

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: <div style="text-align: center; font-size: 2em;">2</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr Calvin R <small>NICKNAME LAST SUFFIX</small> <div style="text-align: center; font-size: 1.5em;">Boyd</div>	OFFICE USE ONLY Date Received <div style="font-size: 1.5em; font-weight: bold;">RECEIVED</div> JAN 15 2020 BURNET CO ELECTIONS Date Hand-delivered or Date Postmarked	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 128 Rock Blf Kingsland Tx 78639		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (830) 285 1710		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs Julie P <small>NICKNAME LAST SUFFIX</small> <div style="text-align: center; font-size: 1.5em;">Boyd</div>	Receipt # Amount \$	
		Date Processed	
		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 128 Rock Blf Kingsland Tx 78639		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (830) 285 1604		
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 7 / 15 / 2019 THROUGH 01 / 15 / 2020		
11 ELECTION	ELECTION DATE Month Day Year 03 / 03 / 2020	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Sheriff	13 OFFICE SOUGHT (if known) Sheriff	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Citizens for Calvin Boyd for Sheriff **15 Filer ID (Ethics Commission Filers)**

16 NOTICE FROM POLITICAL COMMITTEE(S)

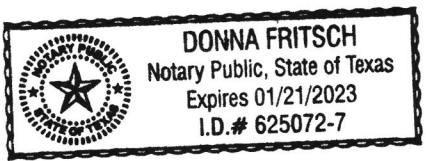
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

COMMITTEE TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> GENERAL	<u>Citizens for Calvin Boyd for Sheriff</u>
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	<u>128 Rock BIF Kingsland TX 78639</u>
	COMMITTEE CAMPAIGN TREASURER NAME
	<u>Julie Boyd</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	<u>128 Rock BIF Kingsland TX 78639</u>

Additional Pages


17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
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	\$ 0

18 AFFIDAVIT



DONNA FRITSCH
Notary Public, State of Texas
Expires 01/21/2023
I.D.# 625072-7

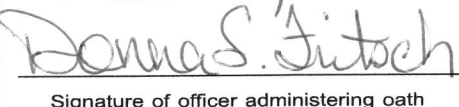
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Calvin Boyd, this the 15th day of January, 2020, to certify which, witness my hand and seal of office.



 Signature of officer administering oath

Donna S. Fritsch

 Printed name of officer administering oath

Notary

 Title of officer administering oath