



Official Public Records of
Harris County
Beverly Kaufman
County Clerk

Campaign Finance Report

FileNo:	2009183
FileDate:	1/20/2009 9:28:00AM
Office:	Constable Pct. 1
Candidate:	Abercia, Jack F.
Treasurer:	Abercia, Jack F.
Category:	Contributions And Expenditures
Type:	COR
Harris County No Fee	

Beverly B. Kaufman
COUNTY CLERK
HARRIS COUNTY, TEXAS

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: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR. JACK NICKNAME LAST SUFFIX ABERCIA	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. BOX 53784, HOUSTON, TX 77052-3784	Date Received Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 755 7600	Receipt # Amount Date Processed Date Imaged	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR. JACK NICKNAME LAST SUFFIX ABERCIA		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 208 W. COWAN, HOUSTON, TX 77002		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 869 9546		
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 Month Day Year 10 / 28 / 2008 THROUGH 12 / 31 / 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) CONSTABLE, PRECINCT #1	13 OFFICE SOUGHT (if known) CONSTABLE, PRECINCT #1	
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**

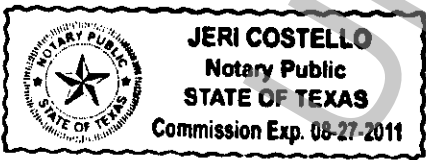
**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME JACK F. ABERCIA SR.	16 ACCOUNT # (Ethics Commission Filers)
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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 <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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,377.37
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Jack F. Abercia
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JACK F. ABERCIA SR., this the 15 day of January, 2008, to certify which, witness my hand and seal of office.

Jeri Costello JERI COSTELLO 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:
5

2 FILER NAME
JACK F. ABERCIA, SR. 3 ACCOUNT # (Ethics Commission filers)

4 Date 11/05/2008	5 Payee name GEORGE D. CARAMEROS	7 Amount (\$) 4,221.76
	6 Payee Address: City, State, Zip Code 500 DALLAS, HOUSTON, TX 77002	

8 Purpose of payment (See instructions regarding type of information required.) VICTORY PARTY-ELECTION NIGHT	9 **Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought Office held
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Date 09/20/2008	Payee name LITTLE PAPPAS SEAFOOD	Amount (\$) 54.27
	Payee Address: City, State, Zip Code 3001 S. SHEPHERD DR., HOUSTON, TX 77098	

Purpose of payment (See instructions regarding type of information required.) CAMPAIGN MEETING	9 **Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought Office held
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Date 10/03/2008	Payee name ZIOS ITALIAN KITCHEN	Amount (\$) 63.00
	Payee Address: City, State, Zip Code 820 W. BAY AREA BLVD., WEBSTER, TX 77598	

Purpose of payment (See instructions regarding type of information required.) CAMPAIGN MEETING	9 **Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought Office held
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Date 10/05/2008	Payee name PAPPADEAUX 21	Amount (\$) 66.98
	Payee Address: City, State, Zip Code 2410 RICHMOND, HOUSTON, TX 77098	

Purpose of payment (See instructions regarding type of information required.) CAMPAIGN MEETING	9 **Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought Office held
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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 FILER NAME
JACK F. ABERCIA, SR. 3 ACCOUNT # (Ethics Commission filers)

4 Date 11/05/2008	5 Payee name RELIANT ENERGY	7 Amount (\$) 8.66
	6 Payee Address: City, State, Zip Code P.O. BOX 650475	

8 Purpose of payment (See instructions regarding type of information required.) CAMPAIGN HEADQUARTERS	9 **Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought Office held
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Date 10/31/2008	Payee name SAM'S WHOLESALE	Amount (\$) 110.01
	Payee Address: City, State, Zip Code 5310 S. RICE, HOUSTON, TX 77081	

Purpose of payment (See instructions regarding type of information required.) POLL WORKER'S LUNCH	9 **Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought Office held
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Date 11/03/2008	Payee name PRIVATE MINI STORAGE	Amount (\$) 202.00
	Payee Address: City, State, Zip Code 6300 WASHINGTON AVE., HOUSTON, TX 77008	

Purpose of payment (See instructions regarding type of information required.) OFFICE HOLDER'S EXPENSE	9 **Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought Office held
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Date 11/03/2008	Payee name SIGNAD	Amount (\$) 13.00
	Payee Address: City, State, Zip Code P.O. BOX 8626, HOUSTON, TX 77249	

Purpose of payment (See instructions regarding type of information required.) CAMPAIGN SIGN RENTAL	9 **Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

2009183

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME
JACK F. ABERCIA, SR.

3 ACCOUNT # (Ethics Commission filers)

4 Date 11/07/2008	5 Payee name THE 100 CLUBS INC.	7 Amount (\$) 75.00
6 Payee Address: City, State, Zip Code 1233 W. LOOP SOUTH, #1250, HOUSTON, TX 77027		

8 Purpose of payment (See instructions regarding type of information required.) DONATION-CLYDE WILSON MEMORIUM	9 **Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought Office held
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Date 11/12/2008	Payee name A T & T	Amount (\$) 63.91
Payee Address: City, State, Zip Code P. O. BOX 5001, CAROL STREAM, IL 60197-5001		

Purpose of payment (See instructions regarding type of information required.) CAMPAIGN FAX LINE	**Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought Office held
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Date 11/12/2008	Payee name LIM'S FLORIST & GIFTS	Amount (\$) 55.00
Payee Address: City, State, Zip Code 1012 ST. EMANUEL, HOUSTON, TX 77003		

Purpose of payment (See instructions regarding type of information required.) INMAN FUNERAL	**Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought Office held
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Date 12/02/2008	Payee name A T & T	Amount (\$) 254.17
Payee Address: City, State, Zip Code P.O. BOX 5001, CAROL STREAM, IL 60197-5001		

Purpose of payment (See instructions regarding type of information required.) CAMPAIGN OFFICE OFFICE	**Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Page -6

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME JACK F. ABERCIA, SR.		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/11/2008	5 Payee name READERS ARE LEADERS	7 Amount (\$) 250.00
6 Payee Address: City, State, Zip Code 8301 BROADWAY ST., STE. 219, SAN ANTONIO, TX 78209		
8 Purpose of payment (See instructions regarding type of information required.) SPONSORSHIP	9 **Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought Office held	
Date 12/03/2008	Payee name THE UNVERSITY OF TEXAS MD ANDERSON CANCER CENTER	Amount (\$) 100.00
Payee Address: City, State, Zip Code 1575 HOLCOMBEE, HOUSTON, TX 77030		
Purpose of payment (See instructions regarding type of information required.) MEMORIAL DONATION/JJ MOORE	**Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought Office held	
Date 12/03/2008	Payee name PRIVATE MINI STORAGE	Amount (\$) 222.00
Payee Address: City, State, Zip Code 6300 WASHINGTON, HOUSTON, TX 77007		
Purpose of payment (See instructions regarding type of information required.) OFFICE HOLDER'S EXPENSE	**Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought Office held	
Date 12/10/2008	Payee name PASTOR F. N. WILLIAMS	Amount (\$) 100.00
Payee Address: City, State, Zip Code 5902 BEALL, HOUSTON, TX 77091		
Purpose of payment (See instructions regarding type of information required.) DONATION	**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 FILER NAME JACK F. ABERCIA, SR.		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/05/2008	5 Payee name SAM'S CLUB	7 Amount (\$) 2,813.07
6 Payee Address: City, State, Zip Code 5310 S. RICE, HOUSTON, TX 77081		
8 Purpose of payment (See instructions regarding type of information required.) HOLIDAY GIFTS		9 **Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought Office held
Date 12/08/2008	Payee name A T & T	Amount (\$) 63.66
Payee Address: City, State, Zip Code P.O. BOX 5001, CAROL STREAM, IL 60197-5001		
Purpose of payment (See instructions regarding type of information required.) POLITICAL FAX LINE		9 **Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought Office held
Date 12/10/2008	Payee name SAM'S CLUB	Amount (\$) 220.88
Payee Address: City, State, Zip Code 5310 S. RICE, HOUSTON, TX 77081		
Purpose of payment (See instructions regarding type of information required.) HOLIDAY OFFICE GIFT		9 **Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought Office held
Date 12/16/2008	Payee name U. S. POSTMASTER	Amount (\$) 420.00
Payee Address: City, State, Zip Code 701 SAN JACINTO, HOUSTON, TX 77002		
Purpose of payment (See instructions regarding type of information required.) STAMPS		9 **Complete if direct expenditure to benefit C/OH** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		