

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: 2 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="checkbox"/> MI FIRST: TERRY MI: L NICKNAME: LAST: DARST SUFFIX:	OFFICE USE ONLY Date Received Date Hand-delivered Date Postmarked Receipt # amount Date Processed Date Imaged LAURA A. HUGHES COUNTY CLERK 2008 JAN 10 A 11:15 FILED FOR RECORD KAUFMAN CO. TEXAS	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 13303 CR 349 TERRELL TX 75161		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 563-4363		
6 CAMPAIGN TREASURER NAME	MS / MRS <input checked="" type="checkbox"/> MR FIRST: AMIE MI: M NICKNAME: LAST: DARST SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 13303 CR 349 TERRELL TX 75161		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 563-4363		
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 12 / 5 / 2007 THROUGH 12 / 31 / 2007		
11 ELECTION	ELECTION DATE Month Day Year 03 / 04 / 2008	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) COUNTY COMMISSIONER PCT 3	
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: N/A		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Terry L. Darst 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. ***

<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	\$ 650.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 100.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 866.19
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 183.81
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.

Terry L. Darst
Signature of Candidate or Officeholder

APERTINENTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Terry L. Darst, this the 10 day of JANUARY, 2008, to certify which, witness my hand and seal of office.

Pam Singleton Signature of officer administering oath
Pam Singleton 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: <u>1</u>	
2 FILER NAME <u>TERRY L. DARST</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>12/28/07</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>E&L Properties</u>	7 Amount of contribution (\$) <u>\$100-</u>	8 In-kind contribution description (if applicable) <u>NA</u>
6 Contributor address; City; State; Zip Code <u>10760 HCR 2400 Terrell TX 75160</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>OWNER</u>		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

FILED FOR RECORD
 KATHLEEN CO. TEXAS
 2008 JAN 10 A 11:35
 LAUREN A. HUGHES
 COUNTY CLERK

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 TERRY L. DARST		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/16/07	5 Payee name Kaufman County Republican Primary Fund 6 Payee address; City; State; Zip Code 501 E. Hwy 80 Forney TX	7 Amount (\$) 700
8 Purpose of payment (See instructions regarding type of information required.) Filing Fee (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH Candidate / Officeholder name LAURA A. HUGHES Office sought CLERK Office held	
Date 12/18/07	Payee name Captured Image Payee address; City; State; Zip Code 212 E. Moore Ave. Terrell TX 75160	Amount (\$) 81.19
Purpose of payment (See instructions regarding type of information required.) Political Photos (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/19/07	Payee name Kaufman County Payee address; City; State; Zip Code 100 W. Mulberry Kaufman TX 75142	Amount (\$) 35.00
Purpose of payment (See instructions regarding type of information required.) Voters Disk (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

FILED FOR RECORDS
 KAUFMAN CO. TEXAS
 2008 JAN 10 A 11:15
 LAURA A. HUGHES
 COUNTY CLERK

DEBIT
 85

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

TERRY L. DARST

3 ACCOUNT # (Ethics Commission)

4 Date

12/5/07

5 Payee name
TERRY DARST - CAMPAIGN FUND

6 Payee address; City; State; Zip Code

13303 CR 349 TERRELL TX 75161

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

Transferred funds to cover campaign expenses
(If travel outside of Texas, complete Schedule T)

RECORDS
KLEINMAN CO. TEXAS
2008 JAN 10 AM 11:15
REIMBURSEMENT
from political
contributions
intended

Date

12/6/07

Payee name
TERRY DARST - CAMPAIGN FUND

Payee address; City; State; Zip Code

13303 CR 349 TERRELL TX 75161

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

Transferred funds to cover campaign expenses.
(If travel outside of Texas, complete Schedule T)

Amount (\$)
200.00
 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

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