

# 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>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed:	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MR.</b>	FIRST <b>JOE DON</b>	MI	<b>OFFICE USE ONLY</b>  Date Received  <b>RECEIVED</b>  <b>FEB 22 2022</b>  BURNET CO ELECTIONS   Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged
	NICKNAME	LAST <b>DOCKERY</b>	SUFFIX	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE <b>3726 F.M. 2147 EAST MARBLE FALLS, TX 78654</b>			
	AREA CODE      PHONE NUMBER      EXTENSION <b>(512) 755-9898</b>			
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE				
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MRS.</b>	FIRST <b>MIDGE</b>	MI <b>P.</b>	
	NICKNAME	LAST <b>DOCKERY</b>	SUFFIX	
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE <b>3726 F.M. 2147 EAST MARBLE FALLS, TX 78654</b>			
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <b>(512) 755-4555</b>			
<b>9</b> 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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
<b>10</b> PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year <b>1 / 22 / 2022      2 / 19 / 2022</b>			
<b>11</b> ELECTION	ELECTION DATE      ELECTION TYPE Month      Day      Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <b>3 / 1 / 2022</b> <input type="checkbox"/> General <input type="checkbox"/> Special			
<b>12</b> OFFICE	OFFICE HELD (if any) <b>COUNTY COMMISSIONER, PCT 4</b>		<b>13</b> OFFICE SOUGHT (if known) <b>COUNTY COMMISSIONER, PCT 4</b>	
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS		

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <u>JOE DON DOCKERY</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ - 0 -
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,721.74
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

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 JOE DON DOCKERY, and my date of birth is 4-14-63.

My address is 3726 F.M. 2147 EAST, MARBLE FALLS, TX, 78654, BURNET.  
(street) (city) (state) (zip code) (country)

Executed in BURNET County, State of TX, on the 22<sup>ND</sup> day of FEBRUARY, 20 22.  
(month) (year)

Joe Don Dockery  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <b>JOE DON DOCKERY</b>	20 Filer ID (Ethics Commission Filers)
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21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,100.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> 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: <b>1</b>
2 FILER NAME <b>JOE DON DOCKERY</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1-25-22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CHRISTOPHER M. HARTE</b>	7 Amount of contribution (\$)  <b>500.00</b>
6 Contributor address; City; State; Zip Code <b>3939 BEE CAVE RD., BLDG C-100, AUSTIN, TX 78746</b>		
8 Principal occupation / Job title (See Instructions) <b>RETIRED</b>		9 Employer (See Instructions)
Date <b>2-8-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ALLEN D. SPELCE</b>	Amount of contribution (\$)  <b>200.00</b>
Contributor address; City; State; Zip Code <b>P.O. BOX 752, SPICEWOOD, TX 78669</b>		
Principal occupation / Job title (See Instructions) <b>PROJECT MANAGER</b>		Employer (See Instructions) <b>TEXAS COMPTROLLER</b>
Date <b>2-8-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DAVID L. &amp; LORNA L. KITHIL</b>	Amount of contribution (\$)  <b>200.00</b>
Contributor address; City; State; Zip Code <b>1921 F.M. 1980 MARBLE FALLS, TX 78654</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>2-12-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MANUEL &amp; CHERYL TRINIDAD</b>	Amount of contribution (\$)  <b>200.00</b>
Contributor address; City; State; Zip Code <b>510 KNIGHTS ROW HORSESHOE BAY, TX 78657</b>		
Principal occupation / Job title (See Instructions) <b>DIVISION MANAGER</b>		Employer (See Instructions) <b>ALPHA PAVING</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.