

# 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	2 Total pages filed: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	James Craig		
	NICKNAME	LAST	SUFFIX
Doyal			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE
	269 Blue Heron Drive		
	Montgomery, TX 77316		
	<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> <p style="text-align: center; margin: 0;">MONTGOMERY COUNTY ELECTIONS ADMINISTRATOR</p> <p style="font-size: 2em; font-weight: bold; text-align: center; margin: 0;">RECEIVED</p> <p style="text-align: center; margin: 0;">JAN 13 2025</p> <p style="text-align: center; margin: 0;">Loggs PC</p> </div>		
Date Received		Date Hand-delivered or Date Postmarked	
Date Processed		Amount	
Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Amy L.		
	NICKNAME	LAST	SUFFIX
Doyal			
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;
	269 Blue Heron Drive Montgomery, TX 77316		CITY; STATE; ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	713-705-2099		
8 REPORT TYPE	<input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month	Day	Year
	07	01	2024
THROUGH		Month	Day
		12	31
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
		<input type="checkbox"/> General	<input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
	None Montgomery		None

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

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

2 of 6

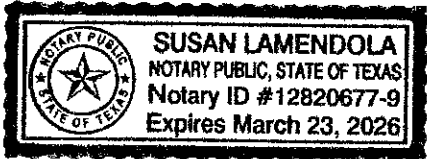
<b>13 C / OH NAME</b> Doyal, James Craig	<b>14 Filer ID</b>
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>  <hr/> <b>COMMITTEE ADDRESS</b>  <hr/> <b>COMMITTEE CAMPAIGN TREASURER NAME</b>  <hr/> <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>  <hr/>	

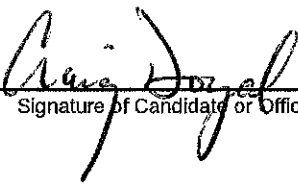
<b>16 CONTRIBUTION TOTALS</b>	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
<b>EXPENDITURE TOTALS</b>	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	400.00
<b>CONTRIBUTION BALANCE</b>	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	6,148.41
<b>OUTSTANDING LOAN TOTALS</b>	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17 AFFIDAVIT**


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.



AFFIX NOTARY STAMP / SEAL ABOVE

  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Craig Doyal, this the 13th day of January, 2025, to certify which, witness my hand and seal of office.


Susan Lamendola  
 Signature of officer administering      Printed name of officer administering      Title of officer administering oath

**SUBTOTALS - C/OH**

<b>18 FILER NAME</b> Doyal, James Craig		<b>19 Filer ID</b>
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 400.00
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 0.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**PLEGGED CONTRIBUTIONS**

**SCHEDULE B**

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule B:  
Sch: 1/1 Rpt: 4/6

**2** FILER NAME  
Doyal, James Craig

**3** Filer ID  
amy@txgas.net

**4** TOTAL OF UNITEMIZED PLEDGES

**\$** 0.00

**5** Date **6** Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

**8** Amount of pledge (\$)  
**9** In-kind description (if applicable)  
 Check if travel outside of Texas. Complete Schedule T.

**7** Pledgor Address; City; State; Zip Code

**10** Principal occupation / Job title (See Instructions)

**11** Employer (See Instructions)

**LOANS**

**SCHEDULE E**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 5/6
<b>2</b> FILER NAME Doyal, James Craig		<b>3</b> Filer ID
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> 0.00
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 6/6	<b>2</b> FILER NAME Doyal, James Craig	<b>3</b> Filer ID	
<b>4</b> Date 12/23/2024	<b>5</b> Payee name Crighton Theatre Foundation		
<b>6</b> Amount (\$) \$400.00	<b>7</b> Payee address; City; State; Zip Code 234 North Main  Conroe, TX 77301		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation - fundraiser	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate/Officeholder name	Office sought	Office held