		E REPORT		FORM C/OH COVER SHEET PG 1	
The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	Ms/MRs/MR Mrs	FIRST Debra	мі	OFFICE USE ONLY	
NAME	nickname Debbie	Bindseil	SUFFIX	Date Received RECEIVED	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.O. BOX	APT / SUITE #; (23 SPICEWOC	DD, TX 78669	JAN 07 2022 BURNET CO ELECTIONS	
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	(830)	265-0148	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR MRS.	DONNA	МІ	Receipt # Amount \$	
NAME	NICKNAME	LEWIS	SUFFIX	Date Processed Date Imaged	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE; ZIP CODE	
TREASURER ADDRESS (Residence or Business)	104 C.F	R. 411,	SPICEWOOD), TX 78669	
8 CAMPAIGN	AREA CODE	E PHONE NUMBER EXTENSION			
TREASURER PHONE	(830) 693-0526				
9 REPORT TYPE	X January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month 7	Day Year / 2021	THROUGH 12	Day Year / 31 / 2021	
11 ELECTION	ELECTION DA	TE Year Primary	ELECTION TYPE Runoff Other Description	Ē	
	03/ 01/	2022 General	Special		
12 OFFICE	Justice of t	he Peace #4	13 OFFICE SOUGHT (if know Justice of the		
14 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	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME		
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
	·	GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME De	bra A. Bindseil	16 File	r ID (Ethics C	ommission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	R THAN	\$	0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) (OTHER THAN PLEDGES) (OTHER THAN PLEDGES)	OANS)	\$	0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0
	4. TOTAL POLITICAL EXPENDITURES		\$	375.00
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF TO OF REPORTING PERIOD	HE LAST DAY	\$	40.37
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS LAST DAY OF THE REPORTING PERIOD	S AS OF THE	\$	0
	Please complete either option b	o of Candidate	or Officehold	<u>dseil</u> der
(1) Affidavit	AMI WISDOM Notary Public STATE OF TEXAS ID# 13025300-9 My Comm. Exp. June 8, 2023			
20, to certify Signature of officer administe (2) Unsworn Declarati	before me by Debra A. Bindsell the which, witness my hand and seal of office. Printed name of officer administering oath OR On , and my date of the control of t	birth is		Public administering oath
Executed in	(street) (city) County, State of, on the day of _		(zip code) , 20	(country)
	6	(month) Candidate/Office	, 20 (year)	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	Debi	ra A. Bindseil	20 Filer ID (Ethics Con	mmiss	ion Filers)
21		LE SUBTOTALS F SCHEDULE			SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0
4.		SCHEDULE E: LOANS		\$	0
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	375.00
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	0
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$	0
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	0
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	0
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$	0

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a cate	gory not listed above)	
Total pages Schedule F1:	² FLERNAMEA. Bindseil	3 Filer ID (Ethi	3 Filer ID (Ethics Commission Filers)		
Date 1/13/2021	5 Payee name Burnet County Republican C	lub			
Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$375.00	231 S. Pierce St.,	Burnet	TX	78611	
	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Filing Fee	Filing Fee for re-election			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livi	ng expense	
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			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	stin, TX, officeholder living expense		
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			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livi	ng expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	MATERIAL STATES	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED		