

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 G
NICKNAME LAST SUFFIX
Brad Campsey

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
223 N. Bowie St Jacksboro TX 76458
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
AREA CODE PHONE NUMBER EXTENSION
(940) 507-0695

6 CAMPAIGN TREASURER NAME
MS / MRS / MR FIRST MI G
NICKNAME LAST SUFFIX
Brad Campsey

7 CAMPAIGN TREASURER ADDRESS
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
223 N. Bowie St JACKSBORO, TX 76458
(Residence or Business)

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(940) 507-0695

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 Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED
Month Day Year Month Day Year
7 / 1 / 22 THROUGH 12 / 31 / 22

11 ELECTION
ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
11 / 8 / 22 General Special

12 OFFICE OFFICE HELD (if any) **13** OFFICE SOUGHT (if known)
Treasurer Treasurer

14 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.
 Additional Pages
COMMITTEE TYPE COMMITTEE NAME
 GENERAL COMMITTEE ADDRESS
 SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received
RECEIVED
JAN 17 2023

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

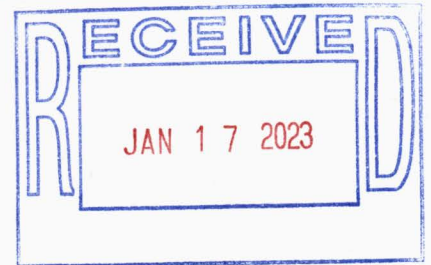
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>0</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.

Bruce Campsey

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, 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 Bruce Campsey, and my date of birth is 3-10-61.

My address is 223 N. Bonnie St. Jackson TX 76458, JACK.
(street) (city) (state) (zip code) (country)

Executed in JACK County, State of TX, on the 17 day of Jan, 20 23.
(month) (year)

Bruce Campsey
Signature of Candidate/Officeholder (Declarant)