

# 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:

3 CANDIDATE / OFFICEHOLDER NAME  Constable Pct 4	TITLE Candidate	FIRST Joe	MI D	OFFICE USE ONLY  Date Received JAN 18 4 36 PM '00 <b>FILED</b>
	NICKNAME	LAST Hardin	SUFFIX	

4 CANDIDATE / OFFICEHOLDER ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; P.O. BOX 145	APT / SUITE #; Del Valle	CITY; TX	STATE; 78617	ZIP CODE
--	-----------------------------------	-----------------------------	-------------	-----------------	----------

5 CAMPAIGN TREASURER NAME	TITLE	FIRST Joe	MI D	Receipt # HD / PM Amount Date Processed Date Imaged
	NICKNAME	LAST Hardin	SUFFIX	

6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); 12314 Caldwell Rd	APT / SUITE #;	CITY Buda	STATE TX	ZIP CODE 78610
--	---	----------------	--------------	-------------	-------------------

7 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 243-0058	EXTENSION
----------------------------	--------------------	--------------------------	-----------

8 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)

9 PERIOD COVERED	Month 08	Day 11	Year 99	THROUGH	Month 01	Day 16	Year 00
------------------	-------------	-----------	------------	---------	-------------	-----------	------------

10 ELECTION	ELECTION DATE Month 03			ELECTION TYPE		
	Day 14	Year 00	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special

11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) Constable Pct. 4
-----------	----------------------	---

13 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	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME	15 ACCOUNT # (Ethics Commission filers)
--------------	---

**16 SUPPORTING POLITICAL COMMITTEE(S)**

•• This listing includes 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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

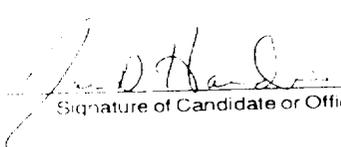
**17 NO REPORTABLE ACTIVITY**

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

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	\$	0
	4.	TOTAL POLITICAL EXPENDITURES	\$	200 <sup>00</sup>
OUTSTANDING LOAN TOTALS	5.	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.

  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE:

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Print name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH & SPAC)

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.			<b>1</b> Total pages this Schedule A1	
<b>2</b> FILER NAME			<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> Date	<b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC	<b>7</b> Amount of contribution (\$)	<b>8</b> In-kind contribution description (if applicable)	
<b>6</b> Contributor address; City; State; Zip Code				
<b>9</b> Principal occupation (Optional)			<b>10</b> Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code				
Principal occupation (Optional)			Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code				
Principal occupation (Optional)			Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code				
Principal occupation (Optional)			Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code				
Principal occupation (Optional)			Employer (Optional)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# PLEGGED CONTRIBUTIONS

## SCHEDULE B1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED PLEDGES:

\$

5 Date	6 Full name of pledgor <input type="checkbox"/> out of state PAC	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address: City, State, Zip Code		

10 Principal occupation (optional)      11 Employer (optional)

Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address: City, State, Zip Code		

Principal occupation (optional)      Employer (optional)

Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address: City, State, Zip Code		

Principal occupation (optional)      Employer (optional)

Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address: City, State, Zip Code		

Principal occupation (optional)      Employer (optional)

Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address: City, State, Zip Code		

Principal occupation (optional)      Employer (optional)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

# LOANS

# SCHEDULE E

The **INSTRUCTION GUIDE** explains how to complete this form. **1** Total pages Schedule E

**2** FILER NAME **3** ACCOUNT # (Ethics Commission filers)

**4** TOTAL OF UNITEMIZED LOANS:      ⇄   ⇄   ⇄   ⇄   ⇄   ⇄      \$

**5** Date of loan      **7** Name of lender       out of state PAC      **9** Loan Amount (\$)

**6** Is lender a financial institution?      **8** Lender address:      City:      State:      Zip Code      **10** Interest rate

Y      N

**11** Maturity date

**12** Description of Collateral  
 none

**13** GUARANTOR INFORMATION      **14** Name of guarantor      **16** Amount Guaranteed (\$)

not applicable

**15** Guarantor address:      City:      State:      Zip Code

**17** Principal Occupation      **18** Employer

Date of loan      Name of lender       out of state PAC      Loan Amount (\$)

Is lender a financial institution?      Lender address      City:      State:      Zip Code      Interest rate

Y      N

Maturity date

Description of Collateral  
 none

GUARANTOR INFORMATION      Name of guarantor      Amount Guaranteed (\$)

not applicable

Guarantor address:      City:      State:      Zip Code

Principal Occupation      Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If lender 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

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
	6 Payee address: City: State: Zip Code	

8 Purpose of expenditure	9 <b>Complete if direct expenditure to benefit C/OH</b> Candidate: Officerholder name Office sought / held
--------------------------	---

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	

Purpose of expenditure	<b>Complete if direct expenditure to benefit C/OH</b> Candidate: Officerholder name Office sought / held
------------------------	---

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	

Purpose of expenditure	<b>Complete if direct expenditure to benefit C/OH</b> Candidate: Officerholder name Office sought / held
------------------------	---

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	

Purpose of expenditure	<b>Complete if direct expenditure to benefit C/OH</b> Candidate: Officerholder name Office sought / held
------------------------	---

**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

*Joe Hardin*

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name <i>Tex. Dem. Party</i>	8 Amount (\$) <i>800<sup>00</sup></i>
	6 Payee address: City: State: Zip Code <i>1311 E 6<sup>th</sup> Austin TX 78723</i>	<input type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure <i>Filing Fee</i>	

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure	

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure	

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure	

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name	7 Amount (\$)
	6 Business address: City: State: Zip Code	

8 Purpose of payment	9 <b>Complete if direct expenditure to benefit C/OH</b> Candidate / Officeholder name Office sought / held
----------------------	---

Date	Business name	Amount (\$)
	Business address: City: State: Zip Code	

Purpose of payment	<b>Complete if direct expenditure to benefit C/OH</b> Candidate / Officeholder name Office sought / held
--------------------	---

Date	Business name	Amount (\$)
	Business address: City: State: Zip Code	

Purpose of payment	<b>Complete if direct expenditure to benefit C/OH</b> Candidate / Officeholder name Office sought / held
--------------------	---

Date	Business name	Amount (\$)
	Business address: City: State: Zip Code	

Purpose of payment	<b>Complete if direct expenditure to benefit C/OH</b> Candidate / Officeholder name Office sought / held
--------------------	---

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address: City: State: Zip Code	
	7 Purpose of expenditure	
	Payee name	
	Payee address: City: State: Zip Code	
	Purpose of expenditure	
	Payee name	
	Payee address: City: State: Zip Code	
	Purpose of expenditure	
	Payee name	
	Payee address: City: State: Zip Code	
	Purpose of expenditure	
	Payee name	
	Payee address: City: State: Zip Code	
	Purpose of expenditure	
	Payee name	
	Payee address: City: State: Zip Code	
	Purpose of expenditure	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# CREDITS (optional)

# SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address: City: State: Zip Code	
	7 Reason for credit	
	Payor name	
	Payor address: City: State: Zip Code	
	Reason for credit	
	Payor name	
	Payor address: City: State: Zip Code	
	Reason for credit	
	Payor name	
	Payor address: City: State: Zip Code	
	Reason for credit	
	Payor name	
	Payor address: City: State: Zip Code	
	Reason for credit	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

The C/OH Instruction Guide explains how to complete this form.

↔ Complete only if "Report Type" on C/OH page 1 is marked "Final Report" ↔

1 C/OH NAME

2 ACCOUNT # (Ethics Commission files)

### 3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

### 4 FILER WHO IS NOT AN OFFICEHOLDER

↔ Complete A & B below *only* if you are a candidate ↔

#### A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

#### B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code § 254.204.

\_\_\_\_\_  
Signature of Candidate

### 5 OFFICEHOLDER

↔ Complete this section *only* if you are an officeholder ↔

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

\_\_\_\_\_  
Signature of Officeholder