.