

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: <div style="font-size: 2em; text-align: center;">4</div>								
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; border-bottom: 1px solid black;">MS / MRS / MR <i>Mr.</i></td> <td style="width:25%; border-bottom: 1px solid black;">FIRST <i>Yantis</i></td> <td style="width:25%; border-bottom: 1px solid black;">MI</td> <td style="width:25%;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">NICKNAME</td> <td style="border-bottom: 1px solid black;">LAST <i>Green</i></td> <td style="border-bottom: 1px solid black;">SUFFIX</td> <td></td> </tr> </table>	MS / MRS / MR <i>Mr.</i>	FIRST <i>Yantis</i>	MI		NICKNAME	LAST <i>Green</i>	SUFFIX		<div style="border: 1px solid black; padding: 5px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px;">Date Received <div style="font-size: 1.5em; text-align: center;">JAN 11 2011</div></div> <div style="border: 1px solid black; padding: 5px;">Date Hand-delivered or Postmarked</div> <div style="border: 1px solid black; padding: 5px;">Receipt # Amount</div> <div style="border: 1px solid black; padding: 5px;">Date Processed</div> <div style="border: 1px solid black; padding: 5px;">Date Imaged</div>	
MS / MRS / MR <i>Mr.</i>	FIRST <i>Yantis</i>	MI									
NICKNAME	LAST <i>Green</i>	SUFFIX									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">ADDRESS / PO BOX; <i>P.O. Box 62809</i></td> <td style="width:15%;">APT / SUITE #;</td> <td style="width:20%;">CITY; <i>San Angelo, TX</i></td> <td style="width:15%;">STATE;</td> <td style="width:20%;">ZIP CODE <i>76906</i></td> </tr> </table>	ADDRESS / PO BOX; <i>P.O. Box 62809</i>	APT / SUITE #;	CITY; <i>San Angelo, TX</i>	STATE;	ZIP CODE <i>76906</i>					
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7 CAMPAIGN TREASURER ADDRESS (residence or business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">STREET ADDRESS (NO PO BOX PLEASE); <i>2027 Industrial Ave.</i></td> <td style="width:15%;">APT / SUITE #;</td> <td style="width:20%;">CITY; <i>San Angelo, TX</i></td> <td style="width:15%;">STATE;</td> <td style="width:5%;">ZIP CODE <i>76904</i></td> </tr> </table>	STREET ADDRESS (NO PO BOX PLEASE); <i>2027 Industrial Ave.</i>	APT / SUITE #;	CITY; <i>San Angelo, TX</i>	STATE;	ZIP CODE <i>76904</i>					
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<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)
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Month Day Year <i>10 / 24 / 2010</i></td> <td style="width:10%; text-align: center;">THROUGH</td> <td style="width:30%;">Month Day Year <i>12 / 31 / 2010</i></td> <td style="width:30%;"></td> </tr> </table>			Month Day Year <i>10 / 24 / 2010</i>	THROUGH	Month Day Year <i>12 / 31 / 2010</i>					
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11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">ELECTION DATE Month Day Year <i>11 / 02 / 2010</i></td> <td style="width:60%;">ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special</td> </tr> </table>	ELECTION DATE Month Day Year <i>11 / 02 / 2010</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special								
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12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>County Commissioner, Pct. 4</i>									
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	<p style="font-size: 0.8em;">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.</p> <hr/> <p style="font-size: 0.8em;">Name</p> <hr/> <p style="font-size: 0.8em;">Address / PO Box; Apt. / Suite #; City; State; Zip Code</p>										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Vantis Green **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.

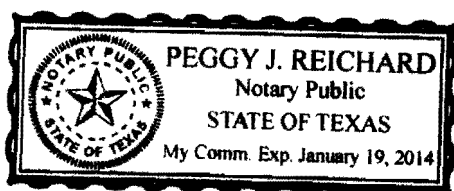
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>90.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>700.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>— 0 —</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>6,703.30</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>750.19</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>715.12</u>

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.

Vantis Green
Signature of Candidate or Officeholder



PEGGY J. REICHARD
Notary Public
STATE OF TEXAS
My Comm. Exp. January 19, 2014

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said VANTIS GREEN, this the 11TH day of JANUARY, 20 11, to certify which, witness my hand and seal of office.

Peggy J. Reichard PEGGY J. REICHARD NOTARY
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 <u>Yantis Green</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>10/25/2010</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Phyllis Van Court</u>	7 Amount of contribution (\$) <u>\$50.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>P.O. Box 467 Christoval, TX 76935</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>Marketing</u>		10 Employer (See Instructions) <u>Self-employed</u>	
Date <u>10/27/2010</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>James & Artie DeLong</u>	Amount of contribution (\$) <u>\$100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>3419 Sunset San Angelo, TX 76904</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions)	
Date <u>10/28/2010</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Gloria Robertson</u>	Amount of contribution (\$) <u>\$50.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>3001 Chatterton San Angelo, TX 76904</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions)	
Date <u>11/15/2010</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Lee Pfluger</u>	Amount of contribution (\$) <u>\$500.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>P.O. Box 1991 San Angelo, TX 76902</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(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.

1 Total pages Schedule F: 1	2 FILER NAME Yantis Green	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/25/2010	5 Payee name Pay Pal	
6 Amount (\$) \$ 1.05	7 Payee address; City; State; Zip Code Internet	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) admin. fee	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/1/2010	Payee name Hobby Lobby	
Amount (\$) \$ 10.80	Payee address; City; State; Zip Code 2701 Southwest Blvd, San Angelo, TX 76904	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Expense	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
Date 11/1/2010	Payee name McLaughlin Advertising	
Amount (\$) \$ 1,297.60	Payee address; City; State; Zip Code 929 Turner, San Angelo, TX 76904	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	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
Date 11/12/2010	Payee name Yantis Green	
Amount (\$) \$ 5,393.65	Payee address; City; State; Zip Code 3505 Clearview Dr, San Angelo, TX 76904	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Loan Repayment	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED