

# 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  | <b>OFFICE USE ONLY</b><br><br>Date Received<br><br><div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <b>RECEIVED</b><br/>                     JUL 06 2021<br/>                     BURNET CO ELECTIONS                 </div> Date Hand-delivered or Date Postmarked<br><br>Receipt #                      Amount \$<br>Date Processed<br>Date Imaged |                      |  |
|  | NICKNAME                      LAST                      SUFFIX  |   |                      |  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS                     |   |   |                      |  |
| 5 CANDIDATE / OFFICEHOLDER PHONE                               |   |   |                      |  |
| 6 CAMPAIGN TREASURER NAME                                      | MS / MRS / MR                      FIRST                      MI  |   |                      |  |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business)           | NICKNAME                      LAST                      SUFFIX  |   |                      |  |
| 8 CAMPAIGN TREASURER PHONE                                     | STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE   |   |                      |  |
| 9 REPORT TYPE  | AREA CODE                      PHONE NUMBER                      EXTENSION  |   |                      |  |
| 10 PERIOD COVERED  | <input 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)<br><input checked="" 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) |   |                      |  |
| 11 ELECTION  | Month    Day    Year                      ELECTION DATE<br>/    /    /  | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special   |                      |  |
| 12 OFFICE  | OFFICE HELD (if any)  | 13 OFFICE SOUGHT (if known)   |                      |  |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME JOE DON DOCKERY 15 Filer ID (Ethics Commission Filers)

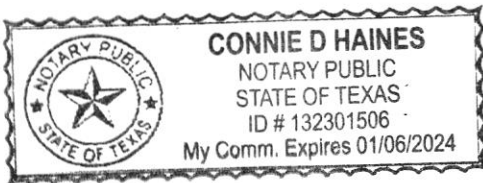
16 NOTICE FROM POLITICAL COMMITTEE(S)

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.

|  |                                      |                |
|--|--------------------------------------|----------------|
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC<br><br><input type="checkbox"/> Additional Pages | COMMITTEE TYPE                       | COMMITTEE NAME |
|  |                                      | N/A            |
|  | COMMITTEE ADDRESS                    |                |
|  | COMMITTEE CAMPAIGN TREASURER NAME    |                |
|  | COMMITTEE CAMPAIGN TREASURER ADDRESS |                |

|                         |   |             |
|-------------------------|---|-------------|
| 17 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)                                  | \$ 100.00   |
| 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                                    | \$ 2,271.74 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ - 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.

*Joe Don Dockery*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joe Don Dockery, this the 6 day of July, 20 21, to certify which, witness my hand and seal of office.

*Connie D. Haines*

Connie D. Haines

Communications Clerk

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

|   |   |
|---|---|
| <b>19 FILER NAME</b><br>JOE DON DOCKERY | <b>20 Filer ID (Ethics Commission Filers)</b> |
|---|---|

| <b>21 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE  | SUBTOTAL<br>AMOUNT |
|---|--------------------|
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                            | \$ 100.00          |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                         | \$                 |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$                 |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS   | \$                 |
| 5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS               | \$                 |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  | \$                 |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS              | \$                 |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                       | \$                 |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                         | \$                 |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$                 |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$                 |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                 |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

|  |   |  |
|--|---|--|
| The Instruction Guide explains how to complete this form.                                    |   | 1 Total pages Schedule A1:                       |
| 2 FILER NAME<br><b>JOE DON DOCKERY</b>   |   | 3 Filer ID (Ethics Commission Filers)            |
| 4 Date<br><b>1-14-21</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>CHARLES MERCER</b>                    | 7 Amount of contribution (\$)<br><b>\$100.00</b> |
| 6 Contributor address; City; State; Zip Code<br><b>21 FAIRWAY LANE MEADOWLAKES, TX 78654</b> |   |  |
| 8 Principal occupation / Job title (See Instructions)  |   | 9 Employer (See Instructions)                    |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                      |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                      |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                      |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                      |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                      |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                      |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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