



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Keith D. Olson

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

COMMITTEE NAME

GENERAL

SPECIFIC

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

\$ 165.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 442.97

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 315.00

CONTRIBUTION  
BALANCE

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

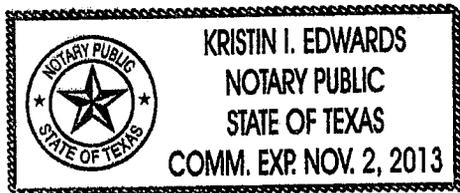
\$ 401.69

OUTSTANDING  
LOAN TOTALS

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

\$ 0

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.

[Signature]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Keith D. Olson, this the 29<sup>th</sup> day of October, 2012, to certify which, witness my hand and seal of office.

[Signature] Kristin Edwards Deputy City Secretary  
Signature of officer administering oath Printed name of officer administering oath 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<br><u>Keith D. Olson</u> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------------------|--|

|  |  |   |  |
|--|--|---|--|
| 4 Date<br><u>10/10/2012</u>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>George Miles For Mayor</u> | 7 Amount of contribution (\$)<br><u>177.97</u>    | 8 In-kind contribution description (if applicable)<br><u>_____</u> |
| 6 Contributor address; City; State; Zip Code<br><u>673 Elkins Lake<br/>Huntsville, Texas 77340</u> |  | (If travel outside of Texas, complete Schedule T) |  |

|   |                                |
|---|--------------------------------|
| 9 Principal occupation / Job title (See Instructions) | 10 Employer (See Instructions) |
|---|--------------------------------|

|  |  |   |  |
|--|--|---|--|
| Date<br><u>10/10/2012</u>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>George Miles For Mayor</u> | Amount of contribution (\$)<br><u>100.00</u>      | In-kind contribution description (if applicable)<br><u>_____</u> |
| Contributor address; City; State; Zip Code<br><u>673 Elkins Lake<br/>Huntsville, Texas 77340</u> |  | (If travel outside of Texas, complete Schedule T) |  |

|   |                             |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

|  |   |   |  |
|--|---|---|--|
| Date<br><u>_____</u>                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>_____</u> | Amount of contribution (\$)<br><u>_____</u>       | In-kind contribution description (if applicable)<br><u>_____</u> |
| Contributor address; City; State; Zip Code<br><u>_____</u> |   | (If travel outside of Texas, complete Schedule T) |  |

|   |                             |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

|  |   |   |  |
|--|---|---|--|
| Date<br><u>_____</u>                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>_____</u> | Amount of contribution (\$)<br><u>_____</u>       | In-kind contribution description (if applicable)<br><u>_____</u> |
| Contributor address; City; State; Zip Code<br><u>_____</u> |   | (If travel outside of Texas, complete Schedule T) |  |

|   |                             |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

|  |   |   |  |
|--|---|---|--|
| Date<br><u>_____</u>                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>_____</u> | Amount of contribution (\$)<br><u>_____</u>       | In-kind contribution description (if applicable)<br><u>_____</u> |
| Contributor address; City; State; Zip Code<br><u>_____</u> |   | (If travel outside of Texas, complete Schedule T) |  |

|   |                             |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor 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.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule F:<br>1                        | <b>2</b> FILER NAME<br>Keith D. Olson  | <b>3</b> ACCOUNT # (Ethics Commission Filers)   |
| <b>4</b> Date<br>10/5/2012                                   | <b>5</b> Payee name<br>Huntsville Item   |   |
| <b>6</b> Amount (\$)<br>130.00                               | <b>7</b> Payee address; City; State; Zip Code<br>1409 10th Street<br>Huntsville, Texas 77342 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                              | (a) Category (See categories listed at the top of this schedule)<br>Advertising              | (b) Description (If travel outside of Texas, complete Schedule T)<br>"The Candidates" |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought      Office held  |

|   |   |   |
|---|---|---|
| Date<br>10/19/2012                                  | Payee name<br>Huntsville Item   |   |
| Amount (\$)<br>185.00                               | Payee address; City; State; Zip Code<br>1409 10th Street<br>Huntsville, Texas 77342 |   |
| <b>PURPOSE OF EXPENDITURE</b>                       | Category (See categories listed at the top of this schedule)<br>Advertising         | Description (If travel outside of Texas, complete Schedule T)<br>Voters Guide |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought      Office held  |

|   |  |   |
|---|--|---|
| Date  | Payee name   |   |
| Amount (\$)   | Payee address; City; State; Zip Code                         |   |
| <b>PURPOSE OF EXPENDITURE</b>                       | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                | Office sought      Office held                                |

|   |  |   |
|---|--|---|
| Date  | Payee name   |   |
| Amount (\$)   | Payee address; City; State; Zip Code                         |   |
| <b>PURPOSE OF EXPENDITURE</b>                       | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                | Office sought      Office held                                |

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