

# 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: <div style="text-align: center; font-size: 2em;">2</div>															
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <div style="text-align: center; font-size: 1.5em;">Roxanne</div>	MI	<div style="border: 1px solid black; padding: 5px; font-weight: bold;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Received</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Hand-delivered or Date Postmarked</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px; font-size: 0.8em; text-align: center;">             HAND DELIVERED JUL 27 11:10 AM '24         </div>	Receipt #	Amount \$	Date Processed		Date Imaged									
	Receipt #	Amount \$																
Date Processed																		
Date Imaged																		
NICKNAME	LAST <div style="text-align: center; font-size: 1.5em;">Nelson</div>	SUFFIX																
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE															
<b>5</b> CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( )	PHONE NUMBER	EXTENSION															
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <div style="text-align: center; font-size: 1.5em;">Roxanne</div>	MI															
	NICKNAME	LAST <div style="text-align: center; font-size: 1.5em;">Nelson</div>	SUFFIX															
<b>7</b> CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE																	
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE ( )	PHONE NUMBER	EXTENSION															
<b>9</b> REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><input type="checkbox"/> January 15</td> <td style="width:25%;"><input type="checkbox"/> 30th day before election</td> <td style="width:25%;"><input type="checkbox"/> Runoff</td> <td style="width:25%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>				<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 checked="" 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)						
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<b>10</b> PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Month</td> <td style="width:25%;">Day</td> <td style="width:25%;">Year</td> <td style="width:25%; text-align: center;">THROUGH</td> <td style="width:25%;">Month</td> <td style="width:25%;">Day</td> <td style="width:25%;">Year</td> </tr> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">/ 01</td> <td style="text-align: center;">/ 24</td> <td></td> <td style="text-align: center;">06</td> <td style="text-align: center;">/ 30</td> <td style="text-align: center;">/ 24</td> </tr> </table>				Month	Day	Year	THROUGH	Month	Day	Year	01	/ 01	/ 24		06	/ 30	/ 24
Month	Day	Year	THROUGH	Month	Day	Year												
01	/ 01	/ 24		06	/ 30	/ 24												
<b>11</b> ELECTION	ELECTION DATE		ELECTION TYPE															
	Month	Day	Year	Primary	Runoff	Other Description												
<b>12</b> OFFICE	OFFICE HELD (if any) <div style="text-align: center; font-size: 1.2em;">Justice of the Peace, Pct. 1</div>	<b>13</b> OFFICE SOUGHT (if known)																
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  <small>Additional Pages</small>	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																

GO TO PAGE 2

# 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	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
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	\$ 0
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.

*R. Nelson*

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 Roxanne Nelson, and my date of birth is 06/03/1958.

My address is \_\_\_\_\_, Burnet, TX, 78611, USA.  
(street) (city) (state) (zip code) (country)

Executed in Burnet County, State of Texas, on the 2nd day of July, 20 24.  
(month) (year)

*R. Nelson*  
Signature of Candidate/Officeholder (Declarant)