

# 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)                                                                                                                          | 2 Total pages filed: <u>3</u> |  |  |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>                                     | MS / MRS / MR                      FIRST                      MI<br>MRS                      DEBRA                      A                                                                                                                                                                                                                                                                                                            | <b>OFFICE USE ONLY</b><br><br>Date Received<br><br><b>RECEIVED</b><br><br>JAN 5 2024<br><br>BURNET CO ELECTIONS                                                |                               |  |  |
|                                                                            | NICKNAME                      LAST                      SUFFIX<br>DEBBIE                      BINDSEIL                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                |                               |  |  |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><br>Change of Address | ADDRESS / PO BOX;                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE<br>P.O. BOX 23 SPICEWOOD, TX. 78669                                                                                                                                                                                                                                                       |                                                                                                                                                                |                               |  |  |
| <b>5 CANDIDATE/ OFFICEHOLDER PHONE</b>                                     | AREA CODE                      PHONE NUMBER                      EXTENSION<br>( 830 )                      265-0148                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                |                               |  |  |
| <b>6 CAMPAIGN TREASURER NAME</b>                                           | MS / MRS / MR                      FIRST                      MI<br>MRS                      DONNA                                                                                                                                                                                                                                                                                                                                   | Date Hand-delivered or Date Postmarked<br><br>Receipt #                      Amount \$<br><br>Date Processed<br><br>Date Imaged                                |                               |  |  |
|                                                                            | NICKNAME                      LAST                      SUFFIX<br>LEWIS                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                |                               |  |  |
| <b>7 CAMPAIGN TREASURER ADDRESS</b><br><br>(Residence or Business)         | STREET ADDRESS (NO PO BOX PLEASE);                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE<br>104 CR 411 SPICEWOOD, TX. 78669                                                                                                                                                                                                                                       |                                                                                                                                                                |                               |  |  |
| <b>8 CAMPAIGN TREASURER PHONE</b>                                          | AREA CODE                      PHONE NUMBER                      EXTENSION<br>( 830 )                      693-0526                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                |                               |  |  |
| <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)<br><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                      Month                      Day                      Year<br>07 / 01 / 23                      THROUGH                      12 / 31 / 23                                                                                                                                                                                                                |                                                                                                                                                                |                               |  |  |
| <b>11 ELECTION</b>                                                         | ELECTION DATE<br>Month                      Day                      Year<br>/ /                                                                                                                                                                                                                                                                                                                                                     | ELECTION TYPE<br>Primary                      Runoff                      Other Description<br>General                      Special                      _____ |                               |  |  |
| <b>12 OFFICE</b>                                                           | OFFICE HELD (if any)<br><b>JUSTICE OF THE PEACE #4</b>                                                                                                                                                                                                                                                                                                                                                                               | <b>13 OFFICE SOUGHT</b> (if known)                                                                                                                             |                               |  |  |
| <b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br>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                                                                                                                                                                                                                                                                                                                                                                                                                       | COMMITTEE NAME                                                                                                                                                 |                               |  |  |
|                                                                            | GENERAL                                                                                                                                                                                                                                                                                                                                                                                                                              | COMMITTEE ADDRESS                                                                                                                                              |                               |  |  |
|                                                                            | SPECIFIC                                                                                                                                                                                                                                                                                                                                                                                                                             | COMMITTEE CAMPAIGN TREASURER NAME                                                                                                                              |                               |  |  |
|                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                      | COMMITTEE CAMPAIGN TREASURER ADDRESS                                                                                                                           |                               |  |  |

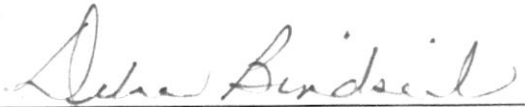
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**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**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) | \$                                            | 0 |
|                                | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                                  | \$                                            | 0 |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.                                                                                            | \$                                            | 0 |
|                                | 4. TOTAL POLITICAL EXPENDITURES                                                                                                       | \$                                            | 0 |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                                    | \$                                            | 0 |
| <b>OUTSTANDING LOAN TOTALS</b> | 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 Debra Bindseil, and my date of birth is 11-11-1955.  
 My address is PO Box 23, Spicewood Tx. 78449 Burnet  
(street) (city) (state) (zip code) (country)  
 Executed in Burnet County, State of Texas, on the 5 day of JANUARY, 2024.  
(month) (year)  
 \_\_\_\_\_  
 Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

|                              |                                                                                    |                                               |
|------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>19 FILER NAME</b>         |                                                                                    | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS</b> |                                                                                    | <b>SUBTOTAL AMOUNT</b>                        |
| <b>NAME OF SCHEDULE</b>      |                                                                                    |                                               |
| 1.                           | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 0                                          |
| 2.                           | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ 0                                          |
| 3.                           | SCHEDULE B: PLEDGED CONTRIBUTIONS                                                  | \$ 0                                          |
| 4.                           | SCHEDULE E: LOANS                                                                  | \$ 0                                          |
| 5.                           | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 0                                          |
| 6.                           | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                           | \$ 0                                          |
| 7.                           | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$ 0                                          |
| 8.                           | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ 0                                          |
| 9.                           | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ 0                                          |
| 10.                          | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ 0                                          |
| 11.                          | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ 0                                          |
| 12.                          | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0                                          |