

# 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 <u>          </u> FIRST <u>Joseph</u> MI <u>P</u> NICKNAME <u>"Joe"</u> LAST <u>Blacksher</u> SUFFIX <u>SR.</u>		<div style="text-align: center; font-weight: bold;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           Date Received <u>          </u> TIME <u>11:00 AM</u>   <div style="font-size: 1.2em; font-weight: bold;">JUL 14 2025</div>           DONECE GREGORY, COUNTY CLERK            TYLER COUNTY, TEXAS            By <u>          </u> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           Date Hand-delivered or Date Postmarked <u>          </u> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           Receipt # <u>          </u> Amount \$ <u>          </u> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           Date Processed <u>          </u> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           Date Imaged <u>          </u> </div>								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: <u>353 CR4497</u> APT / SUITE #: <u>          </u> CITY: <u>Hillister, Tex</u> STATE: <u>TX</u> ZIP CODE: <u>77624</u> <input type="checkbox"/> Change of Address										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <u>(409)</u> PHONE NUMBER <u>790-4149</u> EXTENSION <u>          </u>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>          </u> FIRST <u>Joseph</u> MI <u>P</u> NICKNAME <u>"Joe"</u> LAST <u>Blacksher</u> SUFFIX <u>SR.</u>										
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): <u>353 CR4497</u> APT / SUITE #: <u>          </u> CITY: <u>Hillister, Texas</u> STATE: <u>TX</u> ZIP CODE: <u>77624</u> (Residence or Business)										
8 CAMPAIGN TREASURER PHONE	AREA CODE <u>( )</u> PHONE NUMBER <u>          </u> EXTENSION <u>          </u>										
9 REPORT TYPE	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> January 15   <input checked="" type="checkbox"/> July 15         </div> <div> <input type="checkbox"/> 30th day before election   <input type="checkbox"/> 8th day before election         </div> <div> <input type="checkbox"/> Runoff   <input type="checkbox"/> Exceeded Modified Reporting Limit         </div> <div> <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)   <input type="checkbox"/> Final Report (Attach C/OH - FR)         </div> </div>										
10 PERIOD COVERED	Month <u>1</u> Day <u>1</u> Year <u>2025</u> THROUGH Month <u>6</u> Day <u>30</u> Year <u>2025</u>										
11 ELECTION	ELECTION DATE Month <u>          </u> Day <u>          </u> Year <u>          </u> 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) <u>Tyler County Commissioner 1</u> <u>Pct 1</u> OFFICE SOUGHT (if known) <u>          </u>										
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. <div style="display: flex;"> <div style="width: 20%;"> <input type="checkbox"/> Additional Pages         </div> <div style="width: 80%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> </div> </div>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> 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

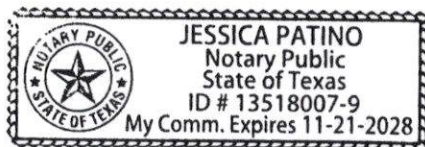
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ - 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	\$ 23.99
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.

Joseph P. Blacksher  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Joseph P. Blacksher this the 14<sup>th</sup> day of July, 2025, to certify which, witness my hand and seal of office.

Jessica Patino Printed name of officer administering oath  
Signature of officer administering oath

Notary 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****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**1. ☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$

2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$

3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4. ☐ SCHEDULE E: LOANS

\$

5. ☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

6. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$

7. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

\$

8. ☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

\$

9. ☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

\$

10. ☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

\$

11. ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

12. ☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED  
TO FILER

\$