

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 NICKNAME LAST SUFFIX		OFFICE USE ONLY Date Received FILED 7/12/21 - 10:11a m Patricia Roberson, Elections Administration Gaines County, Texas BY _____ DEPUTY Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
	901 N.W. ave I Seminole, TX 79360		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☒ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 901 N.W. ave I Seminole, TX 79360		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (432) 209 6639		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX		
	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 901 N.W. ave I Seminole, TX 79360		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (432) 209 6639		
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 THROUGH Month Day Year 01 / 01 / 2021 THROUGH 06 / 30 / 2021		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year / / / ☐ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special		
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Gaines County Justice of Peace Dist. 1		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ -0-

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ -0-

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ -0-

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

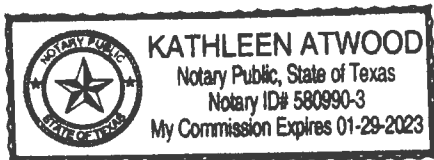
\$ 9.79

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ -0-

18 AFFIDAVIT



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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jeff James, this the 12th
day of July, 2021, to certify which, witness my hand and seal of office.

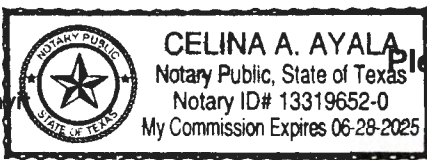
Kathleen Atwood
Signature of officer administering oath

Kathleen Atwood
Printed name of officer administering oath

Notary Public
Title of officer administering oath

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <u>Jeffery</u>	MI <u>C</u>	Date Received FILED <u>11/2/21 - 10:35 a.m.</u> Patricia Roberson, Elections Administration Gaines County, Texas	
	NICKNAME <u>Jeff</u>	LAST <u>James</u>	SUFFIX		
4 ORIGINAL REPORT TYPE	☐ January 15 ☐ Runoff ☐ Final report ☒ July 15 ☐ Exceeded modified reporting limit ☐ 30th day before election ☐ 15th day after treasurer appointment (officeholder only) ☐ 8th day before election Other (specify) _____			BY _____ Date Hand-delivered or Date Postmarked _____ DEPUTY Receipt # _____ Amount \$ _____	
5 ORIGINAL PERIOD COVERED	Month Day Year Month Day Year <u>01 / 01 / 2021</u> THROUGH <u>06 / 30 / 2021</u>			Date Processed _____ Date Imaged _____	
6 EXPLANATION OF CORRECTION <u>Mailing Address of Treasurer is 901 NW Ave I, Seminole, TX 79360</u> <u>Actual Residence Address is 550 County Road 408 Seminole, TX 79360</u>					
7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check ONLY if applicable: ☒ Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. ☒ Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.					
_____ Signature of Candidate/Officeholder					
Please complete either option below:  (1) Affidavit Sworn to and subscribed before me by <u>Celina A. Ayala</u> this the <u>2nd</u> day of <u>November</u>, 20<u>21</u>, 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 _____, and my date of birth is _____ My address is _____ (street) (city) (state) (zip code) (country) Executed in _____ County, State of _____, on the _____ day of _____, 20____. (month) (year) _____ Signature of Candidate/Officeholder (Declarant)					
Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections					