

# 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: **2**

### OFFICE USE ONLY

Date Received  
**JUN 25 2021 PM 3:38**  
**ZS**

Date Hand-delivered or Date Postmarked

Receipt #      Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR      FIRST      MI  
**MR DARRELL**

NICKNAME      LAST      SUFFIX  
**DUSTY VINSON**

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE  
**P.O. Box 2711 W-toro TX 76086**

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE      PHONE NUMBER      EXTENSION  
**(817) 612-1000**

6 CAMPAIGN TREASURER NAME

MS / MRS / MR      FIRST      MI  
**MR LEE**

NICKNAME      LAST      SUFFIX  
**DURANT**

7 CAMPAIGN TREASURER ADDRESS  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE  
**1913 Country Brook Dr. W-toro, TX 76087**

8 CAMPAIGN TREASURER PHONE

AREA CODE      PHONE NUMBER      EXTENSION  
**(817) 596-8088**

9 REPORT TYPE

January 15       30th day before election       Runoff       15th day after campaign treasurer appointment (Officeholder Only)  
 July 15       8th day before election       Exceeded Modified Reporting Limit       Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month      Day      Year      THROUGH      Month      Day      Year  
**01 / 16 / 2021      07 / 15 / 2021**

11 ELECTION

ELECTION DATE      ELECTION TYPE  
Month      Day      Year       Primary       Runoff       Other Description  
 General       Special

12 OFFICE

OFFICE HELD (if any)  
**Parker County Justice of the Peace Per #3**

13 OFFICE SOUGHT (if known)

**Per #3**

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.

Additional Pages

COMMITTEE TYPE      COMMITTEE NAME  
 GENERAL      **N/A**  
COMMITTEE ADDRESS  
 SPECIFIC      COMMITTEE CAMPAIGN TREASURER NAME  
COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

<b>15 C/OH NAME</b> <i>Darrell "Dusty" Vinson</i>		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	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
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,232. <sup>52</sup>
<b>OUTSTANDING LOAN TOTALS</b>	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 of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Darrell Vinson this the 25 day of JUNE, 2021 to certify which, witness my hand and seal of office.

Rita D. Luttrell Rita D. Luttrell

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)