

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI CALVIN NICKNAME LAST SUFFIX SELLERS		OFFICE USE ONLY Date Received — FILED — <u>6/17/21</u> - <u>8:56am</u> Patricia Roberson, Elections Administration Gaines County, Texas BY _____ DEPUTY Date Hand-delivered or Date Postmarked
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P O BOX 32 SEAGRAVES, TEXAS 79359 ☐ Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (806) 438-3461		Receipt # Amount \$ Date Processed Date Imaged
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI JUDY NICKNAME LAST SUFFIX SELLERS		7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P O BOX 32 SEAGRAVES, TEXAS 79359
	8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (806) 239-6079		
9 REPORT TYPE ☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only) ☒ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final Report (Attach C/OH - FR)			
10 PERIOD COVERED Month Day Year 01 / 01 / 2021 THROUGH Month Day Year 06 / 30 / 2021			
11 ELECTION		ELECTION DATE Month Day Year / /	
12 OFFICE		OFFICE HELD (if any) JP # 2	
13 OFFICE SOUGHT (if known)			

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