

# 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:								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. <b>MILTON</b> NICKNAME <b>MIKE</b> LAST <b>SHOWALTER</b>		MI D SUFFIX <b>BEE COUNTY ELECTIONS ADMINISTRATION</b>								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: <b>PO Box 62</b> APT / SUITE #: <b>MINERAL</b> CITY: <b>TX 78125</b>		JAN 14 2022								
5 CANDIDATE/ OFFICEHOLDER PHONE		AREA CODE <b>(361)</b> PHONE NUMBER <b>375-2634</b>	RECEIVED Date Hand-delivered or Date Postmarked								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs. <b>ANNE</b> NICKNAME <b>SHOWALTER</b>		Receipt # <b> </b> Amount \$ <b> </b>								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: <b>9762 FM 673</b> CITY: <b>MINERAL</b>		STATE: <b>TX</b> ZIP CODE <b>78125</b>								
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(361)</b> PHONE NUMBER <b>375-2634</b>										
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 <b>7</b> Day <b>21</b> Year <b>2021</b>		Month <b>1</b> Day <b>14</b> Year <b>2022</b>								
11 ELECTION	ELECTION DATE Month <b>03</b> Day <b>01</b> Year <b>2022</b>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special									
12 OFFICE	OFFICE HELD (if any) <b>JUSTICE OF THE PEACE #2</b>	13 OFFICE SOUGHT (if known) <b>JUSTICE OF THE PEACE #2</b>									
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.										
<input type="checkbox"/> Additional Pages		<table border="1"> <tr> <td>COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE NAME</td> </tr> <tr> <td colspan="2">COMMITTEE ADDRESS</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>		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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COMMITTEE ADDRESS											
COMMITTEE CAMPAIGN TREASURER NAME											
COMMITTEE CAMPAIGN TREASURER ADDRESS											

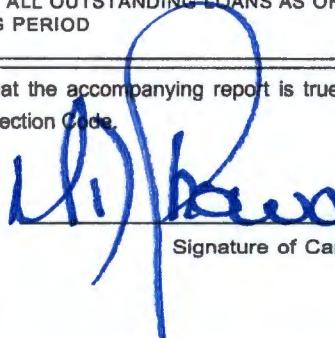
GO TO PAGE 2

SCANNED

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

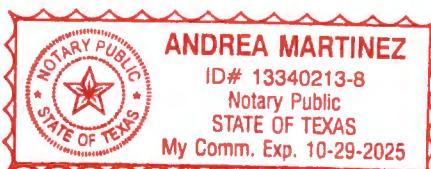
15 C/OH NAME <b>MILTON D SHOWALTER</b>	16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <b>-0-</b>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <b>-0-</b>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <b>-0-</b>
	4. TOTAL POLITICAL EXPENDITURES	\$ <b>375.00</b>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <b>4623.90</b>
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <b>4998.90</b>
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 Milton D. Showalter this the 14<sup>th</sup> day of January, 2022, to certify which, witness my hand and seal of office.

Andrea Martinez  
Signature of officer administering oath

Andrea Martinez  
Printed name of officer administering oath

Notary Public  
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\_\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME <b>MILTON D SHOWALTER</b>	20 Filer ID (Ethics Commission Filer)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <del>0</del>
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <del>0</del>
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <del>0</del>
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <u>4998.90</u>
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <del>0</del>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <del>0</del>
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <del>0</del>
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <del>0</del>
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <del>0</del>
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <del>0</del>
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <del>0</del>
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <del>0</del>

## LOANS

## SCHEDULE E

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 E:
2 FILER NAME <b>MILTON D SHOWALTER</b>			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS			\$ <b>4623.90</b>
5 Date of loan <b>12/1/2021</b>	7 Name of lender <b>MILTON D SHOWALTER</b>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) <b>1498.90</b>
6 Is lender a financial institution? <b>Y (N)</b>	8 Lender address; <b>Po Box 62 MINERAL TX 78125</b>	City; State; Zip Code	10 Interest rate
12 Principal occupation / Job title (See Instructions) <b>JUSTICE OF THE PEACE # 2</b>		13 Employer (See Instructions) <b>BEE COUNTY</b>	
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor  18 Guarantor address; <b>Po Box 62 MINERAL TX 78125</b>	City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions) <b>RETIRED</b>		21 Employer (See Instructions)	
Date of loan <b>1/12/2022</b>	Name of lender <b>ANN E. SHOWALTER</b>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$) <b>3500.00</b>
Is lender a financial institution? <b>Y N</b>	Lender address;  Description of Collateral <input type="checkbox"/> none	City; State; Zip Code	Interest rate  Maturity date
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address; <b>Po Box 62 MINERAL TX 78125</b>	City; State; Zip Code	Amount Guaranteed (\$) <b>/</b>
Principal Occupation (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.