CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MI MS / MRS / MR FIRST 3 CANDIDATE / OFFICE USE ONLY L **OFFICEHOLDER** Mrs. Shannon LED FOR RECORD NAME SUFFIX LAST NICKNAME RUSK COUNTY, TEXA\$ Burkley ZIP CODE } APT / SUITE #; CITY; STATE; ADDRESS / PO ROY 4 CANDIDATE / **OFFICEHOLDER** MAILING Mt. Enterprise, TX 75681 **ADDRESS** Change of Address PHONE NUMBER EXTENSION AREA CODE 5 CANDIDATE/ **OFFICEHOLDER** (903)392-3812 PHONE Amount \$ Receipt # FIRST MS / MRS / MR 6 CAMPAIGN TREASURER Shannon Mrs. Date Processed NAME SUFFIX LAST NICKNAME Date Imaged Burkley STATE: ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: CAMPAIGN TREASURER **ADDRESS** Mt. Enterprise, TX 75681 (Residence or Business) EXTENSION AREA CODE PHONE NUMBER 8 CAMPAIGN TREASURER 392-3812 PHONE 7903 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Day Yea Month COVERED 25 THROUGH **ELECTION TYPE** ELECTION DATE 11 ELECTION Runoff Primary Other Month Day Description Special General 13 OFFICE SOUGHT (If known) OFFICE HELD (If any) 12 OFFICE Justice of the Peace, Pct. 3 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. CANDIDATE'S AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMI AIGI				
15 Ç/OH NAME Mrs. Shannon L. Burkley		16 Filer	r ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		0.00
	TOTAL POLITICAL EXPENDITURES		\$	0.00
CONTRIBUTION BALANCE	J. TOTAL TOLITIONE CONTINUE TO		\$	118.46
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS CLAST DAY OF THE REPORTING PERIOD	OF THE	\$	0.00
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is tr quired to be reported by me under Tille 15, Election Code.	ue and co	rrect and incl	ludes all information
Signature of Candidate or Officeholder				
	Please complete either option belo	w:		
(1) Affidavit				
NOTARY STAMP/SE	J.L.			
Sworn to and subscribed before me by this the day of,				
20, to certif	which, witness my hand and seal of office.			
Signature of officer adminis	ering oath Printed name of officer administering oath		Title of offic	er administering oath
	OR		EB	
(2) Unsworn Declara	()	Λ	,	2-1 1 N
My name is Alan	non Burkley, and my date of birth	is $\frac{uu}{\pi}$	gust	27, 19les.
My address is _	: integrue	(state)		(country)
Executed in Rush	(street) County, State of TLYCOS, on the Many	Juli min) Tu	1, 20 05 (year)	5
	Signature of Sai	ndidate/Of	ficeholder (De	eclarant)