

FORM C/OH
COVER SHEET PG 1

Revised 04/21/2010

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME James Wheat **16 ACCOUNT #** (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

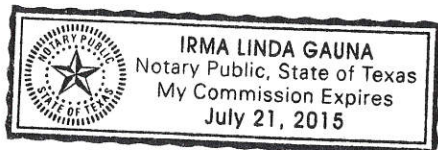
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 815.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2715.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2013.91
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 701.09
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2000.00

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.

James Wheat

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said James Wheat, this the 12th day of April, 20 12, to certify which, witness my hand and seal of office.

Irma L Gauna

Signature of officer administering oath

Irma L Gauna

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:

2

2 FILER NAME

James Wheat

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4-9-12

5 Full name of contributor ☐ out-of-state PAC (ID# _____)

Gary Hudgins

6 Contributor address; City; State; Zip Code

10410 Grand Park, San Antonio Tx
782397 Amount of
contribution (\$)

\$100.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Retired

10 Employer (See Instructions)

NA

Date

4-9-12

Full name of contributor ☐ out-of-state PAC (ID# _____)

Clarence Bray

Contributor address; City; State; Zip Code

415 Albin San Antonio, Tx 78209

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

4-9-12

Full name of contributor ☐ out-of-state PAC (ID# _____)

Janet Francis

Contributor address; City; State; Zip Code

P.O. Box 120423 San Antonio Tx 78212

Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

NA

Date

4-9-12

Full name of contributor ☐ out-of-state PAC (ID# _____)

Gary Reed

Contributor address; City; State; Zip Code

54 Oakwell Farms San Antonio Tx
78218Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Printer

Employer (See Instructions)

Self

Date

4-9-12

Full name of contributor ☐ out-of-state PAC (ID# _____)

Brad Stull

Contributor address; City; State; Zip Code

130 Wyndale San Antonio Tx 78209

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Farmer

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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 James Wheat		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4-9-12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James Nowacek 6 Contributor address; City; State; Zip Code 414 Cave San Antonio Tx 78209	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Medical Equipment Sales		10 Employer (See Instructions) Self	
Date 4-9-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Roger Lind Contributor address; City; State; Zip Code 502 Northridge San Antonio Tx 78209	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) Frost	
Date 4-9-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James Hasslocher Contributor address; City; State; Zip Code 129 Haskin San Antonio, Tx 78209	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) owner / President		Employer (See Instructions) Frontier Enterprises	
Date 4-9-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Keith Shelly Contributor address; City; State; Zip Code 18 Thurnhurst San Antonio, Tx 78218	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Homebuilder / owner		Employer (See Instructions) Shelly Homes	
Date 4-9-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Catarino Lopez Contributor address; City; State; Zip Code 1807 Kenilworth San Antonio Tx 78209	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) owner / President		Employer (See Instructions) Glowman Costumes	

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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:

1

2 FILER NAME

JAMES WHEAT

3 ACCOUNT # (Ethics Commission Filers)**4**

TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

2-17-12

7 Name of lender

James Wheat

☐ out-of-state PAC (ID# _____)**9** Loan Amount (\$)

2,000.00

6 Is lender
a financial
Institution?Y ☒ N**8** Lender address; City; State; Zip Code

507 Rockhill San Antonio, Tx 78209

10 Interest rate

NA

11 Maturity date

NA

12 Principal occupation / Job title (See Instructions)

Attorney

13 Employer (See Instructions)

Self

14 Description of Collateral☒ none**15** GUARANTOR
INFORMATION**16** Name of guarantor**18** Amount Guaranteed (\$)☒ not applicable**17** Guarantor address; City; State; Zip Code**19** Principal Occupation (See Instructions)**20** Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender
a financial
Institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ noneGUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense

Gift/Awards/Memorials Expense

Salaries/Wages/Contract Labor

Loan Repayment/Reimbursement

Accounting/Banking

Legal Services

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

Consulting Expense

Food/Beverage Expense

Travel In District

Contributions/Donations Made By

Event Expense

Polling Expense

Travel Out Of District

Candidate/Officeholder/Political Committee

Fees

Printing Expense

Office Overhead/Rental Expense

OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1		2 FILER NAME James Wheat		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3-21-12		5 Payee name Allied Sign			
6 Amount (\$) 978.64		7 Payee address; City; State; Zip Code 3700 Blanco Rd. San Antonio Tx 78212			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) Yard Signs	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-29-12		Payee name New Century Graphics			
Amount (\$) 352.00		Payee address; City; State; Zip Code 11971 Starcrest San Antonio Tx 78247			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) Mailing Cards	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-29-12		Payee name Election Services			
Amount (\$) 683.27		Payee address; City; State; Zip Code 314 E. Commerce San Antonio Tx 78205			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) Walk List and Mailing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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