

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

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Mrs. Shannon L

NICKNAME LAST SUFFIX
Burkley

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY; STATE; ZIP CODE
L
Mt. Enterprise, TX 75681

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(903) 392-3812

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Mrs. Shannon L

NICKNAME LAST SUFFIX
Burkley

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE; ZIP CODE
.....
Mt. Enterprise, TX 75681

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(903) 392-3812

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 Month Day Year
7 / 1 / 25 THROUGH 12 / 31 / 25

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year ☒ Primary ☐ Runoff ☐ Other
Description
3 / 3 / 26 ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any)
Justice of the Peace, Pct. 3

13 OFFICE SOUGHT (if known)
Justice of the Peace, Pct. 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.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Mrs. Shannon L Burkley

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.

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 0.00

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 118.46

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0.00

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.

Shannon Burkley

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 Shannon Burkley, and my date of birth is 8/27/1968.

My address is _____, Mt. Enterprise, TX, 75681, USA.

(street)

(city)

(state)

(zip code)

(country)

Executed in Rusk County, State of Texas, on the 12th day of January, 2026.

(month)

(year)

Shannon Burkley

Signature of Candidate/Officeholder (Declarant)