

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: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST DAVID	MI
	NICKNAME	LAST PURYEAR	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #	CITY; STATE; ZIP CODE
	PO Box 227 DRIFTWOOD Tx 78619		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	496-3560	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST WILL	MI
	NICKNAME	LAST CONLEY	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY; STATE; ZIP CODE
	1218 WATER PARK ROAD WIMBERLEY Tx 78676		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	738-1079	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 / 01 / 2021 12 / 31 / 2021		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description	
	03 / 01 / 2022	<input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		HAYS COUNTY CRIMINAL DISTRICT ATTORNEY	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> 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	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

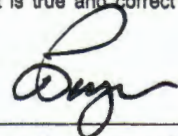
GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME DAVID PURYEAR		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)	\$ 3650
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1988.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3452.78
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.



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 DAVID PURYEAR, and my date of birth is 12/5/55
 My address is PO BOX 227, DRIFTWOOD, Tx, 78619, USA
(street) (city) (state) (zip code) (country)
 Executed in HAYS County, State of TEXAS, on the 17 day of JAN, 2022
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME

DAVID PURYEAR

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3650
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 692.22
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1299.86
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME DAVID PURYEAR		3 Filer ID (Ethics Commission Filers)
4 Date 12/15/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM HALE	7 Amount of contribution (\$) \$ 1000
6 Contributor address; City; State; Zip Code 1104 NUECES AUSTIN TX 78701		
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) WILLIAM HALE, PLLC
Date 12/17/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COFER CONNELLY	Amount of contribution (\$) \$ 1000
Contributor address; City; State; Zip Code 602 W. 11th AUSTIN TX 78701		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)
Date 12/16/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JILL McAFEE	Amount of contribution (\$) \$ 150
Contributor address; City; State; Zip Code 109 BIG SKY BURNET TX 78611		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 12/20/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEOFFREY PURYEAR	Amount of contribution (\$) \$ 1000
Contributor address; City; State; Zip Code 915 TEXAS AVE LUBBOCK TX 7979401		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) COFER CONNELLY
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2

2 FILER NAME

DAVID PURYEAR

3 Filer ID (Ethics Commission Filers)

4 Date

12/27/21

5 Full name of contributor

GEORGE LEDBETTER

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$500

6 Contributor address;

City;

State; Zip Code

1700 ELDER HILL RD DRIFTWOOD TX 78619

8 Principal occupation / Job title (See Instructions)

HEALTH CARE ADMINISTRATOR

9 Employer (See Instructions)

HUMANA

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME DAVID PURYEAR	3 Filer ID (Ethics Commission Filers)
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4 Date 12/9/21	5 Payee name CASTLE COMMUNICATIONS
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6 Amount (\$) \$500	7 Payee address; PO BOX 90691	City; AUSTIN	State; TX	Zip Code 78709
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRACT LABOR	(b) Description WEBSITE DESIGN / PRODUCTION
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/22/21	Payee name VISTA PRINT
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Amount (\$) \$118.22	Payee address; 170 DATA DRNE	City; WALTHAM	State; MA	Zip Code 02451
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description PURCHASE OF STATIONERY
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/21/21	Payee name RAISE THE MONEY
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Amount (\$) 74.	Payee address; PO BOX 26466	City; LITTLE ROCK, AR	State; AR	Zip Code 72221
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description PROCESSING FEE FOR ON-LINE CONTRIBUTION PORTAL
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME DAVID PURYEAR	3 Filer ID (Ethics Commission Filers)
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4 Date 12/9/21	5 Payee name HAYS COUNTY REPUBLICAN PARTY
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6 Amount (\$) 1250 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 6000 FM 150 KYLE, TX 78640
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEE	(b) Description BALLOT FILING FEE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name DAVID PURYEAR	Office sought CRIMINAL DISTRICT ATTORNEY	Office held
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Date 12/15/21	Payee name DAVID PURYEAR
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Amount (\$) 29.12 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO BOX 227 DRIFTWOOD TX 78619
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	Description MILEAGE REIMBURSEMENT
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/9/21	Payee name DAVID PURYEAR
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Amount (\$) 16.74 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO BOX 227 DRIFTWOOD TX 78619
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT	Description MILEAGE REIMBURSEMENT
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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