CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME SUFFIX DDRESS / PO BOX; APT / SUITE #; CITY; 223 N. Bowie St. ADDRESS / PO BOX; 4 CANDIDATE / **OFFICEHOLDER** MAILING JACKSBORD, TX 76458 **ADDRESS** Change of Address AREA CODE 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (940) 507-0695 PHONE Amount \$ BRAD 6 CAMPAIGN **TREASURER** Date Processed NAME NICKNAME SUFFIX Campsely STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: 223 N. Bourn St. Date Imaged STATE 7 CAMPAIGN ZIP CODE TREASURER **ADDRESS** JACKSBORD, TX 76458 (Residence or Business) AREA CODE 8 CAMPAIGN **TREASURER** (940) 507-0695 PHONE 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED 2/20/22 **THROUGH** ELECTION DATE ELECTION TYPE 11 ELECTION Primary Other Month Description General Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE neasurer reasurer 14 NOTICE FROM 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 OFFICEHOLDER'S KNOWLEDGE OF CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16 File	r ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ &
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 8
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
	ewear, or affirm, under penalty of perjury, that the accompanying report is true and concluded to be reported by me under Title 15, Election Code.	correct and includes all information
Brail Campsey		
	Signature of Candidat	e or Officeholder
	Please complete either option below:	
(1) Affidavit	DEC JUL	1 3 2022 N
NOTARY STAMP/SEA		
Sworn to and subscribed		day of,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administ	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarat	ion	
My name is Bharl Campsey, and my date of birth is 3-10-61		
My address is 223 N. Boure St		
Executed in	County, State of , on the 13 day of July (month)	20 2 2 (year)
1	Signature of Candidate/O	fficeholder (Declarant)

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