

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: <div style="font-size: 2em; text-align: center;">3</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR. FIRST MI <div style="text-align: center; font-size: 1.5em;">Deanna</div>		<div style="text-align: center; font-weight: bold; margin-bottom: 10px;">OFFICE USE ONLY</div> <div style="margin-bottom: 10px;">Date Received FILED <u>July 8</u> A.D. 2021 LIVE OAK COUNTY, TEXAS DONNA M. VANWAY CLERK, COUNTY COU BY <u>Rebecca Munoz</u> DEPU AT <u>9:55</u> O'CLOCK <u>am</u></div> <div style="margin-bottom: 10px;">Date Hand-delivered or Date Postmarked</div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div>Receipt #</div> <div>Amount \$</div> </div> <div style="margin-bottom: 10px;">Date Processed</div> <div>Date Imaged</div>
	NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Atkinson</div>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.5em;">PO Box 423 George West TX 78022</div>		
	AREA CODE PHONE NUMBER EXTENSION (361) 449-8008		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 449-8008		
	6 CAMPAIGN TREASURER NAME MS / MRS / MR. FIRST MI <div style="text-align: center; font-size: 1.5em;">Deanna</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Atkinson</div>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.5em;">PO Box 423 George West TX 78022</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ()		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div>Month Day Year <div style="font-size: 1.5em;">2 / 25 / 2024</div></div> <div>THROUGH</div> <div>Month Day Year <div style="font-size: 1.5em;">6 / 30 / 2024</div></div> </div>		
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 1.5em;">11 / 7 / 2024</div>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any) <div style="font-size: 1.5em;">Tax Assessor Collector</div>		13 OFFICE SOUGHT (if known) <div style="font-size: 1.5em;">Tax Assessor Collector</div>
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.		
	<input type="checkbox"/> GENERAL	COMMITTEE NAME	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

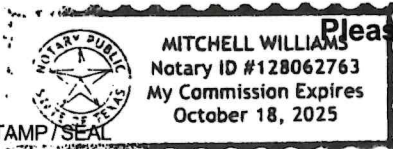
GO TO PAGE 2

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****20 Filer ID (Ethics Commission Filers)**

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>1</u>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Deanna</u> FIRST <u>Atkinson</u> LAST		MI		Date Received <u>July 15 3:35 PM</u> Date Hand-delivered or Date Postmarked Receipt # <u>0 CLOK</u> Amount \$ Date Processed Date Imaged
	NICKNAME		SUFFIX		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Election date <u>11/5/2024</u> Other (specify)
	<input type="checkbox"/> Final report <input type="checkbox"/> Other (specify)				
5 ORIGINAL PERIOD COVERED	Month <u>1</u> / Day <u>1</u> / Year <u>2024</u> THROUGH Month <u>6</u> / Day <u>30</u> / Year <u>2024</u>				
6 EXPLANATION OF CORRECTION					
<u>Correct period covered and Election Date.</u>					
7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.					
Check ONLY if applicable:					
<input checked="" type="checkbox"/> Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.					
<input type="checkbox"/> Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.					
<u>Deanna Atkinson</u> Signature of Candidate/Officeholder					
Please complete either option below:					
(1) Affidavit					
					
Sworn to and subscribed before me by <u>Deanna Atkinson</u> this the <u>15th</u> day of <u>July</u> , 20 <u>24</u> , to certify which, witness my hand and seal of office.					
<u>Mitchell Williams</u> Signature of officer administering oath		<u>Mitchell Williams</u> Printed name of officer administering oath		<u>Commissioner</u> Title of officer administering oath	
OR					
(2) Unsworn Declaration					
My name is _____, and my date of birth is _____.					
My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)					
Executed in _____ County, State of _____, on the _____ day of _____, 20____.					
_____ Signature of Candidate/Officeholder (Declarant)					
Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections					