

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:																
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px dotted black;">MS / MRS / MR <b>Rev</b> NICKNAME</td> <td style="width:33%; border-bottom: 1px dotted black;">FIRST <b>Josef</b> LAST</td> <td style="width:33%; border-bottom: 1px dotted black;">MI <b>D</b> SUFFIX</td> </tr> <tr> <td colspan="3" style="text-align: center;"><b>Klam</b></td> </tr> </table>	MS / MRS / MR <b>Rev</b> NICKNAME	FIRST <b>Josef</b> LAST	MI <b>D</b> SUFFIX	<b>Klam</b>			<b>OFFICE USE ONLY</b>											
MS / MRS / MR <b>Rev</b> NICKNAME	FIRST <b>Josef</b> LAST	MI <b>D</b> SUFFIX																	
<b>Klam</b>																			
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>8313 Cedarbrake Houston, TX 77055</b>	Date Received																	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <b>( 713 ) 409-6609</b>	Date Hand-delivered or Date Postmarked																	
<b>6 CAMPAIGN TREASURER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px dotted black;">MS / MRS / MR <b>Mr</b> NICKNAME</td> <td style="width:33%; border-bottom: 1px dotted black;">FIRST <b>Patrick</b> LAST</td> <td style="width:33%; border-bottom: 1px dotted black;">MI  SUFFIX</td> </tr> <tr> <td colspan="3" style="text-align: center;"><b>Richard</b></td> </tr> </table>	MS / MRS / MR <b>Mr</b> NICKNAME	FIRST <b>Patrick</b> LAST	MI  SUFFIX	<b>Richard</b>			Receipt #	Amount \$										
MS / MRS / MR <b>Mr</b> NICKNAME	FIRST <b>Patrick</b> LAST	MI  SUFFIX																	
<b>Richard</b>																			
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>9723 Truscon Dr Houston, TX 77080</b>	Date Processed																	
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <b>( 713 ) 559-1040</b>	Date Imaged																	
<b>9 REPORT TYPE</b>	<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)																		
<b>10 PERIOD COVERED</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td style="width: 20%;"></td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">16</td> <td style="text-align: center;">2021</td> <td></td> <td></td> <td style="text-align: center;">7</td> <td style="text-align: center;">15</td> <td style="text-align: center;">2021</td> </tr> </table>			Month	Day	Year		THROUGH	Month	Day	Year	1	16	2021			7	15	2021
Month	Day	Year		THROUGH	Month	Day	Year												
1	16	2021			7	15	2021												
<b>11 ELECTION</b>	ELECTION DATE Month / Day / Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special																	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT</b> (if known)																	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

**14 C/OH NAME** Rev Josef D Klam **15 Filer ID (Ethics Commission Filers)**

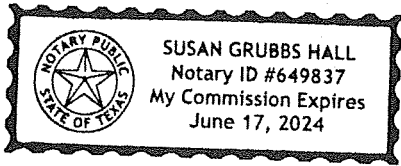
**16 NOTICE FROM POLITICAL COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<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

<b>17 CONTRIBUTION TOTALS</b>	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
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

**18 AFFIDAVIT**



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Josef D. Klam  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Josef D. Klam, this the 13<sup>th</sup> day of July, 2021, to certify which, witness my hand and seal of office.

Susan Grubbs Hall Susan Grubbs Hall Notary Public  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath