

**AMENDMENT: APPOINTMENT OF A
CAMPAIGN TREASURER BY A CANDIDATE**

FORM ACTA

PG 1

1 CANDIDATE NAME KAREN FORD		2 ACCOUNT #		3 Total pages filed: 1	
See ACTA INSTRUCTION GUIDE for detailed instructions. Use this form for changes to existing information only. Do not provide information previously disclosed.					
4 CANDIDATE NAME KAREN FORD		NEW <input checked="" type="checkbox"/> MS / MRS / MR FIRST MI KAREN L. NICKNAME LAST SUFFIX FORD		OFFICE USE ONLY Date Received RECEIVED IN THE DEC 22 2009 <i>Jac</i> ELECTION OFFICE Date Hand-delivered or Date Postmarked Date Processed Date Imaged	
5 CANDIDATE MAILING ADDRESS		NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 100 COMMONS RD STE 7-152 DRIPPING SPRING TX 78620			
6 CANDIDATE PHONE		NEW AREA CODE PHONE NUMBER EXTENSION (512) 922-8234			
7 OFFICE HELD (if any)		NEW HAYS COUNTY COMMISSIONER PER 4			
8 OFFICE SOUGHT (if known)		NEW " " " "			
9 CAMPAIGN TREASURER NAME		NEW <input checked="" type="checkbox"/> MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX BARBARA L. STRAUD			
10 CAMPAIGN TREASURER STREET ADDRESS (Residence or business)		NEW STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 14045 Robins Run Austin, TX 78737			
11 CAMPAIGN TREASURER PHONE		NEW AREA CODE PHONE NUMBER EXTENSION (512) 923-7341			
12 CANDIDATE SIGNATURE		<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p>Karen Ford Signature of Candidate</p> <p>12-22-09 Date Signed</p>			
GO TO PAGE 2					

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: <div style="font-size: 2em; text-align: center;">2</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI ms Karen L. NICKNAME LAST SUFFIX Ford	OFFICE USE ONLY Date Received <div style="font-size: 1.5em; text-align: center; transform: rotate(-15deg);"> RECD JAN 15 2008 JAH </div> Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 100 Commons Rd # 7-152 DRIPPING SPRINGS, TX 78620		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 922-8234		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MS Jean E. NICKNAME LAST SUFFIX Backus		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4407 Bee Cave Rd - Bldg 6 # 621 Austin TX 78746		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 795 - 0300		
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 checked="" 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 Day Year THROUGH Month Day Year 1 / 1 / 2008 6 / 30 / 2008		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Hays County Commissioner - Pd 4	13 OFFICE SOUGHT (if known)	
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		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME Karen Ford **16 ACCOUNT # (Ethics Commission Filers)**
NA

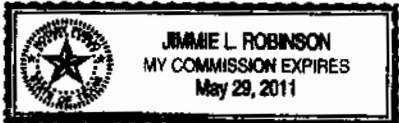
17 NOTICE FROM POLITICAL COMMITTEE(S)

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	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>0</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1258.31</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

19 AFFIDAVIT



JIMMIE L. ROBINSON
MY COMMISSION EXPIRES
May 29, 2011

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.

Karen Ford
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said KAREN FORD, this the 15th day of January, 2009, to certify which, witness my hand and seal of office.

Jimmie Robinson
Signature of officer administering oath

JIMMIE ROBINSON
Printed name of officer administering oath

Notary
Title of officer administering oath

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	MS / MRS / MR: <u>MS</u> FIRST: <u>KAREN</u> MI: <u>L</u> NICKNAME: _____ LAST: <u>FORD</u> SUFFIX: _____	OFFICE USE ONLY Date Received: _____ <div style="text-align: center; font-size: 1.5em; font-weight: bold; transform: rotate(-5deg);"> RECD JAN 15 2009 </div> Date Hand-delivered or Date Postmarked: _____ Receipt # _____ Amount _____ Date Processed _____ Date Imaged _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <u>100 Commons Rd # 7-152</u> <u>DRIPPING SPRINGS, TX 78620</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(512) 922-8234</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>MS</u> FIRST: <u>Jean</u> MI: <u>E</u> NICKNAME: _____ LAST: <u>Backus</u> SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <u>4407 Bee Cave Rd - Bldg 6 - # 621</u> <u>Austin TX 78746</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(512) 795-0300</u>		
9 REPORT TYPE	<input checked="" 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 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 Day Year THROUGH Month Day Year <u>7 / 1 / 08</u> <u>12 / 31 / 08</u>		
11 ELECTION	ELECTION DATE Month Day Year / / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <u>Hays County Commissioner - Pct 4</u>	13 OFFICE SOUGHT (if known)	
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 _____		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME KAREN FORD **16 ACCOUNT # (Ethics Commission Files)** NA


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"/> additional pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	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	\$ 75.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3075.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 825.68
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,258.31
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.

Karen Ford
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said KAREN FORD, this the 15th day of January, 2009, to certify which, witness my hand and seal of office.

Jimmie Robinson
Signature of officer administering oath

JIMMIE ROBINSON
Printed name of officer administering oath

Notary
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 1 of 5	
2 FILER NAME KAREN FORD		3 ACCOUNT # (Ethics Commission files)	
4 Date Aug 2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stephanie Weaver 6 Contributor address; City; State; Zip Code 17202 Panorama DR. Dripping Springs, TX 78620	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9-13-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jonathan/Mary Steinberg Contributor address; City; State; Zip Code 13125 Fieldstone Loop Austin TX 78737	Amount of contribution (\$) 50.-	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-7-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anne Bleakley Contributor address; City; State; Zip Code HC 65, Box 255 G Alpine TX 79830	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-2-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Henry Brooks Contributor address; City; State; Zip Code P.O. Box 118 Dripping Springs, TX 78620	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date Sept 2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tracy/Chuck Lemmond Contributor address; City; State; Zip Code 13800 Evergreen Way Austin TX 78737	Amount of contribution (\$) 50.-	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 2 of 5	
2 FILER NAME Karen Ford		3 ACCOUNT # (Ethics Commission files)	
4 Date Sept 2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leona Johnson	7 Amount of contribution (\$) 50.-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 13689 Nutty Brown Rd Austin TX 78737			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9-5-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jim & Diana George	Amount of contribution (\$) 100.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 14721 Bear Creek Pass Austin TX 78737			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-8-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ted Lehr	Amount of contribution (\$) 100.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 13240 Fieldstone Loop Austin TX 78737			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-5-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jean Backus	Amount of contribution (\$) 100.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 16204 Hidden Springs Austin TX 78737			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-5-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beyrl Armstrong	Amount of contribution (\$) 100.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9300 McGregor Lane Dripping Springs TX 78620			
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: 3 of 5	
2 FILER NAME KAREN FORD		3 ACCOUNT # (Ethics Commission files)	
4 Date 9-2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John / Shirley Hawk	7 Amount of contribution (\$) 100.-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1049 Sunset Canyon Dr. S Dripping Springs TX 78620			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9-2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Hastings	Amount of contribution (\$) 100.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 201 W. Fitzhugh Rd Dripping Springs TX 78620			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack Hollon	Amount of contribution (\$) 100.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3700 River Rd Wimberley TX 78676			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jan Hagan	Amount of contribution (\$) 200.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 702 Cottonwood Creek Rd Dripping Springs TX 78620			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danny Stamper	Amount of contribution (\$) 100.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 401 Autumn Lane Dripping Springs TX 78620			
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 of 5	
2 FILER NAME KAREN FORD			3 ACCOUNT # (Ethics Commission files)		
4 Date 9-2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Donna Brasher		7 Amount of contribution (\$) 100.-	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code P.O. Box 1030 Dripping Springs, TX 78620					
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date 9-2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kathy Carriker		Amount of contribution (\$) 100.-	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code P.O. Box 1113 Dripping Springs TX 78620					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 9-2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Melodie Greider		Amount of contribution (\$) 100.-	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 11300 Bonham Ranch Rd Dripping Springs TX 78620					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 9-2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bill & Jean + Vera		Amount of contribution (\$) 150.-	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 225 Windy Hills Rd Dripping Springs TX 78620					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 9-2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: June & Jim Baurncel		Amount of contribution (\$) 250.-	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 110 Bay Creek Trail Dripping Springs, TX 78620					
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:
5 of 5

2 FILER NAME
KAREN FORD

3 ACCOUNT # (Ethics Commission files)

4 Date
10-8-08

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

mark Bleakley

7 Amount of contribution (\$)

1,000.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

P.O. Box 3156
San Angelo, TX 76902

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

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 of 2
2 FILER NAME KAREN FORD		3 ACCOUNT # (Ethics Commission filers)
4 Date 7-1-08	5 Payee name KAREN FORD 6 Payee address; City; State; Zip Code	7 Amount (\$) 120.00
8 Purpose of payment (See instructions regarding type of information required.) Reimbursement - campaign mail box - 1 yr.		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 8-6-08	Payee name Michele Walters Payee address; City; State; Zip Code 7631 Hwy 290 West #127 Austin TX 78736	Amount (\$) 120.00
Purpose of payment (See instructions regarding type of information required.) Data Entry & Admin.		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 10-8-08	Payee name Print Plus Payee address; City; State; Zip Code 400-A Hwy 290 West Dripping Springs, TX	Amount (\$) 251.68
Purpose of payment (See instructions regarding type of information required.) Printing - mailer		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 8-27-08	Payee name Dripping Springs MPD Payee address; City; State; Zip Code Dripping Springs TX 78620	Amount (\$) 84.00
Purpose of payment (See instructions regarding type of information required.) Postage		-- 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

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: **2 of 2**

2 FILER NAME

KAREN FORD

3 ACCOUNT # (Ethics Commission files)

4 Date

9-2-08

5 Payee name

The Friends Foundation

6 Payee address; City; State; Zip Code

Dripping Springs TX 787620

7 Amount (\$)

250.-

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

Sponsorship - BBQ for non-profit

(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)

** 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)

** 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)

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

Candidate / Officeholder name Office sought Office held

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 #)	2 Total pages filed: 3
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input type="radio"/> FIRST: Karen MI: L. NICKNAME: LAST: Ford SUFFIX:	OFFICE USE ONLY RECEIVED IN THE JUL 3 5 2009 ELECTION OFFICE Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 100 Commons Rd #7-152 Dripping Springs TX 78620		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 922-8234		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input type="radio"/> FIRST: Jean MI: E. NICKNAME: LAST: Backus SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 4407 Bee Caves Rd - Bldg 6 - #621 Austin TX 78746		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 795-0300		
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 checked="" 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 Day Year THROUGH Month Day Year 1 / 1 / 09 6 / 30 / 09		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Hays County Commissioner - R4	13 OFFICE SOUGHT (if known)	
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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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME **Karen Ford** 16 ACCOUNT # (Write Commission Blank) **NA**

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. **

GENERAL

SPECIFIC

additional pages

COMMITTEE TYPE

COMMITTEE NAME

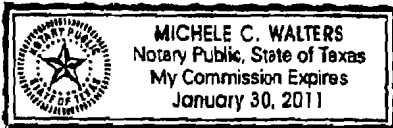
COMMITTEE ADDRESS

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	\$ 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	\$ 406.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3004.37
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.

Karen Ford

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Karen Ford, this the 15 day of July, 2009, to certify which, witness my hand and seal of office.

Michele C. Walters Michele C. Walters Notary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL EXPENDITURES		SCHEDULE F
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 1
2 FILER NAME KAREN FORD		3 ACCOUNT # (Ethics Commission filers)
4 Date 1-18-09	5 Payee name DS Chamber of Commerce 6 Payee address; City; State; Zip Code	7 Amount (\$) 250.00
8 Purpose of payment (See instructions regarding type of information required.) Boots & Suits - sponsorship		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 4-6-09	Payee name The UPS Store Payee address; City; State; Zip Code Box rental	Amount (\$) 156.00
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5500 1-800-325-5500

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 file)	2 Total pages filed: 6						
3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR FIRST MI KAREN L. FORD	OFFICE USE ONLY		RECEIVED IN THE JAN 15, 2010 ELECTION OFFICE						
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE 100 Commons Rd #7-152 DRIPPING SPRINGS, TX 78620 <input type="checkbox"/> Change of Address								
5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (512) 922-8234	6 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Barbara L. Stroud		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Receipt #</td> <td>Amount</td> </tr> <tr> <td>Date Processed</td> <td></td> </tr> <tr> <td>Date Imaged</td> <td></td> </tr> </table>	Receipt #	Amount	Date Processed		Date Imaged	
Receipt #	Amount								
Date Processed									
Date Imaged									
7 CAMPAIGN TREASURER ADDRESS (Residence or business) STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE 14045 Robins Run Austin TX 78737	8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (512) 923-7341								
9 REPORT TYPE <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 16 <input type="checkbox"/> 6th day before election <input type="checkbox"/> Exceeded \$300 limit <input type="checkbox"/> Final report (Attach C/OH - 999)	10 PERIOD COVERED Month Day Year THROUGH Month Day Year 7 / 1 / 2009 THROUGH 12 / 31 / 2009								
11 ELECTION ELECTION DATE (Month / Day / Year) ELECTION TYPE / / Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/>	12 OFFICE OFFICE HELD (if any) HAYS County Commissioner - PET 4		13 OFFICE SOUGHT (if known) (same)						
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	<p>** 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 expenditures. **</p> <p>Name</p> <p>Address / PO Box Apt. / Suite # City State Zip Code</p>								

GO TO PAGE 2

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-6600 1-800-325-6600

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

16 C/OH NAME

KAREN FORD

18 ACCOUNT # (Please Commission Form)

NA

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

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

19 CONTRIBUTION TOTALS

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

\$ 1,035.00

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

\$ 14,872.14

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 5,083.93

CONTRIBUTION BALANCE

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

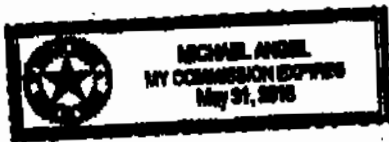
\$ 13,837.21

OUTSTANDING LOAN TOTALS

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

\$ 0

20 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 16, Election Code.

Karen Ford
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Karen Ford, this the 15th day of January, 2010, to certify which, witness my hand and seal of office.

Michael Angel
Signature of officer administering oath

Michael Angel
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A --- Karen Ford Campaign

Barbara Stroud, Treasurer

Report Period: 7-1-09 through 12-31-09

Page 1 of 2

DATE	NAME	ADDRESS	CITY	STATE	ZIP	Contribution Amt.	JA Kind
8/28/09	Jessie Baunton	110 Roy Creek	Dripping Springs	TX	78620	200.00	
8/28/09	Scott Roberts	P. O. Box 311	Dripping Springs	TX	78619	200.00	
9/9/09	Sarah K. Brundton	13082 Hwy 290, Ste 208	Austin	TX	78737	200.00	
9/9/09	Pamela Reese	3611 Westlake Drive	Austin	TX	78746	5,000.00	
9/12/09	Kelley Carriger	P.O. Box 1113	Dripping Springs	TX	78620	100.00	
9/10/09	Melodie Grudier	11401 Bonham Ranch Rd	Dripping Springs	TX	78620	100.00	
9/30/09	Jean Averra	226 Windy Hill Road	Dripping Springs	TX	78620	200.00	
9/17/09	Robert Averra	226 Windy Hill Road	Dripping Springs	TX	78620	100.00	
9/4/09	Thomas M. Weber	P. O. Box 769	Dripping Springs	TX	78620	400.00	
9/17/09	Steve Wolf	13006 Wells Fargo Trail	Austin	TX	78737	100.00	
9/8/09	David Braun	P. O. Box 466	Dripping Springs	TX	78620	200.00	
9/17/09	Juliebe Kimes	316 Myrtel Creek Drive	Dripping Springs	TX	78620	200.00	
9/17/09	Robert Anschutz	16 Innesdor Trail	Wentzville	TX	78678	200.00	
9/17/09	Jan Hagen	702 Cottonwood	Dripping Springs	TX	78620	100.00	
9/17/09	Bayri Armstrong	9300 McGregor Lane	Dripping Springs	TX	78620	200.00	
9/17/09	Michael Mueller	P. O. Box 2412	Wentzville	TX	78678	200.00	
9/15/09	David Claunch	305 McConnell Drive	Austin	TX	78746	150.00	
9/17/09	Alston Boyd	14807 Bear Creek Pass	Austin	TX	78737	200.00	
9/16/09	Tony Bagwell	12806 Madrone Trail S	Austin	TX	78737	100.00	
9/16/09	Kelly Kasz	347 Esperanza Trail	Johnson City	TX	78636	100.00	
9/16/09	Herbert Grubb	12302 Willow Wild Dr apt A	Austin	TX	78756	100.00	
9/16/09	Neil A. Graff	731 Madrone Ranch Trail	Dripping Springs	TX	78620	100.00	
9/16/09	Richard B. Katt	5812 Sacrest Drive	Austin	TX	78759	100.00	
9/16/09	Nancy Gikkyon	1501 Loop 166	Dripping Springs	TX	78620	100.00	
9/17/09	Melinda Mulla	18209 Fieldstone Loop	Austin	TX	78737	100.00	
9/17/09	Mara Carrowel	P. O. Box 602	Dripping Springs	TX	78620	100.00	
9/17/09	Roger Miranda	305 Reel Lane	Kyle	TX	78640	100.00	
9/17/09	Merthe Alers	686 Tom Sawyer Rd	Dripping Springs	TX	78620	100.00	
9/17/09	Michael P. March	306 Appleton Court	Buda	TX	78610	200.00	
9/17/09	Patti Clark	P. O. Box 1306	Dripping Springs	TX	78620	200.00	
9/23/09	Alan Glen	1717 W. 6th Street, ste 300	Austin	TX	78708	200.00	
9/23/09	Valerie Davis	447 Ware	Buda	TX	78610	200.00	
9/23/09	Ken Oden	1506 Geaton	Austin	TX	78703	250.00	
9/23/09	Ira Jon Yates	6711 Hwy 46	Austin	TX	78739	500.00	
9/23/09	Melinda Taylor	5018 Shoal Creek Blvd	Austin	TX	78756	250.00	
9/23/09	Jefferson E. Boyd	5423 Shoalwood Ave	Austin	TX	78756	250.00	
9/23/09	Smith Robertson, LLP	221 W. 6th Street, Ste 1100	Austin	TX	78701	250.00	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A -- Karen Ford Campaign

Barbara Stroud, Treasurer

Report Period: 7-1-09 through 12-31-09

Page 2 of 2

Date	Contributor	Address	City	TX	Amount
9/23/09	Josephine Corning	741 Medicine Ranch Trail	Dripping Springs	TX 78620	100.00
9/23/09	Barbara A. Ford	2109 North View Dr	San Marcos	TX 78666	100.00
9/23/09	Clifton Leidi	1609 Newning Avenue	Austin	TX 78704	100.00
9/23/09	Hazel Barbour	1502 W. 8th Street	Austin	TX 78703	100.00
9/23/09	Alfred Starley	P. O. Box 5674	Austin	TX 78763	100.00
9/16/09	Theodore J. Siff	604 W. 11th Street	Austin	TX 78701	100.00
9/23/09	David J. Bullis	1914 Patton Lane	Austin	TX 78723	100.00
9/23/09	Nicole S. Meade	5303 Austral Loop	Austin	TX 78739	100.00
9/23/09	Deborah Trap	1717 Blair Street	Austin	TX 78704	100.00
9/23/09	Mira Lynch	P. O. Box 1748	Austin	TX 78787	100.00
9/22/09	Catherine A. Meazy	700 Lavaca St, ste 1150	Austin	TX 78701	100.00
9/23/09	George Coler	3908 Gentry	Austin	TX 78746	100.00
9/16/09	Aimbrust & Brown, LLP	100 Congress Ave, Ste 1300	Austin	TX 78701	100.00
9/23/09	Kevin Tuerff	5236 McCormick Mtn Dr	Austin	TX 78734	100.00
9/25/09	Tamara W. Tull	16712 Riverdale Lane	Austin	TX 78737	100.00
9/27/09	Eugene I. Lowenthal	9000 Crumley Ranch Road	Austin	TX 78739	160.00
9/27/09	Karen Huber	29029 Pedernales Canyon Trl	Spicewood	TX 78669	300.00
11/1/09	Chris A. Huls	3402 Westbidge Circle	Austin	TX 78731	75.00
11/1/09	Gerdolf Burns	14511 Echo Bluff	Austin	TX 78737	97.14
10/15/09	Kevin Jung	5236 McCormick Mtn Dr	Austin	TX 78734	100.00
12/5/09	John S. Adams	1006 Oak Meadow Drive	Dripping Springs	TX 78620	250.00
11/15/09	Ann Connell	P. O. Box 39	Driftwood	TX 78619	100.00
9/17/09	Alan Rossing	133 Glasson Ranch Rd	Dripping Springs	TX 78620	100.00
					14,372.14
9/5/09	Kevin Greenblatt Design	1608 Lightsey Road	Austin	TX 78704	9500.00

DATE	PAUSE	ADDRESS	CITY	STATE	ZIP	AMT
8/1/09	Hayes County Livestock Expo youth livestock donation	P.O. Box 1778	Kyle	Tx	75520	500.00
8/3/09	Hayes County Democratic Party Sponsorship for LBJ Party	P. O. Box 1245	Buda	TX	78610	500.00
8/17/09	Harrison Ranch Park Event sponsorship	P.O. Box 394	DB	TX	78620	250.00
8/14/09	Karen Aboussaleh Event catering	2926 E. Buckhorn Highway	Austin	TX	78724	250.00
8/16/09	Cedar Valley Sports Event beverage	12802 W. Hwy 280	Cedar Val	TX	78737	511.89
8/17/09	Hemisphere Cafe & Marketplace Event catering	28000 RFR 12	DS	TX	78620	400.00
8/17/09	Alex Dormont Event music	521 Spring Creek Rd	DS	TX	78620	100.00
8/17/09	Jay Wheeler Event security	240 Walker P.	San Marcos	TX	78148	100.00
8/17/09	Hayes County Sheriff's Office Event security	1307 Old Hilland Rd	San Marcos	TX	78141	15.00
8/23/09	Karen Ford Rehearsement Bumper stickers, event supplies	13600 Nutty Brown Rd	Austin	TX	78737	398.30
8/23/09	Scott Newton Photography Campaign photography	3012 Oak Crest	Austin	TX	78704	270.63
8/21/09	Print Plus Printing event and campaign materials	400-A Hwy 290 West	DS	TX	78620	217.89
10/14/09	Print Plus Printing envelopes	400-A Hwy 290 West	DS	TX	78620	48.71
10/14/09	USPB Postage	Dripping Springs Sm	DS	TX	78620	44.00
10/19/09	Wimberley Valley Watershed Assn. Transportation to fundraising event	P.O. Box 2534	Wimberley	TX	78676	100.00
10/28/09	Michelle Walters Reimb-event decorations	7631 Hwy 290 W	Austin	TX	78734	8.12
11/8/09	Hayes County Democratic Party Annual dues	P. O. Box 1245	Buda	TX	78610	120.00
11/8/09	Pam Nia Graphics Graphic design	1206 Canyonwood Dr	DS	TX	78620	60.00

POLITICAL EXPENDITURES
SCHEDULE F -- Karen Ford Campaign
 Barbara Stroud, Treasurer
 Report Period: 7-1-09 through 12-31-09
 Page 2 of 2

DATE	PAID TO	ADDRESS	CITY	STATE	TR	AMT
11/8/09	Karen Aboussaleh Catering costs	2006 Carhart Pkwy P.O. Box 2133 Winkler, TX	Austin	TX	711116	299.00
11/8/09	Reimburs for Friends Foundation Sponsorship	R.P. Box 1093 D.S.	D.S.	TX	71620	250.00
11/30/10	Sponsorship, Veterans Tribute	20 City of AS 571 McNear St. AS	AS	TX	71620	85.00
12/10/09	Booth rental, Christmas on Marcor	400-A Hwy 280 West D.S.	D.S.	TX	71620	270.63
12/12/09	Print campaign materials	1206 Canyonwood Dr D.S.	D.S.	TX	78620	65.00
12/22/09	Print No Graphics Graphic design Hays County Treasurer Water List	County Courthouse San Marcos, TX	San Marcos	TX	71666	25.00
12/27/09	Karen Ford Reimburs for booth materials, Christmas on Marcor	13600 Nully Brown Rd Austin, TX	Austin	TX	78737	108.09
TOTAL EXPENDITURES						6,873.93

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	
3 CANDIDATE / OFFICEHOLDER NAME	<input checked="" type="radio"/> MS / MRS / MR		FIRST	MI	OFFICE USE ONLY RECEIVED Date Received JUL 15 2010 ELECTION OFFICE Date Hand-delivered or Date Postmarked	
	NICKNAME		LAST	SUFFIX		
KAREN		L				
FORD						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;		CITY;	STATE;	ZIP CODE	
<input type="checkbox"/> Change of Address	100 Commons Rd # 7-152		DRIPPING SPRINGS, TX		78620	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER		EXTENSION		
	(512)	922-8234				
6 CAMPAIGN TREASURER NAME	<input checked="" type="radio"/> MS / MRS / MR		FIRST	MI	Receipt # Amount Date Processed Date Imaged	
	NICKNAME		LAST	SUFFIX		
BARBARA		L				
STROUD						
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY;	STATE;	ZIP CODE	
	14045 Robins Run		Austin	TX	78737	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER		EXTENSION		
	(512)	923-7341				
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 checked="" 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	Day	Year	THROUGH	Month	Day Year
	1	1	10		6	30/10
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> General
	11	2	10			
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
	HAYS COUNTY COMMISSIONER - PET 4			(same)		
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 KAREN FORD **16 ACCOUNT # (Ethics Commission Filers)** NA

17 NOTICE FROM POLITICAL COMMITTEE(S)

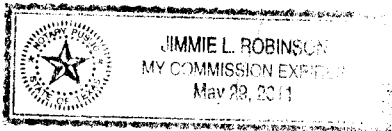
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO 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	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2520.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3892.13</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>12,115.08</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.



Karen Ford
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Karen Ford, this the 15th day of July, 20 10, to certify which, witness my hand and seal of office.

Jimmie Robinson JIMMIE ROBINSON NOTARY
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F — Karen Ford Campaign

Barbara Stroud, Treasurer

Report Period: 1-1-10 through 6-30-10

Page 1 of 1

DATE	PAYEE	ADDRESS	CITY	STATE	ZIP	Amt
1/4/10	The UPS Store <i>copies and notary service</i>		DS	TX	78620	14.08
1/8/10	The Bumper Sticker Store <i>print campaign materials</i>		Austin	TX		289.24
1/9/10	Home Depot <i>sign posts and install materials</i>		DS	TX	78620	262.81
1/14/10	DS Chamber of Commerce <i>event sponsorship</i>		DS	TX	78620	500
1/15/10	Karen Ford 4-H Buyers Group <i>pot for 4-H Youth Show</i>		DS	TX	78620	750
2/20/10	DS Women's Club <i>advertising</i>		DS	TX	78620	150
2/20/10	DS News Dispatch <i>advertising</i>		DS	TX	78620	320
2/20/10	The UPS Store <i>annual box rental</i>		DS	TX	78620	156
2/21/10	DS UMC Men's Game Dinner <i>tickets for event</i>		DS	TX	78620	100
2/25/10	Capital Area Council BSA <i>contribution</i>		Austin	TX		150
3/1/10	Harrison Ranch Park <i>Advertising, Buckle Series</i>		DS	TX	78620	300
3/4/10	Friends of the Pound House Fnd. <i>event sponsorship</i>		DS	TX	78620	500
4/1/10	Annie's List <i>luncheon ticket</i>		Austin	TX		150
6/21/10	Friends of Family Justice Cntr <i>event sponsorship</i>		San Marcos	TX		250

TOTAL EXPENDITURES

3,892.13