## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.		<u> </u>	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	TAMES	·	MI	OFFICE USE ONLY
NAME	NICKNAME	LAST		SUFFIX	Date Received
	ADDRESS / PO BOX:	APT / SUITE #:	CITY: ST	ATE; ZIP CODE	RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #:	CITY, ST	ATE, ZIP CODE	JAN 03 2023 BURNET CO ELECTIO
Change of Address	P.O. Box	121 50,	lewood, 1	X 18669	302. 00 2220110
5 CANDIDATE/ OFFICEHOLDER PHONE	(5/2)	PHONE NUMBER	_	TENSION	Date Hand-delivered or Date Postm
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	5	MI	Receipt # Amount \$  Date Processed
	NICKNAME	LAST		SUFFIX	
		OAH.	ly		Date Imaged
7 CAMPAIGN TREASURER	STREET ADDRESS (	NO PO BOX PLEASE); APT /	SYITE #;	CITY;	STATE; ZIP CODE
ADDRESS (Residence or Business)	1/ le Combs Alley Spicewood, Ta 18669				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EX	TENSION	
	(5/2)	744-5203	5		
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 -
10 PERIOD COVERED	Month	Day Year		Month	Day Year
COVERED	7	2/22	THROUG	12	3//22
11 ELECTION	ELECTION DATE ELECTION TYPE				
	Month Day	Year Primar		Other Description	
	3/3/	2026 Gener	al Specia		
12 OFFICE	OFFICE HELD (if any)	Curty In		FFICE SOUGHT (if know	Indge
14 NOTICE FROM	THIS BOX IS FOR NOTIC	CE OF POLITICAL CONTRIBUTION	NS ACCEPTED OR PO	LITICAL EXPENDITURES I	MADE BY POLITICAL COMMITTEES TO S
POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLE.  CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDI				
	COMMITTEE TYPE   COMMITTEE NAME				
Additional Pages	GENERAL COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN	TREASURER ADDR	ESS	

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME	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)	\$
0000 0 0 00000	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA     OF REPORTING PERIOD	\$ 29,170, 53
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
18 SIGNATURE I S	wear, or affirm, under penalty of perjury, that the accompanying report is true and	I correct and includes all information
ree	quired to be reported by me under Title 15, Election Code.	
		6/2
	Signature of Candida	ate or Officeholder
	Signature of Sandia	ate of pinceriolaer
	Disconsistential programme and a second progr	
	Please complete either option below:	
(1) Affidavit		
NOTARY STAMP/SEA	L	
Sworn to and subscribed	before me by this the	day of
	which, witness my hand and seal of office.	
20, to certify	willon, with 1635 my Hand and Sear Or Office.	
Signature of officer administr	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarat	ion	
My name is	JAMES DAKKLEY, and my date of birth is	07-14-65
My address is/	le Combs Alley Spiletovol TX	, 18469, BUENE
A.s.	(street) (city) (state County, State of 1815, on the 34 day of 1816)	(country)
Executed in	County, State of, on the day of(month)	(year)
	Signature of Candidate/	Officeholder (Declarant)