

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

MS / MRS / MR

FIRST

MI

MR

James

S

NICKNAME

LAST

SUFFIX

JIM

WHEAT

OFFICE USE ONLY

RECEIVED

JUL 16 2012

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

507

Rockhill

San Antonio, Tx

78209

☐ change of address

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210)

254

6197

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

MR

James

S

NICKNAME

LAST

SUFFIX

JIM

WHEAT

7 CAMPAIGN
TREASURER
ADDRESS
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

507

Rockhill

San Antonio Tx

78212

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210)

254

6197

9 REPORT TYPE

☐ January 15☐ 30th day before election☐ Runoff☐ 15th day after campaign
treasurer appointment
(officeholder only)☒ July 15☐ 8th day before election☐ Exceeded \$500
limit☐ Final report (Attach C/OH - FR)10 PERIOD
COVERED

Month Day Year

THROUGH

Month Day Year

5 / 4 / 2012

7 / 16 / 2012

11 ELECTION

ELECTION DATE
Month Day Year

ELECTION TYPE

5 / 12 / 12

☐ Primary☐ Runoff☐ General☒ Special

12 OFFICE

OFFICE HELD (if any)

NEISD Trustee
District 4

13 OFFICE SOUGHT (if known)

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 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.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

NA

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 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 \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1838.00

CONTRIBUTION
BALANCE

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

\$ -1178.91

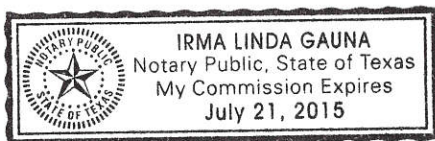
OUTSTANDING
LOAN TOTALS

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

\$ 2000.00

18 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.



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jim Wheat, this the 16th day of July, 20 12, to certify which, witness my hand and seal of office.

Irma Linda Gauna
Signature of officer administering oath Printed name of officer administering oath

Notary Public
Title of officer administering oath

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <div style="text-align: center;">1</div>	2 FILER NAME <div style="text-align: center;">James Wheat</div>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <div style="text-align: center;">5-16-12</div>	5 Payee name <div style="text-align: center;">Election Services</div>	
6 Amount (\$) <div style="text-align: center;">952.00</div>	7 Payee address; City; State; Zip Code <div style="text-align: center;">5309 McCallough SATx 78212</div>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <div style="text-align: center;">Mailing</div>	(b) Description (If travel outside of Texas, complete Schedule T)
	<div style="display: flex; justify-content: space-between;"> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held </div>	
Date <div style="text-align: center;">5-16-12</div>	Payee name <div style="text-align: center;">Election Services</div>	
Amount (\$) <div style="text-align: center;">886.00</div>	Payee address; City; State; Zip Code <div style="text-align: center;">5309 McCallough SATx 78212</div>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <div style="text-align: center;">Mailing</div>	Description (If travel outside of Texas, complete Schedule T)
	<div style="display: flex; justify-content: space-between;"> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held </div>	
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)
	<div style="display: flex; justify-content: space-between;"> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held </div>	
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)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED