

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM JC/OH
COVER SHEET PG 1**

The JC/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: <div style="text-align: center; font-size: 2em;">6</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs. Chrysti L NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Bryant</div>	OFFICE USE ONLY Date Received <div style="border: 1px dashed black; border-radius: 50%; width: 100px; height: 100px; margin: 10px auto;"></div> Date Hand-delivered or Date Postmarked <div style="text-align: center; font-size: 1.5em;">D Pine</div> Receipt # Amount Date Processed <div style="text-align: center; font-size: 1.5em;">2-1-10</div> Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 913 Sandhurst Dr Plano TX 75025		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 796-2859		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Jinjer F. NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Rodriguez</div>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4490 Eldorado Parkway #1022, McKinney TX 75070		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 547-4375		
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 Day Year THROUGH Month Day Year 1 / 1 / 2010 1 / 21 / 2010		
11 ELECTION	ELECTION DATE Month Day Year 3 / 2 / 2010	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Judge, County Court at Law #4 (Collin)	
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

COLLIN COUNTY ELECTIONS ADMINISTRATION

10 FEB - 1 2010

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

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

15 C/OH NAME

Chrysti L. Bryant

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	COMMITTEE NAME	COLLIN COUNTY ELECTIONS ADMINISTRATION 10 FEB - 1 AM 12: 00
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
<input type="checkbox"/> SPECIFIC	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	\$ 35
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 285
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ —
4. TOTAL POLITICAL EXPENDITURES	\$ 597.04
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,214.63
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 50.00

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

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.



Chrysti L. Bryant
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Chrysti L. Bryant*, this the *30th* day of *January*, 20*10*, to certify which, witness my hand and seal of office.

Trina T. Wilson
Signature of officer administering oath

Trina T. Wilson
Print name of officer administering oath

Notary
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME <i>Chrysti L. Bryant</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>1/7/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carol Sanford & Jenner Sanford</i>	7 Amount of contribution (\$) <i>\$50</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>130 Baird Circle, Highland Village TX 75077</i>		(if travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>Software engineer</i>		10 Contributor's job title <i>software engineer</i>	
11 Contributor's employer/law firm <i>Jantech</i>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <i>1/10/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cynthia M. Telisak</i>	Amount of contribution (\$) <i>\$100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4308 Church Lane, Parker TX 75002</i>		(if travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>homemaker</i>		Contributor's job title <i>homemaker</i>	
Contributor's employer/law firm <i>n/a</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date <i>1/12/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Scott A. Henderson</i>	Amount of contribution (\$) <i>\$100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3301 Marquette St., Dallas TX 75229</i>		(if travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>attorney</i>		Contributor's job title <i>attorney</i>	
Contributor's employer/law firm <i>GEICO/Henderson, Smith, Black & Bryant</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

COLLIN COUNTY
 ELECTIONS ADMINISTRATION
 10 FEB - 2 AM 12:00

**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 Chrysti L. Bryant

3 ACCOUNT # (Ethics Commission filers)

4 Date
1/6/10

5 Payee name
Cross & Oberlie
6 Payee address; City; State; Zip Code
916 Byrd Avenue, Neenah WI 54956

8 Amount (\$)
\$541.60

7 Purpose of expenditure
yard signs
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date
1/17/10

Payee name
USPS
Payee address; City; State; Zip Code
3905 Hedgecock Rd., Plano TX 75025

Amount (\$)
\$55.44

Purpose of expenditure
Postage
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name
Payee address; City; State; Zip Code
Purpose of expenditure
(If travel outside of Texas, complete Schedule T)

Amount (\$)
 Reimbursement from political contributions intended

Date

Payee name
Payee address; City; State; Zip Code
Purpose of expenditure
(If travel outside of Texas, complete Schedule T)

Amount (\$)
 Reimbursement from political contributions intended

Date

Payee name
Payee address; City; State; Zip Code
Purpose of expenditure
(If travel outside of Texas, complete Schedule T)

Amount (\$)
 Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

FEB - - 11:12:00
 COLLECTIVE
 ELECTIONS ADMINISTRATION

ASSETS VALUED AT \$500 OR MORE

SCHEDULE M

The Instruction Guide explains how to complete this form.	1 Total pages Schedule M: 1
2 FILER NAME Chrysti L. Bryant	3 ACCOUNT # (Ethics Commission filers)
4 Description of Asset Printed materials (envelopes, push cards, forms)	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	

10 FEB -2 AM 12:00
 COLLIN COUNTY
 ELECTIONS ADMINISTRATION

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

OUTSTANDING LOANS

SCHEDULE L

The Instruction Guide explains how to complete this form.		1 Total pages Schedule L: <u>1</u>
2 FILER NAME <u>Chrysti L. Bryant</u>		3 ACCOUNT # (Ethics Commission filers)
LENDER INFORMATION	4 Name of lender <u>Chrysti L. Bryant</u> 5 Lender address; City; State; Zip Code <u>913 Sandhurst Dr. Plano TX 75025</u>	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	6 Name of guarantor 7 Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender Lender address; City; State; Zip Code	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender Lender address; City; State; Zip Code	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender Lender address; City; State; Zip Code	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	

COLLIN COUNTY
 ELECTIONS ADMINISTRATION
 10 FEB - 2 AM 12: 00

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED