CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			we have the second and the second	
The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers	Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS (MR	FIRST James	MI T	OFFICE USE ONLY
NAME	NICKNAME	Strawn	SUFFIX	Pate Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 12607 Red_	Red	ity; state; zip code ida TX 78610	FEB 22 2022 Elections Office
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 554-6052	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS (MRS) MR	FIRST Glennell LAST	MI Ď SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
		Strawn		
7 CAMPAIGN TREASURER ADDRESS		NO PO BOX PLEASE ; APT / SU L BUA TYQU	TTE *; CITY; Billa	STATE; ZIP CODE TX 78610
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512,) 554-3566			
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 Ath day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month	Day Year 21/2022	Mont? THROUGH 02	Day Year / 19 / 2022
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary Runoff Other 03/01/2022 General Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if KING JUSTICE OF 4	ne Peace Pct. 5
14 NOTICE FROM POLITICAL COMMITTEE(S)			MAY HAVE BEEN MADE WITHOUT THE CA	ANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS			
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	
		GO TO I	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Taxal Strange	S Filer ID (Ethics Commission Filers)
James	Terry Strawn	
17 CONTRIBUTION TOTALS		\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	** (O. O()
18 SIGNATURE	I swear, or affirm, under penalty of perjury, that the accompanying report is true a	and correct and includes all information
	required to be reported by me under Title 15, Election Code.	
	Dame 1	
	an my o	
	Signature of Cand	idate or Officeholder
	Please complete either option below:	
(1) Affidavit		
NOTARY STAMP/S	EAL	
Sworn to and subscrib	ed before me by this the	day of,
20 to cor	tifu which without my bond and and of affect	
20, to del	tify which, witness my hand and seal of office.	
Signature of officer admin	istering oath Printed name of officer administering oath	Title of officer administering oath
	00	
the second s	OR	
(2) Unsworn Declar	ation	
		1.1
My name is Jam	es Terry Strawn, and my date of birth is	1/17/1958
My address is 1210	of Red Bud Trail Buda XX	18610, USA
My address is 1010		
11	(street) (city) (stat	
Executed in Hau	6 County, State of <u>TEXAS</u> , on the <u>alst</u> day of <u>Febru</u>	ary , 20 22.
J	(month)	(year)
	fans Int	X
	Signature of Candidate	e/Officeholder (Declarant)

Forms provided by Texas Ethics Commission

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME James Terry Strawn 20 Filer ID (Ethics Con	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
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	\$ 33.83
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 191.34
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	\$

	EXPENDITURE CATEGO	ORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politie		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Ex Travel In District Travel Out Of District Other (enter a category not listed above
Total pages Schedule F4:	2 EILER NAME TErry Str Sames Terry Str	lawn	3 Filer ID (Ethics Commission File
TOTAL OF UNITEN	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$
Date 14/2022	6 Payee name Fed EX		· · · · · · · · · · · · · · · · · · ·
' Amount (\$) 33, 83	8 Payee address; 5601 Brodie Ln	city: Austin	State; Zip Code TX 18145
TYPE OF EXPENDITURE	Political] Non-Political	
0 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so Advertising Expense	_	5
1 complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate / Officeholder name	Office sought	ustin, TX, officeholder living expense
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this se	chedule) Description	
	Check if travel outside of Texas. Complete Sc	chedule T. Check if A	ustin, TX, officeholder living expense
complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

POLITICAL	EXPENDITURES MADE FR	OM	SCHE	
If the requested int	formation is not applicable, DO NOT include	e this page in the re	port.	
and a second	EXPENDITURE CATEGORIE	S FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees Office Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printin	tepayment/Reimbursement Overhead/Rental Expense g Expense gs/Wages/Contract Labor to complete this form.	Solicitation/Fundraising E Transportation Equipmer Travel In District Travel Out Of District Other (enter a category n	t & Related Expense
1 Total pages Schedule G:	2 FILER NAME James Terry Straw	m	3 Filer ID (Ethics Co	ommission Filers)
4 Date 01/2022	5 Payee name MLOUS # 62			
6 Amount (\$) # 43, NA Reimbursement from political contributions intended	7 Payee address; 1305 FM 1626	City; Manuhala	State; TX	zip Code 78652
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising (c) Check if travel outside of Texas. Complete Schedule T.		Furring st	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		fice held
2/12/2022	Payee name ML LOUS #62			
Amount (\$) ∦ 135. 77 Reimbursement from political contributions intended	Payee address; 1305 FM 1626	city: Manchal	State;	zip Code 18652
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ad VertiSing Check if travel outside of Texas. Complete Schedule T.	Description Wood	, TX, officeholder living expe	inse
Complete <u>QNLY</u> if direct expenditure to benefit C/6	Candidate / Officeholder name	Office sought	01	fice held
Date 2/13/2022	Payee name Home Depot			
Amount (\$)	Payee address; 3730 Dry Hole Drive	Kyle	State;	zip Code 78640
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Check if travel outside of Texas. Complete Schedule T.	Description	TX, officeholder living expe	nse
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		fice held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED	

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POLITICAL PERSONAL	EXPENDITURES MADE FR	NOM	SCHEDULE G
If the requested in	formation is not applicable, DO NOT include	e this page in the re	eport.
	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees Office Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printin	Repayment/Reimbursement Overhead/Rental Expense g Expense gexpense as/Wages/Contract Labor 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:	2 FILER NAME James Terry Stra	awn	3 Filer ID (Ethics Commission Filers)
4 Date 215/2022	5 Payee name MLLOUS		
6 Amount (\$) 3.24 Reimbursement from political contributions intended	7 Payee address; 1305 FM 1626	city; Manchala	State; Zip Code TX 18652
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Advertings	Wood	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED

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