

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 FIRST MI	<div style="border: 2px solid black; padding: 5px;"> <p>OFFICE USE ONLY</p> <p>Date Received</p> <p style="font-size: 1.2em;">RECEIVED</p> <p style="font-size: 1.2em;">JAN 06 2021</p> <p style="font-size: 1.2em;">BURNET CO ELECTIONS</p> <p>Date Hand-delivered or Date Postmarked</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table> </div>		Receipt #	Amount \$	Date Processed		Date Imaged	
	Receipt #			Amount \$					
Date Processed									
Date Imaged									
NICKNAME LAST SUFFIX									
Missy Bindseil A									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE								
	213 Meadowlakes Dr Meadowlakes TX 78654								
<input type="checkbox"/> Change of Address									
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION								
	(512) 619 1824								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI								
	NICKNAME LAST SUFFIX								
Ricky Bindseil J									
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE								
	213 Meadowlakes Dr Meadowlakes, Tex 78654								
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION								
	(830) 613-7408								
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							
	01 / 01 / 2021	THROUGH 06 / 30 / 2021							
11 ELECTION	ELECTION DATE	ELECTION TYPE							
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special							
11 / 03 / 2020									
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)							
	Burnet County Precinct 4 Constable	Burnet County Precinct 4 Constable							

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JAN 06 2021

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

BURNET CO ELECTIONS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Millicent A Bindseil 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. COMMITTEE TYPE: GENERAL [] SPECIFIC [] COMMITTEE NAME: NONE COMMITTEE ADDRESS: COMMITTEE CAMPAIGN TREASURER NAME: COMMITTEE CAMPAIGN TREASURER ADDRESS: Additional Pages []

Table with 6 rows and 3 columns: Category (Contribution Totals, Expenditure Totals, Contribution Balance, Outstanding Loan Totals), Description (1-6), and Amount (\$ 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. Signature of Millicent Bindseil. AFFIX NOTARY STAMP / SEAL ABOVE. Sworn to and subscribed before me, by the said Millicent Bindseil, this the 6th day of January, 2020, to certify which, witness my hand and seal of office. Signature of Ana Lowe, Printed name of Ana Lowe, Title of Notary.