CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics Co	ommission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Mr.	FIRST James		MI L	OFFICE USE ONLY		
	nickname Jim	LAST Luther		SUFFIX Jr.	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX,		CITY: STATE,	ZIP CODE	JUL 27 2021		
Change of Address	220 Luther	Lane Burnet	TX 78611		BURNET CO ELECTIONS		
5 CANDIDATE/ OFFICEHOLDER PHONE	(512)	755-9111	EXTENSIO	ON	Date Hand-delivered or Date Postmarked Receipt # Amount \$		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Mrs.	FIRST Sara		мі А			
	NICKNAME	LAST		SUFFIX	Date Processed		
	NONE	Luther			Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE						
(Residence or Business)	ence or Business) 220 Luther Lane Burnet TX 78611						
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 755-9112						
	(312)	(012) 100-0112					
9 REPORT TYPE	January 15	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)					
	X July 15	8th day before el	CCUON	eded Modified orting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD	Month Day Year Month Day Year						
COVERED	01 / 16 / 2021 THROUGH 06 / 15 / 2021						
11 ELECTION	BLECTION DATE Month Day Year Primary Runoff Other Description General Special						
12 OFFICE	OFFICE HELD (if any)		13 OFFICE S	OUGHT (if known)		
14 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						
Additional Pages	GENERAL COMMITTEE ADDRESS						
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TE	REASURER ADDRESS				
GO TO PAGE 2							

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	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 LAS OF REPORTING PERIOD	\$ 0.00				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF 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.						
An Am						
	Signature of Ca	andidate or Officeholder				
Please complete either option below:						
(1) Affidavit	CONNIE D HAINES NOTARY PUBLIC STATE OF TEXAS ID # 132301506 My Comm. Expires 01/06/2024					
NOTARY STAMP/SEAL Sworn to and subscribed before me by						
20 21 to certify which witness my hand and seal of office.						
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath				
(2) Unsworn Declaration						
My name is	, and my date of birth is	·				
My address is	(atract) (aitr)	state) (zin code) (country)				
Executed in	(street) (city) (s County, State of , on the day of (month	state) (zip code) (country) , 20 (year)				
	Signature of Candid	date/Officeholder (Declarant)				