CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how t	o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
				7	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	Roxano	MI	OFFICE USE ONLY	
NAME	NICKNAME	LAST	SUFFIX	Date Received	
		Nelson		RECEIVED	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE	JAN 03 2022 BURNET CO ELECTIONS	
Change of Address	AREA CODE	PHONE NUMBER	EXTENSION		
5 CANDIDATE/ OFFICEHOLDER PHONE	()	PHONE NUMBER		Date Hand-delivered or Date Postmarked Receipt # Amount \$	
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI		
NAME	Mrs NICKNAME	LAST	SUFFIX	Date Processed	
	NICKNAWE	Nelson		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (N	IO PO BOX PLEASE); APT /	SUITE #; CITY;	STATE; ZIP CODE	
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15	30th day before	e election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before	election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day Year	THROUGH 12	Day Year / 31 / 21	
11 ELECTION	Month Day	Year	Description	E	
12 OFFICE	OFFICE HELD (if any)	ftne Peace,	Pd. 1 Justice of the	e Peace, Pet.1	
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN	TREASURER ADDRESS		
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME R	exanne Nelson	16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00				
	4. TOTAL POLITICAL EXPENDITURES	\$0.00				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$ 0.00				
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	\$ O. OO				
18 SIGNATURE 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.						
Rouse						
Signature of Candidate or Officeholder						
	Places complete either entien below	r.				
Please complete either option below:						
(1) Affidavit						
NOTARY STAMP/SEAL						
Sworn to and subscribed before me by this the day of,						
20, to certify which, witness my hand and seal of office.						
Signature of officer administ	ering oath Printed name of officer administering oath	Title of officer administering oath				
OR						
(2) Unsworn Declaration						
My name is Rox	anne Nelson, and my date of birth is	06/03/1958				
My address is		,				
2		state) (zip code) (country)				
Executed in 10000	County, State of Texas, on the 32 day of (mont	h) (year)				
	Signature of Candi	date/Officeholder (Declarant)				