

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	<div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="display: flex; justify-content: space-between;"> Mr. Joseph Louis </div> <hr/> <div style="display: flex; justify-content: space-between;"> NICKNAME LAST SUFFIX </div> <div style="display: flex; justify-content: space-between;"> Lancaster </div>				OFFICE USE ONLY	
	<div style="display: flex; justify-content: space-between;"> ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE </div> <div style="padding-top: 10px;">P.O. Box 1912 Mason, TX 76856</div>				Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="padding-top: 10px;">(713) 962-9999</div>				Date Hand-delivered or Date Postmarked	
	<div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="display: flex; justify-content: space-between;"> Mrs. Shannon G. </div> <hr/> <div style="display: flex; justify-content: space-between;"> NICKNAME LAST SUFFIX </div> <div style="display: flex; justify-content: space-between;"> Worrell </div>				<div style="display: flex; justify-content: space-between;"> Receipt # Amount \$ </div>	
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE </div> <div style="padding-top: 10px;">7141 US Hwy 87 N. Mason TX 76856</div>				Date Processed	
	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="padding-top: 10px;">(210) 241-4925</div>				Date Imaged	
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE </div> <div style="padding-top: 10px;">7141 US Hwy 87 N. Mason TX 76856</div>				Receipt #	
	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="padding-top: 10px;">(210) 241-4925</div>				Amount \$	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE </div> <div style="padding-top: 10px;">7141 US Hwy 87 N. Mason TX 76856</div>				Date Processed	
	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="padding-top: 10px;">(210) 241-4925</div>				Date Imaged	
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE </div> <div style="padding-top: 10px;">7141 US Hwy 87 N. Mason TX 76856</div>				Receipt #	
	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="padding-top: 10px;">(210) 241-4925</div>				Amount \$	
9 REPORT TYPE	<div style="display: flex; justify-content: space-between;"> STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE </div> <div style="padding-top: 10px;">7141 US Hwy 87 N. Mason TX 76856</div>				Receipt #	
	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="padding-top: 10px;">(210) 241-4925</div>				Amount \$	
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE </div> <div style="padding-top: 10px;">7141 US Hwy 87 N. Mason TX 76856</div>				Receipt #	
	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="padding-top: 10px;">(210) 241-4925</div>				Amount \$	
11 ELECTION	<div style="display: flex; justify-content: space-between;"> STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE </div> <div style="padding-top: 10px;">7141 US Hwy 87 N. Mason TX 76856</div>				Receipt #	
	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="padding-top: 10px;">(210) 241-4925</div>				Amount \$	
12 OFFICE	<div style="display: flex; justify-content: space-between;"> STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE </div> <div style="padding-top: 10px;">7141 US Hwy 87 N. Mason TX 76856</div>				Receipt #	
	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="padding-top: 10px;">(210) 241-4925</div>				Amount \$	
13 OFFICE SOUGHT (if known)	<div style="display: flex; justify-content: space-between;"> STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE </div> <div style="padding-top: 10px;">7141 US Hwy 87 N. Mason TX 76856</div>				Receipt #	
	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="padding-top: 10px;">(210) 241-4925</div>				Amount \$	
14 NOTICE FROM POLITICAL COMMITTEE(S)	<div style="display: flex; justify-content: space-between;"> STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE </div> <div style="padding-top: 10px;">7141 US Hwy 87 N. Mason TX 76856</div>				Receipt #	
	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="padding-top: 10px;">(210) 241-4925</div>				Amount \$	

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SUBTOTALS - C/OH**FORM C/OH
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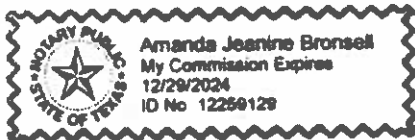
19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> 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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
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15 C/OH NAME		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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 296.65
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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]
Signature of Candidate or Officeholder

Please complete either option below:

FILED at 12:52 P.M.
1/12 2022
PAM BEAM, Clerk
CO Court, Mason County, Texas
By Chelsea Armendariz

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Joseph Louis Lancaster this the 5th day of January, 20 22, to certify which, witness my hand and seal of office.
Amanda J. Bronsell Amanda J. Bronsell Notary Public
Signature of officer administering oath Printed name of officer administering oath 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)