

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH Instruction Guide explains how to complete this form.</b>		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:				
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR	FIRST LESLIE	MI L	<b>OFFICE USE ONLY</b>  Date Received  <div style="border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> JAN 14 2022  BURNET CO ELECTIONS  Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged			
	NICKNAME	LAST RAY	SUFFIX				
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE				
	608 LAKEWAY		BURNET TX 78611				
<input type="checkbox"/> Change of Address							
<b>5 CANDIDATE/ OFFICEHOLDER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION				
	( 512 )	756-8614					
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR	FIRST SARAH	MI				
	NICKNAME	LAST RAY	SUFFIX				
<b>7 CAMPAIGN TREASURER ADDRESS</b>	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE				
	608 LAKEWAY		BURNET TX 78611				
(Residence or Business)							
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION				
	( 512 )	756-8614					
<b>9 REPORT TYPE</b>	<input checked="" 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 type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
<b>10 PERIOD COVERED</b>	Month	Day	Year	THROUGH	Month	Day	Year
	7	1	2021		12	31	2021
<b>11 ELECTION</b>	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		
<b>12 OFFICE</b>	OFFICE HELD (if any)			<b>13 OFFICE SOUGHT (if known)</b>			
	CONSTABLE PCT1						
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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	COMMITTEE ADDRESS					
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					
<input type="checkbox"/> Additional Pages							

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**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b>		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 475.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**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.

\_\_\_\_\_  
Signature of Candidate or Officeholder

**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 administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is Lesli L. Ray, and my date of birth is 01/14/1976.

My address is 608 Lakeway, Burnet, TX, 78611, Burnet.  
(street) (city) (state) (zip code) (country)

Executed in Burnet County, State of TEXAS, on the 14 day of January, 2022.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)