

# 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 <b>Mr.</b>	FIRST <b>Joseph</b>	MI <b>P</b>	<b>OFFICE USE ONLY</b>  Date Received <b>NO. _____ TIME 9:32/Am</b>  <b>JUL 19 2024</b>  DONECE GREGORY, COUNTY CLERK TYLER COUNTY, TEXAS By <i>[Signature]</i>  Date Hand-delivered or Date Postmarked  Receipt #                      Amount \$  Date Processed  Date Imaged									
NICKNAME <b>Joe</b>		LAST <b>Blacksher</b>	SUFFIX <b>Jr.</b>										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;          APT / SUITE #;          CITY;          STATE;          ZIP CODE <b>353 County Road 4497          Hillister,          Texas 77624</b>												
Change of Address													
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(409 )</b>	PHONE NUMBER <b>790-41449</b>	EXTENSION										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mr.</b>	FIRST <b>Joseph</b>	MI <b>P</b>										
NICKNAME <b>Joe</b>		LAST <b>Blacksher</b>	SUFFIX <b>Jr.</b>										
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);          APT / SUITE #;          CITY;          STATE;          ZIP CODE <b>353 County road 4497          Hillister,          Texas 77624</b>												
(Residence or Business)													
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(409 )</b>	PHONE NUMBER <b>790 - 4149</b>	EXTENSION										
9 REPORT TYPE	<table style="width:100%;"><tr><td><input type="checkbox"/> January 15</td><td><input type="checkbox"/> 30th day before election</td><td><input type="checkbox"/> Runoff</td><td><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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10 PERIOD COVERED	Month          Day          Year <b>1          /          15          /          24</b>			THROUGH          Month          Day          Year <b>6          /          30          /          24</b>									
11 ELECTION	ELECTION DATE Month          Day          Year <b>11          /          05          /          24</b>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special										
12 OFFICE	OFFICE HELD (if any) <b>Commissioner Pct. 1</b>		13 OFFICE SOUGHT (if known) <b>Commissioner Pct. 1</b>										
14 NOTICE FROM POLITICAL COMMITTEE(S)	<b>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.</b>												
Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME											
		COMMITTEE ADDRESS											
		COMMITTEE CAMPAIGN TREASURER NAME											
		COMMITTEE CAMPAIGN TREASURER ADDRESS											

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b>		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	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 -
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ - 0 -
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 23.99
<b>OUTSTANDING LOAN TOTALS</b>	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.

*Joseph P. Blakesher*  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Joseph Blakesher this the 19 day of July, 2024, to certify which, witness my hand and seal of office.

*Donece Gregory* Signature of officer administering oath  
 Donece Gregory Printed name of officer administering oath  
 County Clerk 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)