

# 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: <b>2</b>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR. SCOTT NICKNAME LAST SPOONTS			MI SUFFIX  <b>OFFICE USE ONLY</b>		
	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  PO BOX 36 PAINT ROCK, TEXAS 76866			Date Received  		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address				Date Hand-delivered or Date Postmarked  Receipt # _____ Amount \$ _____		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (325 )	PHONE NUMBER 234-5011	EXTENSION	Date Processed  Date Imaged		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME	FIRST LAST  SAME AS ABOVE	MI SUFFIX			
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;  SAME AS ABOVE			STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE ( )	PHONE NUMBER SAME AS ABOVE	EXTENSION			
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 7	Day 16	Year 25	Month 1	Day 1	Year 26
11 ELECTION	ELECTION DATE Month / Day / Year / / /	ELECTION TYPE  <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other  <input checked="" type="checkbox"/> General <input type="checkbox"/> Special Description _____				
12 OFFICE	OFFICE HELD (if any) <b>JUSTICE OF THE PEACE</b>			13 OFFICE SOUGHT (if known)		
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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

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## **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

FORM C/OH  
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<b>15 C/OH NAME</b> SCOTT SPOONTS		<b>16 Filer ID (Ethics Commission Filers)</b>	
<b>17 CONTRIBUTION TOTALS</b>  <b>EXPENDITURE TOTALS</b>  <b>CONTRIBUTION BALANCE</b>  <b>OUTSTANDING LOAN TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	0.00
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	0.00
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**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

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**Title of officer administering oath**

OR

**(2) Unsworn Declaration**

Signature of Candidate/Officeholder (Declarant)