

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	<div style="border: 2px solid black; padding: 5px;"> <p>OFFICE USE ONLY</p> <p>Date Received</p> <p style="font-size: 1.2em; font-weight: bold;">RECEIVED</p> <p style="font-size: 1.2em;">JUL 16 2020</p> <p style="font-weight: bold;">BURNET CO ELECTIONS</p> <p>Date Hand-delivered or Date Postmarked</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table> </div>	Receipt #	Amount \$	Date Processed		Date Imaged	
	Receipt #	Amount \$								
Date Processed										
Date Imaged										
MRS.	CASIE	L.								
NICKNAME	LAST	SUFFIX								
WALKER										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;		CITY; STATE; ZIP CODE							
	703 KINCHELOE		BURNET, TEXAS 78611							
<input type="checkbox"/> Change of Address										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION							
	(512)	755-0607								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI							
	MRS.	DEADRA	N.							
NICKNAME	LAST	SUFFIX								
NICKI HERNANDEZ										
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY; STATE; ZIP CODE							
	1107 E. JOHNSON		BURNET, TEXAS 78611							
(Residence or Business)										
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION							
	(512)	755-2275								
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							
	01	01	2020							
THROUGH			Month Day Year							
			06 / 30 / 2020							
11 ELECTION	ELECTION DATE		ELECTION TYPE							
	Month	Day	Year							
/ /		<input 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)		13 OFFICE SOUGHT (if known)							
	DISTRICT CLERK									

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

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

GENERAL

SPECIFIC

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, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED

\$

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

\$

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

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.



Casie Walker

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Casie Walker, this the 16th day of July, 20 20, to certify which, witness my hand and seal of office.

Karen Peraino

Signature of officer administering oath

Karen Peraino

Printed name of officer administering oath

Notary

Title of officer administering oath