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 FIRST MI OFFICE USE ONLY **OFFICEHOLDER** JOHN H NAME Date Received NICKNAME LAST SUFFIX **ELLEN** Received 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **OFFICEHOLDER** 1645 MAIN STREET #37 BUDA. TEXAS 78610 JUL 14 2022 MAILING **ADDRESS** Elections Office Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (512)295-3030 PHONE Amount \$ Receipt # 6 CAMPAIGN MS / MRS / MR FIRST М TREASURER JOHN Date Processed NAME NICKNAME LAST Date Imaged **ELLEN** ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE 7 CAMPAIGN TREASURER 1645 MAIN STREET #37 BUDA. **TEXAS 78610 ADDRESS** (Residence or Business) PHONE NUMBER EXTENSION 8 CAMPAIGN AREA CODE TREASURER PHONE (512 636-0927 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Year Day Year COVERED 30 / 22 6 1 22 **THROUGH** ELECTION TYPE ELECTION DATE 11 ELECTION Primary Runoff Other Month Day Year Description General Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE HAYS COUNTY CONSTABLE PRECINCT 5 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

5 C/OH NAME		16 Filer ID (Ethics Commission Filers)			
7 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POL PLEDGES, LOANS, OR G CONTRIBUTIONS MADE	SUARANTEES OF LOANS			0.00
	2. TOTAL POLITICAL CON (OTHER THAN PLEDGES,		EES OF LOANS)	\$	0.0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POL	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0.0
	4. TOTAL POLITICAL EXP	TOTAL POLITICAL EXPENDITURES		\$	0.0
CONTRIBUTION BALANCE	5. IOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA		DAY \$	108.2	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			\$ 20	,924.52
NOTARY STAMP/SEA Sworn to and subscribed 20 22 to certification to certi	before me by John Elle which, witness my hand and seal of offi Plus Awarea T Printed name		this the 10	face fi	July blue er administering o
My name is		, and my	date of birth is		
My address is	(street)		city) (stat	e) (zip code)	(country)
executed in	County, State of			, 20	-
		Sig	Signature of Candidate/Officeholder (Declarant)		