

# 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

FIRST

MI

MR.

JOE DON

NICKNAME

LAST

SUFFIX

DOCKERY

OFFICE USE ONLY

Date Received

2012 JUL 13  
04 2:04  
FILED  
BURBETT COUNTY CLERK  
JANICE L. BROWN

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

3726 EAST F.M. 2147

MARBLE FALLS, TX 78654

 change of address

Date Hand-delivered or Postmarked

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 755-9898

Receipt #

Amount

Date Processed

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

MRS.

MIDGE

P.

NICKNAME

LAST

SUFFIX

DOCKERY

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS  
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

3726 EAST F.M. 2147

MARBLE FALLS, TX 78654

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 755-4555

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

1 / 1 / 12

THROUGH

Month

Day

Year

6 / 30 / 12

11 ELECTION

Month

ELECTION DATE

Day

Year

ELECTION TYPE

 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

COUNTY COMMISSIONER, PCT. 4

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME  
**JOE DON DOCKERY**

15 ACCOUNT # (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

**N/A**

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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) \$ **- 0 -**

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ **- 0 -**

4. TOTAL POLITICAL EXPENDITURES \$ **56.00**

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ **1,571.74**

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ **- 0 -**

18 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.

*Joe Don Dockery*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Joe Don Dockery, this the 13th day of July, 20 12, to certify which, witness my hand and seal of office.

*Nancy K. Collins*  
Signature of officer administering oath

Nancy K. Collins  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# POLITICAL EXPENDITURES

## SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **ONE**      2 FILER NAME: **JOE DON DOCKERY**      3 ACCOUNT # (Ethics Commission Filers)

4 Date: **2-18-12**      5 Payee name: **BURNET COUNTY REPUBLICAN WOMEN'S CLUB**

6 Amount (\$): **56.00**      7 Payee address: **750 CR 112** City: State; Zip Code: **BURNET, TX 78611**

8 PURPOSE OF EXPENDITURE: (a) Category: **ADVERTISING EXPENSE**      (b) Description: (If travel outside of Texas, complete Schedule T)

9 Complete ONLY 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 EXPENDITURE: Category (See categories listed at the top of this schedule): Description (If travel outside of Texas, complete Schedule T):

Complete ONLY 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 EXPENDITURE: Category (See categories listed at the top of this schedule): Description (If travel outside of Texas, complete Schedule T):

Complete ONLY 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 EXPENDITURE: Category (See categories listed at the top of this schedule): Description (If travel outside of Texas, complete Schedule T):

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED