CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers	s) 2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	Rd MI	OFFICE USE ONLY
NAME	NICKNAME	LAST Field	SUFFIX	Date Received RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	APT / SUITE #; CI	BURNUT, TX.	JAN 14, 2022 BURNET CO ELECTIONS
5 CANDIDATE/ OFFICEHOLDER PHONE	(ZIO)	110-3623	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST KAR	AN Z	Date Processed
	NICKNAME	Field	SUFFIX	Date Imaged
7 CAMPAIGN	STREET ADDRESS	NO PO BOX PLEASE); APT / SUI	TE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS (Residence or Business)	655	Solar Driv	Burnt, TX	78611
8 CAMPAIGN TREASURER PHONE	AREA CODE	217-179	EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before elect		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	July	Day Year / / / Z021	THROUGH Dec	Day Year 2021
11 ELECTION	Month Day	Year Primary General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	NONC	13 OFFICE SOUGHT (if know	County Judge
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTIONS AS	MAY HAVE BEEN MADE WITHOUT THE C	S MADE BY POLITICAL COMMITTEES TO SUPPORT ANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
001/11/11/12/(0)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREAS	SURER NAME	
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		GO TO F	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

A							
15 C/OH NAME	ekapd	Doak	Field	TR	16 Filer	ID (Ethics (Commission Filers)
17 CONTRIBUTION TOTALS	PI	LEDGES, LOANS	ED POLITICAL COI 5, OR GUARANTEE MADE ELECTRON		AN	\$ 2	751.0
	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		L CONTRIBUTION DIEST LOANS, OF	DNS R GUARANTEES OF LOANS	5)	\$ 2	.751.00
EXPENDITURE TOTALS	3. то	TAL UNITEMIZE	D POLITICAL EXP	ENDITURE.		\$ 4	304.78
	4. TO	TAL POLITICA	L EXPENDITURE	ES .		\$ 4	- 304.78
CONTRIBUTION BALANCE		TAL POLITICAL F		MAINTAINED AS OF THE LA	AST DAY	\$ 2	751.00
OUTSTANDING LOAN TOTALS			AMOUNT OF ALL (REPORTING PER	OUTSTANDING LOANS AS IOD	OF THE	\$	0
18 SIGNATURE I	swear, or affirm	, under penalty	of perjury, that the	accompanying report is tr	ue and cor	rect and inc	cludes all information
re	quired to be rep	orted by me unde	er Title 15, Election	Code		/	1 00
					0 4	1/2	4(1)
				An tor		2010	- July
				Signature of C	andidate o	or Officehol	der
Please complete either option below:							
				Souther telephone of the second secon			
(1) Affidavit							
NOTARY STAMP/SEA	L						
Sworn to and subscribed	before me by			this the		day of	,
20, to certify				uno une	<i></i>	uay or	,
20, to certify	Willon, Withess	my nand and sea	ii oi oince.				
Signature of officer administe	ering oath	Printed	name of officer adr	ninistering oath		Title of office	er administering oath
			OR				
(2) Unsworn Declarati	on						
7.1	1 1	1 2	11 1		7 1	i	0 10-0
My name is	ARD 1	104K 116	10, 11-	, and my date of birth	s Oct	obae	8, 1958
My address is	3 SOH	AR DONE		Depot.	11,	18011	USA.
2	with .	(street)	000	(city)		zip code)	(country)
Executed in	Cour	nty, State of	, on	the day of (mon		_, 20 <u>Z Z</u> (year)	Ti \
				fellos	Doch	Frel	1 . M.
				Signature of Cano	lidate/Office	eholder (Dec	clarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics	s Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 51.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1360.78
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 29 44.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	он \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Richard Donk Field,	Jp.	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC 6 Contributor address; City;	State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Maryld Francett	(ID#:)	Amount of contribution (\$)
12/9/21	Contributor address; City; 3237 Field Pages Burnst	State; Zip Code	100.00
Principal occur	petion / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date		(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE F4

	EXPENDITURE CATEGO	EXPENDITURE CATEGORIES FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		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 Other (enter a category not listed above)		
	The Instruction Guide explain	ns how to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME CHARD	ak field, IP	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED	TO A CREDIT CARD	s (Signal)		
5 Date	6 Payee name	Service			
7 Amount (\$)	8 Payee address;	City;	State; Zip Code		
1500		Astr	¥.		
9 TYPE OF EXPENDITURE	Political	Non-Political			
10	(a) Category (See Categories listed at the top of this	(b) Description			
PURPOSE	16				
OF EXPENDITURE			Dy Re		
EXPENDITORE	(c) Check if travel outside of Texas. Complete	Schedule T. Check if Aus	stin, TX, officeholder living expense		
11	Candidate / Officeholder name	Office sought	Office held		
Complete ONLY if direct expenditure to benefit C/OH					
Date 11-29-21	Payee name	ist			
Amount (\$)	Payee address;	City;	State; Zip Code		
b8-17	02/1	Nr - 1	20 Aldy		
TYPE OF EXPENDITURE	Political	Non-Political			
	Category (See Categories listed at the top of thi	is schedule) Description	, , 1 1		
PURPOSE	3 -1 -		1 hard of		
OF EXPENDITURE	10116191	(AF	EUS to MINON OW		
(1746) (1750) (1760) (1760) (1760) (1760)	Check if travel outside of Texas. Complete	te Schedule T. Check if Au	ustin, TX, officeholder living expense		
	Candidate / Officeholder name	Office sought	Office held		
Complete ONLY if direct expenditure to benefit C/OH	Kidan Soak	Field Jr	Judge		
			•		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED		



SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	
Candidate/Onicendide//Folitical	Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F4:	2 FILER NAME Light How Filers) 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 Date	6 Payee name
7 Amount (\$)	8 Payee address; City; State; Zip Code
15.00	Burnet 14. 78611
9 TYPE OF EXPENDITURE	Political Non-Political
10	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	TRANSPORTATION PRAYE
	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date 12-2-2	Payee name ANNANS BA
Amount (\$)	Payee address; City; State; Zip Code
77.95	707 6 St. Marchle tarly 1x
TYPE OF EXPENDITURE	Political Non-Political
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF EXPENDITURE	TRAVELTIDOS tood (lunch)
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica			
	The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F4:	2 FILERNAME South Field (10. 3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$		
5 Date 12-3-21	6 Payee name PAZY OAS		
7 Amount (\$)	8 Payee address; City; State; Zip Code		
35.00	414 1x 29 W Brent Tx 1861		
9 TYPE OF EXPENDITURE	Political Non-Political		
10	(a) Category (See Categories listed at the top of this schedule) (b) Description		
PURPOSE OF EXPENDITURE	Food Breakfast		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held		
Date	Payee name Slop		
Amount (\$)	Payee address; City; State; Zip Code		
300.00	1844 N Amy 29 Burnet Tx. 7864		
TYPE OF EXPENDITURE	Political Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Support Text Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

4

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Total pages Schedule F4: 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name CHU Zip Code 7 Amount TYPE OF Non-Political Political **EXPENDITURE** (b) Description (a) Category (See Categories listed at the top of this schedule) 10 PURPOSE OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Pavee name Date Zip Code State: Payee address; Amount TYPE OF Non-Political EXPENDITURE Political Description Category (See Categories listed at the top of this schedule) PURPOSE OF UM **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expen Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F4:	2 FILER NAME ATELOR STREET ST
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 Date 12-9-21	6 Payee name Bullet Roulicto Lundico
7 Amount (\$)	8 Payee address; City; State; Zip Code
32.98	104 CR 213 Burnt Tx. 7861
9 TYPE OF EXPENDITURE	Political Non-Political
10	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	Event Expense Republican Lunch
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date 12-9-21	Payee name OUT Signs
Amount (\$)	Payee address; City; State; Zip Code
216:50	104 W. Washington Burnet Tx 78611
TYPE OF EXPENDITURE	Political Non-Political
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		
	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME Ly Land Dock Field (Se 3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
5 Date [2-10-2]	6 Payer name Library Ruller Sams	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
33.28	P.O. Box 445 Butler WT 53007	
9 TYPE OF EXPENDITURE	Political Non-Political	
10	(a) Category (See Categories listed at the top of this schedule) (b) Description	
PURPOSE	ACE DUNG STONE	
OF EXPENDITURE	CTO 12 CUELLACIO STANDERS	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct	Candidate / Officeholder name Office sought Office held	
expenditure to benefit C/OH	Dork Field Country Judge	
Date 12-20-21	Payer name Bulletin Highlanden	
Amount (\$)	Payee address; City; State; Zip Code	
626.00	220 S. Mxin Burnet Tx 78611	
TYPE OF EXPENDITURE	Political Non-Political	
	Category (See Categories listed at the top of this schedule) Description	
PURPOSE OF EXPENDITURE	Advictisin Expense Ads in Paper	
	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		
Complete ONLY if direct expenditure to benefit C/OH Country Lice De Country Li		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

SCHEDULE F4

	EXPENDITURE CATEGORIES FOR BOX 10(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F4:	2 FILER NAME THE TOTAL TIPE (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 Date 29-21	6 Payee name
7 Amount (\$)	8 Payee address; City; State; Zip Code
1895.70	1904 W Hay 29 Barrot X 7801
TYPE OF EXPENDITURE	Political Non-Political
10	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE	
EXPENDITURE	T-099K115M TIN 1795
	(c) Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date 2-29-2	Payer name EAR LING BREWERY
Amount (\$)	Payee address; City; State; Zip Code
24.53	207 Avenue 6 Madle Falle Ix.
TYPE OF EXPENDITURE	Political Non-Political
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF EXPENDITURE	Event Expense BRWC event
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED