CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. 2 MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER**)ohn NAME Date Received SUFFIX Sr. Guadalupe Co Elections 4 CANDIDATE / ZIP CODE ADDRESS / PO BOX: APT / SUITE # STATE CITY NOV 19 2021 OFFICEHOLDER MAILING **ADDRESS** Received Change of Address AREA CODE PHONE NUMBER CANDIDATE/ EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (210)392-2601 PHONE Amount \$ Receipt # MS / MRS / MR MI CAMPAIGN **TREASURER** Date Processed NAME SUFFIX Date Imaged -riesenhahr STATE: ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CAMPAIGN TREASURER ADDRESS Forest Waters Circle, Garden Ridge (Residence or Business) CAMPAIGN **TREASURER** PHONE (210) 861-557 9 REPORT TYPE January 15 15th day after campaign 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day COVERED 15/2021 THROUGH 11 ELECTION ELECTION DATE ELECTION TYPE Runoff Month Other Description Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Justice of the Peace THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEGGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S KNOWLEGGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME GENERAL COMMITTEE ADDRESS Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
John D	TETTY Sr.	1102093263
17 CONTRIBUTION TOTALS	 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)	\$ Q
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ &
	4. TOTAL POLITICAL EXPENDITURES	\$ &
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$ Q
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 701.17
	wear, or affirm, under penalty of perjuty, that the entemportaling report is true puired to be reported by me under Title 15, Election Code. Signature of Ca	My 51. ndidate or Officeholder
	Please complete either option below	<i>r</i> :
(1) Affidavit		. we see
Notary Notary Notary Sworn of and subscribed		19 day of NUNCMDEN
20 to certify	which, witness my hand and seal of office.	Title of officer administering oath
Signature of officer administ		
	· OR	
(2) Unsworn Declarat	ion	
My name is	, and my date of birth is	
iviy ridino io		(state) (zip code) (country)
My address is	(city)	(state) (2)
Executed in	County, State of, on theday of	th) (year) didate/Officeholder (Declarant)
	Signature of Care	Revised 8/17/20