

# 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) <i>N/A</i>	2 Total pages filed: <i>5</i>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>MR.</i> NICKNAME <i>N/A</i>	FIRST <i>KENDALL</i> LAST <i>SLUDDER</i>	MI <i>W</i> SUFFIX <i>N/A</i>	<b>OFFICE USE ONLY</b> Date Received <i>1/15/13 KLE</i>  Date Hand-delivered or Postmarked  Receipt #      Amount  Date Processed <i>1/15/13 KLE</i>  Date Imaged <i>1/15/13 KLE</i>
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>P.O. Box 1371 N/A HUNTSVILLE TX 77342</i> <input type="checkbox"/> change of address			
5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE      PHONE NUMBER      EXTENSION <i>(903)      243-2555      N/A</i>				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>MRS.</i> NICKNAME <i>N/A</i>	FIRST <i>LINDSAY</i> LAST <i>BARNES-WILSON</i>	MI <i>A</i> SUFFIX <i>N/A</i>	
	7 CAMPAIGN TREASURER ADDRESS (residence or business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>59 WEST OAK DRIVE N/A HUNTSVILLE TX 77320</i>			
8 CAMPAIGN TREASURER PHONE AREA CODE      PHONE NUMBER      EXTENSION <i>(936)      581-5974      N/A</i>				
9 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 checked="" type="checkbox"/> Final report (Attach C/OH - FR)				
10 PERIOD COVERED Month      Day      Year      THROUGH      Month      Day      Year <i>10 / 30 / 2012      THROUGH      12 / 31 / 2012</i>				
11 ELECTION ELECTION DATE      ELECTION TYPE Month      Day      Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <i>11 / 06 / 2012</i>				
12 OFFICE OFFICE HELD (if any) <i>N/A</i>		13 OFFICE SOUGHT (if known) <i>HUNTSVILLE</i>		
<b>GO TO PAGE 2</b>				

**CANDIDATE INFORMATION REPORT** FORM CDR  
**REPORT A FORM** FORM CDR (1)

**SECTION 1: CANDIDATE INFORMATION**

NAME: \_\_\_\_\_

RESIDENCE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DATE OF REGISTRATION: \_\_\_\_\_

SECTION 2: FINANCIAL INFORMATION

NET WORTH: \_\_\_\_\_

INCOME: \_\_\_\_\_

ASSETS: \_\_\_\_\_

LIABILITIES: \_\_\_\_\_

SECTION 3: EDUCATION

HIGHEST LEVEL OF EDUCATION: \_\_\_\_\_

SECTION 4: EMPLOYMENT

CURRENT EMPLOYER: \_\_\_\_\_

SECTION 5: SIGNATURES

CANDIDATE SIGNATURE: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_

SECTION 6: NOTES

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



FEDERAL INFORMATION	
1. Name of the person or organization	
2. Address	
3. City	
4. State	
5. Zip	
6. Telephone number	
7. Fax number	
8. E-mail address	
9. Website	
10. Other contact information	
11. Date of information	
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**CANDIDATE / OFFICIALS REPORT**  
**REGISTRATION OF POLYMER** Form COM-28

THE POLYMER MANUFACTURER SHALL COMPLETE THIS FORM FOR ALL POLYMER REGISTRATIONS.

REGISTRATION NO. \_\_\_\_\_ DATE OF REGISTRATION \_\_\_\_\_

REGISTRATION TYPE:  NEW  RENEWAL

REGISTRATION STATUS:  ACTIVE  SUSPENDED  EXPIRED

REGISTRAR: \_\_\_\_\_

**REGISTRATION INFORMATION**

**A. POLYMER**

1. NAME OF POLYMER: \_\_\_\_\_

2. CHEMICAL STRUCTURE: \_\_\_\_\_

3. CAS NO.: \_\_\_\_\_

4. IUPAC NAME: \_\_\_\_\_

5. OTHER NAMES: \_\_\_\_\_

6. USES: \_\_\_\_\_

7. TOXICITY: \_\_\_\_\_

8. ENVIRONMENTAL IMPACT: \_\_\_\_\_

9. OTHER INFORMATION: \_\_\_\_\_

**B. MANUFACTURER**

1. NAME: \_\_\_\_\_

2. ADDRESS: \_\_\_\_\_

3. CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

4. PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

5. E-MAIL: \_\_\_\_\_

6. SIGNATURE: \_\_\_\_\_

7. TITLE: \_\_\_\_\_

8. DATE: \_\_\_\_\_