

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: 9
3 CANDIDATE / OFFICEHOLDER NAME	<input checked="" type="checkbox"/> MS / <input type="checkbox"/> MRS / <input type="checkbox"/> MR FIRST: <u>Deborah</u> MI: <u>C</u> NICKNAME: _____ LAST: <u>Sargeant</u> SUFFIX: _____	OFFICE USE ONLY Date Received _____ 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: _____ <u>10913 Fawnlilly The Woodlands TX 77380</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <u>(281)</u> PHONE NUMBER: <u>292-5341</u> EXTENSION: _____		
6 CAMPAIGN TREASURER NAME	<input checked="" type="checkbox"/> MS / <input type="checkbox"/> MRS / <input type="checkbox"/> MR FIRST: <u>PATRICIA</u> MI: _____ NICKNAME: _____ LAST: <u>Goodpastor</u> SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ <u>12207 Rock Oak Place The Woodlands, TX 77380</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: <u>(281)</u> PHONE NUMBER: <u>825-8942</u> EXTENSION: _____		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month: <u>03</u> Day: <u>10</u> Year: <u>10</u> THROUGH Month: <u>04</u> Day: <u>08</u> Year: <u>10</u>		
11 ELECTION	ELECTION DATE Month: <u>05</u> Day: <u>08</u> Year: <u>10</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>DIRECTOR POSITION 4, The Woodlands Township</u>	
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: _____		
<input type="checkbox"/> additional pages			
GO TO PAGE 2			

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

15 C/OH NAME Deborah C. Sargeant 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. **

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	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	\$ 50.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2306.98
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 5745.71
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2216.66
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 Deborah C. Sargeant, this the 8 day of April, 2010, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Kim D Cogburn
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: 4	
2 FILER NAME Deborah C. Sargeant		3 ACCOUNT # (Ethics Commission filers)	
4 Date 03/15/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John Nanninga	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 51 Dresden Place The Woodlands Tx 77380		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/20/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Virginia Dellinger	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9 Chatterbird Lane The Woodlands Tx 77381		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/22/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PATRICIA Goodpastor	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12207 Rock Oak Pl. The Woodlands Tx 77380		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/1/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Van Silver	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 232 Blushwood Place The Woodlands Tx 77382		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/25/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sharon Puteman	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1826 Colorado Blvd Los Angeles, Ca 90041		(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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME Deborah C. Sargeant		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/28/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RM+DS Silver	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code .4510 SW 62 Ave Miami FL 33155		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/31/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Peggy Hausman	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4 Greenridge forest The Woodlands TX 77381		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/30/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PATRICIA Goodpastor	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12207 Rock Oak Pl. The Woodlands TX 77380		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/2/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sally Johnson	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10713 E. Timberwagon Circle The Woodlands, TX 77380		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/2/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PATRICIA Goodpastor	Amount of contribution (\$) \$57.98	In-kind contribution description (if applicable) \$51.98 Printing Cards
Contributor address; City; State; Zip Code 12207 Rock Oak The Woodlands TX 77380		(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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: 4

2 FILER NAME Deborah C. SARGEANT 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>3/</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Dana Denton</u>	7 Amount of contribution (\$) <u>50.00</u>	8 In-kind contribution description (if applicable) <u>payment for pavilion rental for Campaign Kickoff</u>
6 Contributor address; City; State; Zip Code <u>The Woodlands, TX 77380</u>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <u>4/6/10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Chris Irish</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>31 E. Sundance Circle The Woodlands, TX 77382</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>4/6/10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Matt Beasley</u>	Amount of contribution (\$) <u>30.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>28 N. Mossrock The Woodlands, TX 77380</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>4/6/10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Bruce + Mary Cunningham</u>	Amount of contribution (\$) <u>50.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2 Moonvine Ct The Woodlands, TX 77380</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>4/6/10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Darla Bell</u>	Amount of contribution (\$) <u>50.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>PO Box 9504 The Woodlands, TX 77387</u>		(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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>4</u>	
2 FILER NAME <u>Deborah C. Sargent</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>4/04/10</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Everett Ison</u>	7 Amount of contribution (\$) <u>300</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> 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)	
Date	Full name of contributor <input type="checkbox"/> 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)	
Date	Full name of contributor <input type="checkbox"/> 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)	
Date	Full name of contributor <input type="checkbox"/> 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

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

1

2 FILER NAME

Deborah C. Sargeant

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/06/10

5 Payee name

Office Max

7 Amount (\$)

66.21

6 Payee address; City; State; Zip Code

*1680 Lake Woodlands
The Woodlands, TX 77380*

8 Purpose of payment (See instructions regarding type of information required.)

Printing campaign cards

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

4/06/10

Payee name

KROGER

Amount (\$)

9.47

Payee address; City; State; Zip Code

*4747 Research
The Woodlands TX 77382*

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

Kick off campaign refreshments

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

4/06/10

Payee name

Randall's

Amount (\$)

6.14

Payee address; City; State; Zip Code

*Buckthorne
The Woodlands, TX 77380*

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

Kick off campaign refreshments

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

4/07/10

Payee name

PayPal

Amount (\$)

12.50

Payee address; City; State; Zip Code

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

Paypal fees to transfer funds

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

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

2 FILER NAME

Deborah C. Sargeant

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/9/10

5 Payee name

Go Daddy.com

8 Amount (\$)

52.96

6 Payee address; City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)
Website domain
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

3/12/10

Payee name

Don's Web Design

Amount (\$)

750.00

Payee address; City; State; Zip Code

Design Website

Purpose of expenditure (See instructions regarding type of information required.)
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

3/30/10

Payee name

Sign Depot

Amount (\$)

750.00

Payee address; City; State; Zip Code

1813 E. Colonial Drive
Orlando, FL

Purpose of expenditure (See instructions regarding type of information required.)
100 campaign signs
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

3/30

Payee name

The Woodlands Chamber

Amount (\$)

40.00

Payee address; City; State; Zip Code

1400 Woodloch Forest Drive
The Woodlands Tx 77380

Purpose of expenditure (See instructions regarding type of information required.)
Candidate Luncheon
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

4/5/10

Payee name

The Villager - HCN

Amount (\$)

355.00

Payee address; City; State; Zip Code

1600 Lakefront Circle Suite 190
The Woodlands Tx 77380

Purpose of expenditure (See instructions regarding type of information required.)
Newspaper Ad
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

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

2 FILER NAME

Deborah Sargeant

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/6/10

5 Payee name

The Villager, H.C.D.

6 Payee address; City; State; Zip Code

*11000 Lakefront Creek St 190
The Woodlands TX 77380*

8 Amount (\$)

2800.00

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

Deborah Sargeant Political Post it

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

4/5/10

Payee name

Don's Web Design

Payee address; City; State; Zip Code

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

and installation for web design

(If travel outside of Texas, complete Schedule T)

Amount (\$)

750.00

Reimbursement from political contributions intended

Date

4/03/10

Payee name

Randalls

Payee address; City; State; Zip Code

*2250 Buck Thorne
The Woodlands TX 77380*

Amount (\$)

17.57

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

Refreshments Campaign Kickoff Party

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

4/05/10

Payee name

Spec's Wine & Spirit

Payee address; City; State; Zip Code

25040 I-45 North

Amount (\$)

27.61

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

Refreshments for campaign

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

4/05/10

Payee name

Mr. Margarita

Payee address; City; State; Zip Code

Tomball TX

Amount (\$)

108.25

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

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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: 7
3 CANDIDATE / OFFICEHOLDER NAME	<input checked="" type="checkbox"/> MRS / MR FIRST: <u>Deborah</u> MI: _____ NICKNAME: _____ LAST: _____ SUFFIX: _____ <u>SERGEANT</u>		OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <u>10913 Fawn Lily The Woodlands Tx</u> _____ _____ _____ <u>77380</u>		Date Received
<input type="checkbox"/> Change of Address			Date Hand-delivered or Date Postmarked
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <u>(281)</u>	PHONE NUMBER: <u>592</u>	EXTENSION: <u>5341</u>
6 CAMPAIGN TREASURER NAME	<input checked="" type="checkbox"/> MRS / MRS / MR FIRST: <u>PATRICIA</u> MI: _____ NICKNAME: _____ LAST: _____ SUFFIX: _____ <u>Goodpastor</u>		Receipt #
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <u>12207 Rock Oak Place The Woodlands Tx</u> _____ _____ _____ <u>77380</u>		Amount
8 CAMPAIGN TREASURER PHONE	AREA CODE: <u>(281)</u>	PHONE NUMBER: <u>825 - 8942</u>	EXTENSION: _____
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)		
10 PERIOD COVERED	Month: <u>04</u> Day: <u>09</u> Year: <u>2010</u> THROUGH Month: <u>04</u> Day: <u>28</u> Year: <u>2010</u>		
11 ELECTION	ELECTION DATE Month: <u>05</u> Day: <u>08</u> Year: <u>2010</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>Director Position</u> <u>The Woodlands Township</u>	
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.		
<input type="checkbox"/> additional pages	Name		
	Address / PO Box; Apt. / Suite #: City; State; Zip Code		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS


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

15 C/OH NAME <u>Deborah Sargeant</u>	16 ACCOUNT # (Ethics Commission Filers)
---	--

17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	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	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	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)	\$ 2118.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 408.02
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3361.00
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.

Deborah Sargeant
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Deborah Sargeant, this the 30th day of April, 2010, to certify which, witness my hand and seal of office.

Renee D. Williford
Signature of officer administering oath

Renee D. Williford
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 Deborah Sargeant		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/15/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cindy Tice	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 59 Overlyn Place The Woodlands Tx		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/21/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephanie Milstead	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 39423 Lago Dr Magnolia, Tx 77354		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/26/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Van Treeck	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 18 Endox Forest Place The Woodlands, Tx 77382		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/22/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim Upham	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 17 Brookflower The Woodlands Tx 77380		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/16/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franklin Palmer	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12 W. Greenbud The Woodlands Tx 77380		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>2</u>	
2 FILER NAME <u>Deborah Sargeant</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>4/23/10</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Dana Denton</u>	7 Amount of contribution (\$) <u>30.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>10 Huntsman Home The Woodlands Tx 77380</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>4/16/10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Cheryl Crandall Tangen</u>	Amount of contribution (\$) <u>468.00</u>	In-kind contribution description (if applicable) <u>payment for event</u>
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>4/10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Mary Boetz</u>	Amount of contribution (\$) <u>50.00</u>	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)	
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)	
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

SCHEDULE F

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

2 FILER NAME Deborah Sargeant 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>4/17/10</u>	5 Payee name <u>PAT Goodpastor</u>	7 Amount (\$) <u>135.89</u>
6 Payee address; City; State; Zip Code <u>12207 Rock Oak Place The Woodlands, Tx</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>Printing Reimbursement for Office Max</u> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held <u>1</u>
--	--

Date <u>4/19/10</u>	Payee name <u>Office Max # 806</u>	Amount (\$) <u>155.95</u>
Payee address; City; State; Zip Code <u>1680 Lake Woodlands Drive The Woodlands Tx 77380</u>		

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date <u>4/24/10</u>	Payee name <u>TRU Tex</u>	Amount (\$) <u></u>
Payee address; City; State; Zip Code <u>Po Box 130041 The Woodlands Tx 77393</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Advertising Logo</u> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** 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.) (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

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: 1

2 FILER NAME *Deborah Sargeant* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>4/16/10</i>	5 Payee name <i>Office Max #806</i>	8 Amount (\$) <i>31.93</i>
	6 Payee address; City; State; Zip Code <i>1680 Lake Woodlands The Woodlands Tx 77380</i>	
	7 Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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