CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	Filers) 2 Total pages filed: 2		
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR FIRST MR. GARRY	MI	OFFICE USE ONLY		
NAME	NICKNAME LAST ADAMS	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	The analysis of the second sec	CITY: STATE: ZIP CODE NET, TX. 78611	JAN 11 2023		
Change of Address	P.O. BOX 464 BUR	RNET, TX. 78611	BURNET CO ELECTIONS		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 755-0806	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST	M1	Receipt # Amount \$		
	MR. GARRY	SUFFIX	Date Processed		
	ADAMS	oor in a	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SI 703 LEWIS DRIVE	UITE #: CITY; BURNET,	STATE: ZIP CODE TX. 78611		
(Residence or Business)	AREA CODE PHONE NUMBER				
8 CAMPAIGN TREASURER PHONE	(512) 755-0806	EXTENSION			
9 REPORT TYPE	January 15 30th day before e	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15 8th day before ele	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 7 / 1 / 22	THROUGH 12	Day Year / 31 / 22		
11 ELECTION	ELECTION DATE ELECTION TYPE				
	Month Day Year Primary General	Runoff Other Description Special			
12 OFFICE	OFFICE HELD (if any) CONSTABLE Precinct #2	13 OFFICE SOUGHT (if known			
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIN COMMITTEE TYPE COMMITTEE NAME	S MAY HAVE BEEN MADE WITHOUT THE CANL	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR		
Additional Pages	GENERAL COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
	COMMITTEE CAMPAIGN TRE	EASURER ADDRESS			
GO TO PAGE 2					

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME GARRY L. ADAMS		16 Filer ID (Eth	hics Commission Filers)	
17 CONTRIBUTION TOTALS EXPENDITURE TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	N \$	0.00	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)) \$	0.00	
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00	
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00	
CONTRIBUTION BALANCE	 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD 	ST DAY \$	0.00	
OUTSTANDING LOAN TOTALS	 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD 	OF THE \$	0.00	
Please complete either option below:				
20 22 , to certify Signature of officer administe	which, witness my hand and sealler office. which, witness my hand	Innicat Title o	f officer administering oath	
(2) Unsworn Declaration		-		
Normal Party and a contract of the second second second	, and my date of birth is	3	·	
My address is		(state) (zip co	de) (country)	
Executed in	County, State of, on the day of(mont		year)	
	Signature of Cand	idate/Officeholde	r (Declarant)	