

# 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:**

**3 CANDIDATE / OFFICEHOLDER NAME**  
 MS / MRS / MR: Mr. FIRST: Michael MI: P.  
 NICKNAME: Mike LAST: Harnisch SUFFIX:

**OFFICE USE ONLY**

Date Received: **2010 JUL -8 AM 8:39** FILED

Date Hand-delivered or Date Postmarked:

Receipt # \_\_\_\_\_ Amount \_\_\_\_\_

Date Processed \_\_\_\_\_

Date Imaged \_\_\_\_\_

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**  
 ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE  
 406 Lunar drive Burnet TX 78611  
 Change of Address

**5 CANDIDATE / OFFICEHOLDER PHONE**  
 AREA CODE PHONE NUMBER EXTENSION  
 (512) 755-2359

**6 CAMPAIGN TREASURER NAME**  
 MS / MRS / MR: Mr. FIRST: Michael MI: P.  
 NICKNAME: Mike LAST: Harnisch SUFFIX:

**7 CAMPAIGN TREASURER ADDRESS**  
 STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE  
 406 Lunar drive Burnet TX 78611  
 (Residence or Business)

**8 CAMPAIGN TREASURER PHONE**  
 AREA CODE PHONE NUMBER EXTENSION  
 (512) 755-2359

**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 / 15 / 10 THROUGH 7 / 15 / 10

**11 ELECTION**

ELECTION DATE: Month Day Year: / /

ELECTION TYPE:  Primary  Runoff  General  Special

**12 OFFICE**  
 OFFICE HELD (if any)  
 Constable Pct 1

**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 \_\_\_\_\_

Address / PO Box, Apt / Suite #: City, State, Zip Code \_\_\_\_\_

additional pages

**GO TO PAGE 2**

# 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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

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

\$ 0

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

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.



AFFIX NOTARY STAMP / SEAL ABOVE

*Michael Harmisch*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Michael Harmisch, this the 7<sup>th</sup> day of July, 20 10, to certify which, witness my hand and seal of office.

*Debbie Johnson*  
Signature of officer administering oath

Debbie Johnson  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath