

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH**  
**COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Files)	<b>2 Total pages filed:</b>		
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR                      FIRST    MI MRS                                      CYNTHIA    C ----- NICKNAME                                      LAST    SUFFIX CINDY                                      JETTON	<p style="text-align: center;"><b>OFFICE USE ONLY</b></p> <hr/> Date Received     <hr/> Date Hand-delivered or Date Postmarked     <hr/> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:30%; border-bottom: 1px solid black;">Amount</td> </tr> </table> <hr/> Date Processed     <hr/> Date Imaged		Receipt #	Amount
Receipt #	Amount				
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 113 WEST BEAUREGARD SAN ANGELO TX 76903				
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE                      PHONE NUMBER    EXTENSION ( 325)                      659-6539				
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR                      FIRST    MI ----- NICKNAME                                      LAST    SUFFIX EVELYN VORDICK				
<b>7 CAMPAIGN TREASURER ADDRESS (Residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 113 WEST BEAUREGARD SAN ANGELO TX 76903				
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE                      PHONE NUMBER    EXTENSION ( 325) 659-6539				
<b>9 REPORT TYPE</b>	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)				
<b>10 PERIOD COVERED</b>	Month                      Day                      Year    THROUGH    Month                      Day                      Year Oct / 25 / 2008    12 / 31 / 2008				
<b>11 ELECTION</b>	ELECTION DATE Month                      Day                      Year 11 / 4 / 2008	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
<b>12 OFFICE</b>	OFFICE HELD (if any) TAX ASSESSOR-COLLECTOR	<b>13 OFFICE SOUGHT (if known)</b>			
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <input type="checkbox"/> additional pages	** 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. **  Name N/A  Address / PO Box,    Apt. / Suite #,    City,    State,    Zip Code				

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

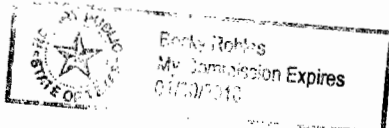
15 C/OH NAME **CINDY JETON (CYNTHIA)** 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)   
 -- This box is for notice of political expenditures 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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE NAME
	N/A
	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	\$ 150.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 150.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1024.99
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

*Cindy Jetton*  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said CINDY JETTON, this the 8 day of Jan, 20 10, to certify which, witness my hand and seal of office.

*Becky Robles* \_\_\_\_\_  
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: <b>2</b>
2 FILER NAME <i>Cindy Jetton</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>10/30/08</i>	5 Payee name <i>Conerion Hosp. Paper</i>	8 Amount (\$) <i>162.50</i>
	6 Payee address; City; State; Zip Code <i>1106 N Chadbourne San Angelo</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>paper add</i> (If travel outside of Texas, complete Schedule T)	
Date <i>10/27/08</i>	Payee name <i>Standard Times</i>	Amount (\$) <i>132.20</i>
	Payee address; City; State; Zip Code <i>Harris ave San Angelo TX</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>2x4 ad</i> (If travel outside of Texas, complete Schedule T)	
Date <i>11/2-4</i> <i>11/11</i>	Payee name <i>Standard Times</i>	Amount (\$) <i>524.40</i>
	Payee address; City; State; Zip Code <i>Harris ave San Angelo TX</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>4 days 2x5 ad</i> (If travel outside of Texas, complete Schedule T)	
Date <i>10/17</i>	Payee name <i>K.S.JT</i>	Amount (\$) <i>117.00</i>
	Payee address; City; State; Zip Code <i>309 W Beavergard San Angelo TX</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>30 sec Spots 12 times</i> (If travel outside of Texas, complete Schedule T)	
Date <i>10/28</i>	Payee name <i>U.P.S.</i>	Amount (\$) <i>71.50</i>
	Payee address; City; State; Zip Code <i>4272 Knickerbocker 2x</i>	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>mail push cards</i> (If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

*100860*

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

#2

The Instruction Guide explains how to complete this form.	1 Total pages Schedule G: <u>2</u>
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2 FILER NAME <u>Cindy Getton</u>	3 ACCOUNT # (Ethics Commission filers)
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4 Date <u>10/24/08</u>	5 Payee name <u>Office Depot</u>	8 Amount (\$) <u>18.39</u>
	6 Payee address; City; State; Zip Code <u>4272 Sunset Dr San Angelo TX</u>	
	7 Purpose of expenditure (See instructions regarding type of information required.) <u>envelopes</u> <small>(If travel outside of Texas, complete Schedule T)</small>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

18.39