JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The JC/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** 3501 NAME Date Received NICKNAME SUFFIX Waller Co. Elections ADDRESS / PO BOX; 4 CANDIDATE / **OFFICEHOLDER** JAN 11 2022 P.O. Box 966, Henpsterd, Tx. 77445 MAILING **ADDRESS** RECEIVED Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ 6 CAMPAIGN **TREASURER** Date Processed NAME SUFFIX Date Imaged STATE: CAMPAIGN ZIP CODE TREASURER 26179 Tx. Huy. 6, Henpsterd, Tx. 77445 **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE (713) 410-39 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month COVERED 31/2021 2021 THROUGH 11 ELECTION ELECTION DATE **ELECTION TYPE** Primary Runoff Other Month Description General OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THIS BOA IS POR NOTICE OF PUBLICAL COMMINISTIONS ACCEPTED OF POLITICAL EXPENDITURES MADE BY POLITICAL COMMINISTERS AND APPEARS. 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS

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JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER T PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	HAN \$	(),00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOA	NS) \$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0,00
	4. TOTAL POLITICAL EXPENDITURES	\$	1,450.00
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	LAST DAY \$	390,23
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS A LAST DAY OF THE REPORTING PERIOD	S OF THE \$	25,000.00
	Please complete either option bel	low:	
(1) Affidavit	Sheila J Stephenson My Commission Expires 02/09/2024 ID No. 128883993		
NOTARY STAMP/SEAL		1174	y of JANUARY
0.0	which, witness my hand and seal of office. SHELLA STEPHENSON	Λ	OTARY of officer administering oat
(2) Unsworn Declaration	OR	Title	or officer administering dati
	, and my date of birth	h is	
My address is	, · · · · · · · · · · · · · · · · · · ·		
executed in	(street) (city) County, State of , on the day of	(state) (zip o	code) (country)
		ndidate/Officehold	

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics	Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,450.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	н \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Fees Office Food/Beverage Expense Pollir Gift/Awards/Memorials Expense Printi		Office Ov Polling Ex Printing E		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
`	Credit Card Payment		The Instruct	tion Guide explair	s how to	complete this form.			
1	Total pages Schedule G:	2 FILER NA	ol A.	Chaney			3 Filer ID (Ethic	es Commission Filers)	
4	Date	5 Payee name							
L	09/02/2021	Walter County Fair Association							
	Amount (\$) \$ 100.00 Reimbursement from political contributions intended	Payee address; City; State; Zip Code ρ .0. Box 911, Hen ρ S+C3d, T_{\times} . 77445							
8	PURPOSE OF EXPENDITURE	0 1	Vertisin	sted at the top of this so	chedule)	(b) Description Sponsor for	Senior Gitiz	en Luncheon	
		(c)	Check if travel outsid	e of Texas. Complete Sch	nedule T.	Check if Austin	n, TX, officeholder living	expense	
	Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH								
	Date 09/11/2021	Pattison Area Volunteer Fire Department							
	Amount (\$) \$\frac{350.00}{Reimbursement from political contributions intended}	350.00 eimbursement from Jagso FM 359, Pathison, Tx. 7					State;	Zip Code	
PURPOSE OF EXPENDITURE			Vertising	isted at the top of this s	chedule)	Description Sponsor for	local fundr	ziser	
				e of Texas. Complete Sc	hedule T.		n, TX, officeholder living	expense	
	Complete ONLY if direct expenditure to benefit C/C		late / Officehol	der name		Office sought		Office held	
	Date 10/12/2021	Payee nar	ne 18 On	Me, Inc					
	Amount (\$) \$1,000.00 Reimbursement from	Payee ad	dress; O Kati	Fwv.	Hou	city; Ston, Tx,	State; 77024	Zip Code	
	political contributions intended								
	PURPOSE OF EXPENDITURE	Ad	vertising)		Spors or for			
			ate / Officehol	of Texas. Complete Sch	nedule T.		, TX, officeholder living		
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candid	ate / Officenol	uer name		Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								