## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST Mrs. Britney	MI B.	OFFICE USE ONLY		
NAME	NICKNAME LAST Richey	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; P.O. Box 1533 Sa	JAN 1 4 2022 Elections Office			
6 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked		
OFFICEHOLDER	( 512 ) 396-8956		Desite 4		
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST Mrs. Britney	MI B.	Receipt # Amount \$		
NAME	NICKNAME LAST	SUFFIX	Date Processed		
	Richey		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / : P.O. Box 1533	surre #; сiтү; San Marcos	STATE: ZIP CODE Tx 78667		
(Residence or Business)		· · · · · · · · · · · · · · · · · · ·			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 396-8956	EXTENSION			
9 REPORT TYPE	E January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Onty)				
	July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	MonthDayYearMonthDayYear07012021THROUGH12312021				
11 ELECTION	ELECTION DATE     ELECTION TYPE       Month     Day     Year     X     Primary     Runoff     Other       03 / 01 / 2022     General     Special				
12 OFFICE	OFFICE HELD (if any) Hays County Treasurer  13 OFFICE SOUGHT (if known) Hays County 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.				
	COMMITTEE TYPE COMMITTEE NAME				
Additional Pages					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
	COMMITTEE CAMPAIGN TI	REASURER ADDRESS			
GO TO PAGE 2					

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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#### 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)	\$		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$		
	4. TOTAL POLITICAL EXPENDITURES	\$ 750.00		
CONTRIBUTION BALANCE	5. I OTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 1 or 581.30			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 3,750.27			
	wear, or affirm, under penalty of perjury, that the accompanying report is true and puired to be reported by me under Title 15, Election Code.	Rich		
	Please complete either option below:			
S COFIC	LAURA NAVA NOTARY PUBLIC STATE OF TEXAS IY COMM. EXP. 09/25/24 NOTARY ID 12633164-6			
Sworn to and subscribed	before me by Britney B. Richey this the 14	th day of January		
20 <u>A</u> , to certify Rawna Na	which, witness my hand and seal of office.	Notary		
Signature of officer administe		Title of officer administering oath		
Concernation of the	OR			
(2) Unsworn Declaratio	on			
My name is	, and my date of birth is			
My address is				
	(street) (city) (state)	) (zip code) (country)		
Executed in		. 20		
	(month)	(year)		
	Signature of Candidate/	Officeholder (Declarant)		

# SUBTOTALS - C/OH

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#### FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Con	nmission Filers)
Britney B Richey	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 750.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

POLITICAL PERSONAL	EXPENDITURES MADE F	ROM	SCHEDULE G		
If the requested information is not applicable, DO NOT include this page in the report.					
EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi- Credit Card Payment	Fees Off Food/Beverage Expense Pol By Gift/Awards/Memorials Expense Prin	an Repayment/Reimbursement foe Overhead/Rental Expense lling Expense nting Expense laries/Wages/Contract Labor w to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule G: 1	2 FILER NAME Britney B Richey		3 Filer ID (Ethics Commission Filers)		
4 Date 12/9/2021	8 Payee name Hays County Republican Party				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$750.00 Reimbursement from political contributions intended	6000 FM 150 W	Kyle,	TX 78640		
8	(a) Category (See Categories listed at the top of this schedul	le) (b) Description			
PURPOSE OF EXPENDITURE	Fees	Candidate Fi	ling Fee		
EAPENDITORE	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austir	n, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Britney B Richey Ha	Office sought ays County Treasur	Office held rer Hays County Treasurer		
Date	Payee name	and a second			
Amount (\$)	Payee address;	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	le) Description			
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul	le) Description			
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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