CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how t	o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:				
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR Mrs	FIRST Vanessa	MI H	OFFICE USE ONLY				
	NICKNAME	James	SUFFIX	Date Received				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 196 Jenkins Lane Jacksboro, Texas 76458							
	1051 0005	DUONE NUMBER	EXTENSION	U				
5 CANDIDATE/ OFFICEHOLDER PHONE	(940)	229-9837	Date Hand-delivered or Date Ros Marked Receipt # Amount \$					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs. NICKNAME	Vanessa LAST James	MI H SUFFIX	Date Processed Date Imaged				
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE; ZIP CODE 196 Jenkins Lane Jacksboro, Texas 76458							
(Residence or Business)								
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (940) 229-9837							
9 REPORT TYPE	January 15 July 15	30th day before el	Evacaded Modified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year Month Day Year 6 / 30 / 21 THROUGH 12 / 31 / 21							
11 ELECTION	Month Day	Year Primary						
12 OFFICE	OFFICE HELD (if any) County Cle	rk	13 OFFICE SOUGHT (if known) County Clerk					
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	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 COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME							
		GO ТО	PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

5 C/OH NAME			1	16 Filer ID (Ethics Commission Filers)		
7 CONTRIBUTION TOTALS	TOTAL UNITEMIZED PO PLEDGES, LOANS, OR CONTRIBUTIONS MADE	GUARANTEES OF LOAD	ONS (OTHER THAN NS, OR	\$		
	2. TOTAL POLITICAL CO		TEES OF LOANS)	\$		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO	LITICAL EXPENDITURE		\$	750.00	
	4. TOTAL POLITICAL EX	PENDITURES		\$	750.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CON- OF REPORTING PERIO		ED AS OF THE LAST	T DAY \$		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMO LAST DAY OF THE REP		DING LOANS AS OF	THE \$		
(1) Affidavit	DEBRA TILLERY Notary Public, State of Te My Commission Expire May 04, 2024 NOTARY ID 705852-3	es	option below	JAN - 3	VE TOTAL STATE OF THE PARTY OF	
NOTARY STAMP/SEA	1/	3 Jam	this the	3 rd day of	1 Januar	
Daha Ti	which, witness my hand and seal of o		and the	Nota	of Roblic	
Signature of officer administration	ering oath Printed nar	me of officer administering	- oa th	Title of o	fficer administering oa	
(2) Unsworn Declarat	on	OR				
My name is		, and	my date of birth is			
My address is		,	/-it\	etata) (zin aadı	e) (country)	
Executed in	(street) County, State of	, on the		(zip code , 20 (ye		
		-	Signature of Candid	date/Officeholder	(Declarant)	