CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed:					
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST		OFFICE USE ONLY		
NAME	NICKNAME ALAST	SUFFIX	Date Received		
	PEREZ PHIN	RECEIVED			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	2409 S. Eddy St-Peros, TX 79772 BYLLER BYLLER				
	AREA CODE PHONE NUMBER	EXTENSION			
5 CANDIDATE/ OFFICEHOLDER PHONE	(432) 448-9852	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$		
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	y ^{M1}	Date Processed		
NAME	NICKNAME LAST	SUFFIX			
	Perer Phtner	n	Date Imaged		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE; ZIP CODE		
TREASURER ADDRESS	2409 S. Eddy St.	Pecos ,TX	(79772		
	2404 J. Colony 31.	1000 3 / 11	77		
(Residence or Business)					
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION			
TREASURER PHONE	432, 448 9852				
	(100) 110				
9 REPORT TYPE	January 15 30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15 8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD	Month Day Year	Month	Day Year		
COVERED		THROUGH			
11 ELECTION	ELECTION DATE	ELECTION TYPE	,		
	Month Day Year Primary	Runoff Other			
	Month Day fear	Description			
- IZ	General	Special			
12 055105	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	A		
12 OFFICE	DISTRICT CLERK	13 OFFICE SOUGHT (II KIIOWII			
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER, THESE EXPENDITURE.	S MAY HAVE BEEN MADE WITHOUT THE CANE	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR		
COMMITTEE(S)	CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUI	RED TO REPORT THIS INFORMATION ONLY IF I	HEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
-1	COMMITTEE TYPE COMMITTEE NAME				
Additional Pages	GENERAL COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
	COMMITTEE CAMPAIGN TR	EASURER ADDRESS			
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		,	16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICA PLEDGES, LOANS, OR GUARA CONTRIBUTIONS MADE ELEC		\$ 0			
0.00 \$ 10.20	2. TOTAL POLITICAL CONTRIB (OTHER THAN PLEDGES, LOAI	BUTIONS NS, OR GUARANTEES OF LOANS)	\$ 0			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	L EXPENDITURE.	\$ 0			
11.00	4. TOTAL POLITICAL EXPEND	ITURES	\$			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUT OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE LAST	T DAY \$			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	FALL OUTSTANDING LOANS AS OF G PERIOD	THE \$			
Signature of candidate or Officeholder Please complete either option below:						
NOTARY STAMP/SEA	L					
Sworn to and subscribed	before me by	this the _	, day of,			
20, to certify which, witness my hand and seal of office.						
Signature of officer administe	ering oath Printed name of off	icer administering oath	Title of officer administering oath			
OR						
(2) Unsworn Declarati	on					
My name is		, and my date of birth is	· · · · · · · · · · · · · · · · · · ·			
My address is						
	(street)		tate) (zip code) (country)			
Executed in	County, State of	, on the day of (month) 20 (year)			
		Signature of Candid	late/Officeholder (Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Con	nmiss	ion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0
4.	SCHEDULE E: LOANS		\$	0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$	0
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	- · ·	\$	0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	\$	0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$	0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	Ô
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	0

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

	The	Instruction Guide explains how to complete t	his form.	1 Total pages Schedule A1:		
2	FILER NAME		· ·	3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor out-of-state	PAC (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;	State; Zip Code			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)		
		Contributor address; City;				
	Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)		
	 Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					