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:

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR **Mr.**	FIRST **James**	MI **L**
	NICKNAME **Jim**	LAST **Luther**	SUFFIX **Jr.**

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX;   APT / SUITE #;   CITY;   STATE;   ZIP CODE

220 Luther Lane   Burnet   TX 78611

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE (512)   PHONE NUMBER 755-9111   EXTENSION

6 CAMPAIGN TREASURER NAME	MS / MRS / MR **Mrs.**	FIRST **Sara**	MI **A**
	NICKNAME	LAST **Luther**	SUFFIX

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);   APT / SUITE #;   CITY;   STATE;   ZIP CODE

220 Luther Lane   Burnet   TX 78611

8 CAMPAIGN TREASURER PHONE

AREA CODE (512)   PHONE NUMBER 755-9112   EXTENSION

9 REPORT TYPE

[X] January 15	☐ 30th day before election	☐ Runoff	☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ July 15	☐ 8th day before election	☐ Exceeded Modified Reporting Limit	☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month **10** / Day **06** / Year **2020**   THROUGH   Month **01** / Day **15** / Year **2021**

11 ELECTION

ELECTION DATE
Month / Day / Year

ELECTION TYPE
☐ Primary   ☐ Runoff   ☐ Other Description
☐ General   ☐ Special   _____

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

14 NOTICE FROM POLITICAL COMMITTEE(S)

☐ 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	
☐ GENERAL	COMMITTEE NAME
	COMMITTEE ADDRESS
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

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CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

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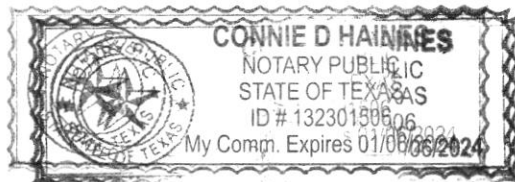**COVER SHEET PG 2**

15 C/OH NAME	16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 0.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 0.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 0.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 0.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

18 SIGNATURE   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

Please complete either option below:

(1) Affidavit

CONNIE D HAINES
NOTARY PUBLIC
STATE OF TEXAS
ID # 13230150606
My Comm. Expires 01/06/2024

NOTARY STAMP / SEAL

Sworn to and subscribed before me by ___Jim Luther Jr.___ this the __15__ day of __January__,
20 __2021__, to certify which, witness my hand and seal of office.

Connie D. Haines   Connie D. Haines   Communication's Clerk
Signature of officer administering oath   Printed name of officer administering oath   Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street)   (city)   (state)   (zip code)   (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.

(month)   (year)

_____
Signature of Candidate/Officeholder (Declarant)