

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:

5

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Mr. Michael P
NICKNAME LAST SUFFIX
Mike Harnisch

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
612 Lunar Drive
Burnet TEXAS 78611

Date Hand-delivered or Date Postmarked

2009 JAN 14 PM 1:49
FILED
JANET F. BAKER
COUNTY CLERK
BURNET COUNTY, TEXAS

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 715-9784

Receipt # Amount

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Mr. Michael P
NICKNAME LAST SUFFIX
Mike Harnisch

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
612 Lunar Drive
Burnet TEXAS 78611

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 715-9784

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 Month Day Year
1 / 14 / 08 THROUGH 12 / 31 / 2008

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
11 / 4 / 08 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

Constable Pct 7

13 OFFICE SOUGHT (if known)

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** 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

None

Address / PO Box, Apt. / Suite #, City, State, Zip Code

additional pages

GO TO PAGE 2

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Michael P. Harnisch</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>2-24-08</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joyce L Johnson</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>Po Box 961 Burnet Texas 78611-0961</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>RETIRED</i>		10 Employer (See Instructions)	
Date <i>2-24-08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Frank G Grobbs</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>214 Point STREET BURNET TEXAS 78611</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)	
Date <i>2-24-08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ron Gachasan</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Po Box 781 Burnet TEXAS 78611</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>RETIRED</i>		Employer (See Instructions)	
Date <i>2-20-08</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JAMES DICKENS</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>515 Driftwood DR BURNET TEXAS 78611</i>		(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 FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G:
2 FILER NAME <i>Michael P. Harnisch</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>1-11-08</i>	5 Payee name <i>Quick Draw Signs</i> 6 Payee address; City, State; Zip Code <i>102 Brook St - Burnet TX 78611</i>	8 Amount (\$) <i>92.50</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>Signs</i> (If travel outside of Texas, complete Schedule T)	
Date <i>2-13-08</i>	Payee name <i>Valero Gas Co.</i> Payee address; City, State; Zip Code <i>600 Buchanan Drive Burnet Texas 78611</i>	Amount (\$) <i>\$90.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>TRAVEL EXPENSE</i> (If travel outside of Texas, complete Schedule T)	
Date <i>2-22-08</i>	Payee name <i>Valero Gas Company</i> Payee address; City, State; Zip Code <i>600 Buchanan dr Burnet Texas 78611</i>	Amount (\$) <i>\$30.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>Travel Expense</i> (If travel outside of Texas, complete Schedule T)	
Date <i>2-27-08</i>	Payee name <i>HEB Burnet</i> Payee address; City, State; Zip Code <i>105 South Boundary Burnet Texas 78611</i>	Amount (\$) <i>30.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>Travel Expense</i> (If travel outside of Texas, complete Schedule T)	
Date <i>3-1-08</i>	Payee name <i>HEB BURNET</i> Payee address; City, State; Zip Code <i>105 S. Boundary Burnet Texas</i>	Amount (\$) <i>30.04</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>TRAVEL EXPENSE</i> (If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

Michael P. Hurnisch

3 ACCOUNT # (Ethics Commission filers)

4 Date

1-14-08

5 Payee name

HOOPER Building Supply, Inc.

6 Payee address; City; State; Zip Code

500 EAST Burnet TX 78611
POLK

8 Amount (\$)

54.27

7 Purpose of expenditure (See instructions regarding type of information required.)

T POSTS for SIGNS
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

1-9-08

Payee name

Quick Draw Signs

Payee address; City; State; Zip Code

102 Brook St. Burnet TX 78611

Amount (\$)

92.50

Purpose of expenditure (See instructions regarding type of information required.)

102 18x24 Signs and 22 Sign Patches
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

1-21-08

Payee name

Quick Draw Signs

Payee address; City; State; Zip Code

102 Brook St, Burnet TX 78611

Amount (\$)

333.00

Purpose of expenditure (See instructions regarding type of information required.)

4= 4x8' Signs & 10= 18"x24" Signs
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

1-14-08

Payee name

D+W Printing

Payee address; City; State; Zip Code

206 South Water Burnet TX. 78611

Amount (\$)

63.00

Purpose of expenditure (See instructions regarding type of information required.)

Printing Supplies - CARDS
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

1-9-08

Payee name

WAL Mart

Payee address; City; State; Zip Code

27000 Hwy 281 North Marble Falls TX 78654

Amount (\$)

68.10

Purpose of expenditure (See instructions regarding type of information required.)

Sign Printing Supplies
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME

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. **

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	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

\$

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

\$ 400.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 64.00

4. TOTAL POLITICAL EXPENDITURES

\$ 873.41

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath