

# 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:  5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	Joe Don Dockery		
	NICKNAME	LAST	SUFFIX
OFFICE USE ONLY			
Date Received: 2006 JUL 13 PM 1:01 JAMES T. PARKER COUNTY CLERK BURNET COUNTY, TEXAS FILED			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
3726 FM 2147 E Marble Falls, TX 7865			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
( 830 ) 693-5534			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Rose Marie Snider		
	NICKNAME	LAST	SUFFIX
Date Hand-Delivered or Date Postmarked			
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
408 Olympia Fields Meadowlakes, TX 78654			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
( 830 ) 693-3006			
9 REPORT TYPE	<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) <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)		
10 PERIOD COVERED	Month	Day	Year
2/26/06 / THROUGH 7 / 15 / 06			
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
3 / 7 / 2006		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
		County Commissioner Pct. 4	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	** 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		
GO TO PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

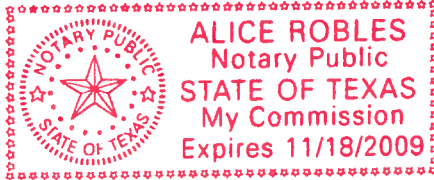
## FORM C/OH COVER SHEET PG 2

15 C/OH NAME <u>Joe Don Dockery</u>	16 ACCOUNT # (Ethics Commission Form)
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<b>17 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> additional pages	-- This box is for notice of political expenditures 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. --	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>  <hr/> <b>COMMITTEE ADDRESS</b>  <hr/> <b>COMMITTEE CAMPAIGN TREASURER NAME</b>  <hr/> <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>  <hr/>
	<hr/>	
	<hr/>	
	<hr/>	


<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 400.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1859.63
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 671.74
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**19 AFFIDAVIT**




**AFFIX NOTARY STAMP / SEAL ABOVE**

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

Sworn to and subscribed before me, by the said Joe Don Dockery, this the 13<sup>th</sup> day of July, 2006, to certify which, witness my hand and seal of office.

  
 Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

The instruction Guide explains how to complete this form.			1 Total pages Schedule A: <p style="text-align: center;">1</p>	
2 FILER NAME <p style="text-align: center;">Joe Don Dockery</p>			3 ACCOUNT # (Ethics Commission file)	
4 Date <p style="text-align: center;">2/27/06</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vance Fields	7 Amount of contribution (\$) <p style="text-align: center;">\$50.00</p>	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code <p style="text-align: center;">447 Pecan Grove Ln Marble Falls, TX 78654</p>		10 Employer (See Instructions)		
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)		
Date <p style="text-align: center;">3/17/06</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John J. Redfern III	Amount of contribution (\$) <p style="text-align: center;">\$350.00</p>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <p style="text-align: center;">4 Greenwich Drive Midland, TX 79705</p>		Employer (See Instructions)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code		Employer (See Instructions)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code		Employer (See Instructions)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code		Employer (See Instructions)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The instruction book explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME

Joe Don Dockery

3 ACCOUNT # (Ethics Commission file)

4 Date  
2/28/06

5 Payee name  
Printworks

7 Amount (\$)  
\$ 97.43

6 Payee address; City; State; Zip Code  
314 Main Street Marble Falls, TX 78654

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

Post cards for reception

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

3/11/06

Midge Dockery

468.00

Payee address; City; State; Zip Code  
3725 FM 2147 E Marble Falls, TX 78654

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

Reimburse for campaign mailout

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

3/13/06

Postmaster

216.08

Payee address; City; State; Zip Code  
Marble Falls, TX 78654

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

Postage for post cards

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

3/14/06

Ace Hardware

9.73

Payee address; City; State; Zip Code  
1400 9th Street Marble Falls, TX 78654

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

Cable ties for campaign signs

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>2</b>
<b>2 FILER NAME</b> Joe Don Dockery		3 ACCOUNT # (Ethics Commission Use)
4 Date 4/3/06	5 Payee name Printworks..... 6 Payee address; City; State; Zip Code 314 Main Street Marble Falls, TX 78654	7 Amount (\$) \$ 188.36
8 Purpose of payment (See instructions regarding type of information required.) 1,050 postcards		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 3/23/04	Payee name Discover. (Joe. Don. Dockery. Account)..... Payee address; City; State; Zip Code 3725 FM 2147 E Marble Falls, TX 78654	Amount (\$) 613.29
Purpose of payment (See instructions regarding type of information required.) Payment for newspaper ads		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 4/26/06	Payee name Victory Publishing..... Payee address; City; State; Zip Code 1007 Avenue K Marble Falls, TX 78654	Amount (\$) 216.74
Purpose of payment (See instructions regarding type of information required.) Campaign Ads		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 5/31/06	Payee name John Redfern..... Payee address; City; State; Zip Code 4 Greenwich Drive Midland, TX 79705	Amount (\$) 50.00
Purpose of payment (See instructions regarding type of information required.) Sign location fee		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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