

# 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

TITLE FIRST MI  
*FRIEDA J.*  
NICKNAME LAST SUFFIX  
*PRESSLER*

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE

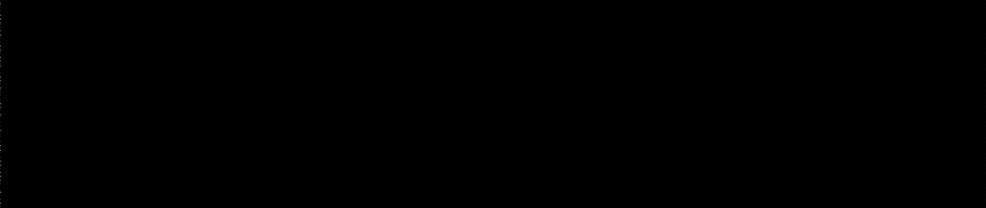


5 CAMPAIGN TREASURER NAME

TITLE FIRST MI  
*FRIEDA J.*  
NICKNAME LAST SUFFIX  
*PRESSLER*

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE



7 CAMPAIGN TREASURER PHONE

8 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)

9 PERIOD COVERED

Month Day Year MONTH DAY YEAR  
*10 / 11 / 2001* THROUGH *01 / 15 / 2002*

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
*03 / 12 / 2002*  Primary  Runoff  General  Special

11 OFFICE

OFFICE HELD (if any) *KENDALL County* OFFICE SOUGHT (if known) *Kendall County*  
*JUSTICE OF THE PEACE PCT. 4* *JUSTICE OF THE PEACE PCT. 4*

13 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  
*N/A*  
Address / PO Box, Apt. / Suite #, City, State, Zip Code

*N/A*

additional pages

GO TO PAGE 2

DALENE HERRIN, CLERK  
COUNTY CLERK, KENDALL COUNTY, TEXAS  
FILED: 1-15-02  
OFFICE USE ONLY  
Date Received  
Date Hand-Delivered or Date Postmarked  
Receipt #  
Amount  
Date Processed  
Date Imaged

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME  
**FRIEDA J. PRESSLER**

15 ACCOUNT # (Ethics Commission files)

16 NOTICE FROM POLITICAL COMMITTEE(S)  
  
 additional pages

-- 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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

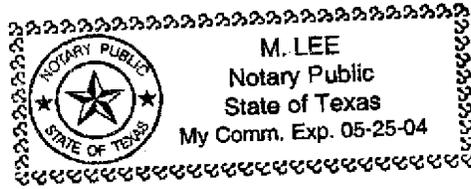
18 CONTRIBUTION TOTALS

EXPENDITURE TOTALS

OUTSTANDING LOAN 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
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 32.62
4. TOTAL POLITICAL EXPENDITURES	\$ 32.62
5. 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.

*Frieda J. Pressler*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said **FRIEDA J. PRESSLER**, this the **15<sup>th</sup>** day of **JANUARY**, 20 **02**, to certify which, witness my hand and seal of office.

*M. Lee*  
Signature of officer administering oath

**M. Lee**  
Printed name of officer administering oath

*Notary*  
Title of officer administering oath

**POLITICAL EXPENDITURES** **SCHEDULE F**

The instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME **FRIEDA J. PRESSLER** 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>1-7-02</b>	5 Payee name <b>COMFORT NEWS</b>	7 Amount (\$) <b>\$32 <sup>62</sup>/<sub>100</sub></b>
6 Payee address; City; State; Zip Code <b>P.O. Box 218 COMFORT, TEXAS 78013</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>NEWSPAPER ANNOUNCEMENT</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name: <b>N/A</b> Office sought:      Office held:
--	---

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name:      Office sought:      Office held:
---	---

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name:      Office sought:      Office held:
---	---

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name:      Office sought:      Office held:
---	---

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**