

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: 4
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: MR FIRST: Michael MI: P NICKNAME: Mike LAST: Harnisch SUFFIX:	OFFICE USE ONLY Date Received
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6012 Lunar drive BURNET TX 78611	2008 FEB 25 AM 9:38 FILED JANNETT PARKER COUNTY CLERK BURNET COUNTY TEXAS
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5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (512) PHONE NUMBER: 715-9784 EXTENSION:	Date Hand-Delivered or Date Postmarked
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6 CAMPAIGN TREASURER NAME	MS / MRS / MR: MR FIRST: Michael MI: P NICKNAME: Mike LAST: Harnisch SUFFIX:	Receipt # Amount Date Processed Date Imaged
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7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6012 Lunar drive BURNET TX 78611
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8 CAMPAIGN TREASURER PHONE	AREA CODE: (512) PHONE NUMBER: 715-9784 EXTENSION:
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9 REPORT TYPE	<input 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 checked="" 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	Month Day Year THROUGH Month Day Year 2 / 5 / 08 2 / 25 / 08
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11 ELECTION	ELECTION DATE Month Day Year 3 / 4 / 08	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
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12 OFFICE OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Constable Precinct one
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14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <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 Address / PO Box; Apt. / Suite #; City; State; Zip Code
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

16 C/OH NAME Michael P. Harnisch 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

GENERAL

SPECIFIC

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)

\$

1400.00

EXPENDITURE TOTALS

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

\$

64.00

4. TOTAL POLITICAL EXPENDITURES

\$

110.00

CONTRIBUTION BALANCE

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

\$

226.00

OUTSTANDING LOAN TOTALS

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

\$

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.

Michael P. Harnisch

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael P. Harnisch, this the 25th day of February, 20 08, to certify which, witness my hand and seal of office.

Nancy K. Collins

Signature of officer administering oath

Nancy K. Collins

Printed name of officer administering oath

Notary Public

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:

2

2 FILER NAME

Michael P. Harnisch

3 ACCOUNT # (Ethics Commission filers)

4 Date

2-24-08

5 Full name of contributor out-of-state PAC (ID# _____)

Joyce L. Johnston

6 Contributor address; City; State; Zip Code

P.O. Box 961
BURNET TX 78611-0961

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

RETIRED

10 Employer (See Instructions)

Date

2-24-08

Full name of contributor out-of-state PAC (ID# _____)

FRANK G. GRUBBS

Contributor address; City; State; Zip Code

214 POINT STREET
BURNET TEXAS 78611

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

2-24-08

Full name of contributor out-of-state PAC (ID# _____)

RON GAHAGAN

Contributor address; City; State; Zip Code

PO BOX 981
BURNET TEXAS 78611

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

2-20-08

Full name of contributor out-of-state PAC (ID# _____)

JAMES DICKENS

Contributor address; City; State; Zip Code

515 DRIFTWOOD
BURNET TEXAS 78611

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(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: 1

2 FILER NAME
Michael Harnisch

3 ACCOUNT # (Ethics Commission filers)

4 Date <u>2-13-08</u>	5 Payee name <u>VALERO GAS (COUNTRY STORE)</u>	8 Amount (\$) <u>\$80.00</u>
	6 Payee address; City; State; Zip Code <u>600 BUCHANAN DRIVE BURNET TEXAS 78611</u>	
7 Purpose of expenditure (See instructions regarding type of information required.) <u>TRAVEL EXPENSE (GAS)</u> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>2-22-08</u>	Payee name <u>VALERO GAS (COUNTRY STORE)</u>	Amount (\$) <u>\$30.00</u>
	Payee address; City; State; Zip Code <u>600 BUCHANAN DRIVE BURNET TEXAS 78611</u>	
Purpose of expenditure (See instructions regarding type of information required.) <u>TRAVEL EXPENSE (GAS)</u> (If travel outside of Texas, complete Schedule T)		<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.) (If travel outside of Texas, complete Schedule T)		<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.) (If travel outside of Texas, complete Schedule T)		<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.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED