

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 | FIRST | MI | OFFICE USE ONLY | |
| | NICKNAME | LAST | SUFFIX | | |
| JAMES | | BALDWIN | N | Date Received FILED at 4:23 o'clock P M FEB 26 2024 ANNA L. SCHIELACK COUNTY CLERK, BURLESON CO., TEX By <i>[Signature]</i> Deputy | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; | APT / SUITE #; | CITY; | STATE; | ZIP CODE |
| 7.O. Box 193 DEANVILLE, TEXAS 77836 <input type="checkbox"/> Change of Address | | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | Date Hand-delivered or Date Postmarked | |
| (979) | | 229-3174 | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | MI | Receipt # | Amount \$ |
| | NICKNAME | LAST | SUFFIX | Date Processed | |
| JOE | | BALDWIN | F. | Date Imaged | |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO BOX PLEASE); | | APT / SUITE #; | CITY; | STATE; ZIP CODE |
| 6875 PRIDIO CADWELL TEXAS 77836 (Residence or Business) | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | |
| (979) | | 571-8777 | | | |
| 9 REPORT TYPE | <input 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 checked="" 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 | Day | Year | THROUGH | Month Day Year |
| JANUARY / 15 th / 2024 THROUGH FEBRUARY / 26 th / 2024 | | | | | |
| 11 ELECTION | ELECTION DATE | | | ELECTION TYPE | |
| | Month | Day | Year | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> Runoff |
| MARCH / 5 th / 2024 | | | <input type="checkbox"/> General | <input type="checkbox"/> Special | <input type="checkbox"/> Other Description |
| 12 OFFICE | OFFICE HELD (if any) | | | 13 OFFICE SOUGHT (if known) | |
| | | | BURLESON COUNTY COMMISSIONER PCT #1 | | |
| 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. | | | | |
| | COMMITTEE TYPE | COMMITTEE NAME | | | |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | | | |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | | |
| <input type="checkbox"/> Additional Pages | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | |

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | | |
|---|---|---|
| 15 C/OH NAME <i>JAMES NEEL BARDWIN</i> | | 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) | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 3,179.25 ²⁵ / _{xy} |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 3,179.25 ²⁵ / _{xy} |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 0.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 6,777.02 ⁰² / _{xy} |

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.

James N. Bardwin
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 Title of officer administering oath

OR

(2) Unsworn Declaration

My name is JAMES N. BARDWIN, and my date of birth is September 8th 1974.
 My address is (5353 F Mill Caldwell, Tx. 77836) P.O. Box 193, Deanville, Tx. 77852 USA
 Executed in 26th County, State of TEXAS, on the 26th day of FEBRUARY, 20 24.
 (street) (city) (state) (zip code) (country)
 (month) (year)

James N. Bardwin
Signature of Candidate/Officeholder (Declarant)