CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

		The second secon				
14 C/OH NAME	IR. JA-CH	A. DAVIDSON	15 ACCOUNT # (Ethics Commission Filers)			
16 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				
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGS					
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$			
EXPENDITURE TOTALS	3. TOTAL F	MIZED \$ \$				
	4. TOTAL	\$ \$				
CONTRIBUTION BALANCE	5. TOTAL P	DAY \$ \$				
OUTSTANDING LOAN TOTALS	6. TOTAL F LAST DA	THE \$ Ø				
18 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. GAYE LYNNE MONTEMAYOR MY COMMISSION EXPIRES July 24, 2013 Signature of Candidate or Officeholder						
AFFIX NOTARY STAMP / SEAL ABOVE						
Sworn to and subscribed before me, by the said <u>TauC David Son</u> , this the <u>14</u> day of <u>Opril</u> , 20 13, to certify which, witness my hand and seal of office.						
Signature of officer admi	Mouton Mouton inlatering oath	Stayelynne Montemayo Printed hame of officer administering oath	41 1			
			,			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

FORM C/OH COVER SHEET PG 1

		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:				
The C/OH Instruction (Guide explains how to complete this form.	(Ettace Cottinuesion Libra)	1 2				
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST	A MI	OFFICE USE ONLY				
	MR. JACK	Date Received					
TVAIVIL.	NICKNAME LAST	.,	Date Hooding				
	DAVIDSON						
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #: CITY;	STATE; ZIP CODE	[
OFFICEHOLDER							
MAILING ADDRESS	9148 FARMER DR., FT	Date Hand-delivered or Postmarked					
change of address	,		Receipt # Amount				
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION					
OFFICEHOLDER PHONE	(811) 741-0641	İ	Date Processed				
6 CAMPAIGN	MS/MRS/MR FIRST	Mi	Date Imaged				
TREASURER NAME	MR JACK	<i></i>					
	NICKNAME LAST	SUFFIX					
DAVIDSON							
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#;	CITY; STATE;	ZIP CODE				
TREASURER ADDRESS	9148 FARMER DR. G	- WORTH +V	71740				
(residence or business)	1143 PAJEMICIC DIC: 6	1.40.411, 12	1 5 6 78				
8 CAMPAIGN	8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION						
TREASURER PHONE	(817) 741-0641						
THORE							
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign				
[<u> </u>		treasurer appointment (officeholder only)				
	July 15 8th day before election	Exceeded \$500 [Final report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year				
	2/18/2013 THROUGH	4/10/	2013				
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year						
	5/11/2013 Primary	Runalf	General Special				
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (if known)					
			D BOARD OF TRUSTEES				
		PLACE 3					
	GOTO PAGE 2						
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