

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: **JOE** MI: **DON**
 NICKNAME: LAST: **DOCKERY** SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO BOX, APT / SUITE #: **3726 EAST R.M. 2147** CITY, STATE, ZIP CODE: **MARBLE FALLS, TX 78654**
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE: **(830)** PHONE NUMBER: **693-5534** EXTENSION:

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR: **SAME AS ABOVE** FIRST: MI:
 NICKNAME: LAST: SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
 STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #: **SAME** CITY, STATE, ZIP CODE:

8 CAMPAIGN TREASURER PHONE
 AREA CODE: **()** PHONE NUMBER: **SAME** 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: **1 / 1 / 08** THROUGH Month Day Year: **6 / 30 / 08**

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

12 OFFICE OFFICE HELD (if any): **COUNTY COMMISSIONER, PCT. 4** **13 OFFICE SOUGHT** (if known):

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: **N/A**
 Address / PO Box Apt / Suite # City, State, Zip Code:
 additional pages

OFFICE USE ONLY

Date Received: **2008 JUL -8 PM 3:25**
 FILED
 JANET PARKER
 COUNTY CLERK
 BURNET COUNTY, TEXAS

Date Hand-delivered by: Date Postmarked:
 Receipt # Amount:
 Date Processed:
 Date Imaged:

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME **JOE DON DOCKERY** 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

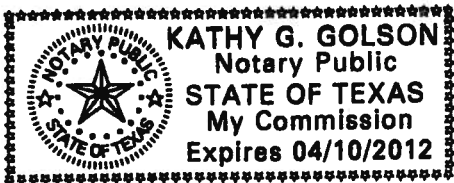
additional pages

* 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 type="checkbox"/> GENERAL	N/A
<input type="checkbox"/> SPECIFIC	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	\$ N/A
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ N/A
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ N/A
	4. TOTAL POLITICAL EXPENDITURES	\$ N/A
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 871.74
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ N/A

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

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 8th day of July, 2008, to certify which, witness my hand and seal of office.

Kathy G. Golson Kathy G. Golson Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath