

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:

**3 CANDIDATE /
OFFICEHOLDER
NAME**

MS / MRS / MR: *MR* FIRST: *Calvin* MI:
NICKNAME: LAST: *Boyd* SUFFIX:

OFFICE USE ONLY

Date Received

2011 JAN 11 PH 1:58
FILED
JANET PARKER
CLERK
BURNET COUNTY, TEXAS

**4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS**

ADDRESS / PO BOX: *128 Rock Bluff* APT / SUITE #: CITY: *Kingsland* STATE: *TX* ZIP CODE: *78639*

Date Hand-Delivered or Date Postmarked

**5 CANDIDATE/
OFFICEHOLDER
PHONE**

AREA CODE: *(830)* PHONE NUMBER: *285 1710* EXTENSION:

Receipt # Amount

58

**6 CAMPAIGN
TREASURER
NAME**

MS / MRS / MR: *MRS* FIRST: *Julie* MI:
NICKNAME: LAST: *Boyd* SUFFIX:

Date Processed

Date Imaged

**7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)**

STREET ADDRESS (NO PO BOX PLEASE): *128 Rock Bluff* APT / SUITE #: CITY: *Kingsland* STATE: *TX* ZIP CODE: *78639*

**8 CAMPAIGN
TREASURER
PHONE**

AREA CODE: *(830)* PHONE NUMBER: *285 1604* EXTENSION:

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

**10 PERIOD
COVERED**

Month Day Year: *07 / 15 / 10* THROUGH Month Day Year: *01 15 11*

11 ELECTION

ELECTION DATE: Month Day Year: ELECTION TYPE: Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

Justice of the Peace #1

13 OFFICE SOUGHT (if known)

Justice of the Peace #1

**14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS**

.. 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

additional pages

GO TO PAGE 2

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Calvin Boyd

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS: → → → → → →

\$

5 Date of loan

08-03-2009

7 Name of lender

Calvin Boyd

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

2000⁰⁰

6 Is lender a financial institution?

Y

N

8 Lender address; City; State; Zip Code

128 Rock Bluff

Kingland TX 78639

10 Interest rate

0

11 Maturity date

—

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

not applicable

17 Guarantor address; City; State; Zip Code

19 Principal Occupation

20 Employer

Date of loan

Name of lender

out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?

Y

N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

1

2 FILER NAME

Cabin Boyd

3 ACCOUNT # (Ethics Commission filers)

4 Date

12-03-09

5 Payee name

Burnet County Republican Party

7 Amount (\$)

\$375⁰⁰

6 Payee address; City; State; Zip Code

*c/o Linda Rogers Chair
Po Box 190
Briggs TX 78608*

8 Purpose of payment (See instructions regarding type of information required.)

other / file for office
(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

12-17-09

Payee name

Molly Quirk

Amount (\$)

\$50⁰⁰

Payee address; City; State; Zip Code

*501 Hacienda DR
Austin TX 78748*

Purpose of payment (See instructions regarding type of information required.)

Ad expense / photo's
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

11-18-10

Payee name

Cmms Inc. c/o Todd Gallahan

Amount (\$)

\$1250⁰⁰

Payee address; City; State; Zip Code

*Po Box 8144
Austin TX 78713*

Purpose of payment (See instructions regarding type of information required.)

other / campaign assist
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

15 C/OH NAME Calvin Boyd 16 ACCOUNT # (Ethics Commission Filers)

17 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

additional pages

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

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1675⁰⁰

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

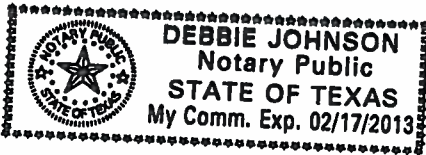
\$ 0

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 2000⁰⁰

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.

Calvin Boyd
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Calvin Boyd, this the 11th day of Jan, 2011, to certify which, witness my hand and seal of office.

Debbie Johnson
Signature of officer administering oath

Debbie Johnson
Printed name of officer administering oath

Notary Public
Title of officer administering oath