

# 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: **6**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST James	MI B.	<b>OFFICE USE ONLY</b>	
	NICKNAME	LAST Ransdell	SUFFIX Jr.		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 118 Lakeside Dr Seguin, Texas 78155				
	Date Received <b>Guadalupe Co Elections</b> <b>FEB 26 2024</b> <b>NO Received</b>				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (210 )	PHONE NUMBER 764-9553	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST James	MI B.	Receipt #	Amount \$
	NICKNAME	LAST Ransdell	SUFFIX Jr.	Date Processed	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 118 Lakeside Dr. Seguin, Texas 78155				
8 CAMPAIGN TREASURER PHONE	AREA CODE (210 )	PHONE NUMBER 764-9553	EXTENSION		
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year    Month Day Year 2 / 12 / 05    24    THROUGH    2 / 26 / 24				
11 ELECTION	ELECTION DATE Month Day Year 3 / 5 / 24		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)		13 OFFICE SOUGHT (if known)		
14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	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			

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

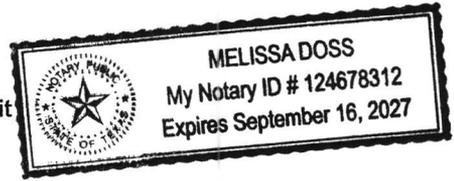
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <i>James B. Ransdell Jr.</i>		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)	\$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$	<i>1610.<sup>60</sup></i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	<i>1758.<sup>21</sup></i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	

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.

*James B. Ransdell Jr.*  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by *James B. Ransdell Jr.* this the *26* day of *Feb*

20 *24* to certify which, witness my hand and seal of office.

*[Signature]* Signature of officer administering oath  
*Melissa Doss* Printed name 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**

<b>19 FILER NAME</b> James B. Ransdell Jr.		<b>20 Filer ID (Ethics Commission Filers)</b>	
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE			<b>SUBTOTAL AMOUNT</b>
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			\$ 0
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			\$ 0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS			\$ 0
4. SCHEDULE E: LOANS			\$ 2,000
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	JK		\$ 1,610.60
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$ 0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$ 0
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$ 0
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			\$ 0
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			\$ 0
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$ 0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			\$ 0

**LOANS**

**SCHEDULE E**

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.		<b>1</b>	Total pages Schedule E:  1
<b>2</b> FILER NAME  James B. Ransdell Jr.		<b>3</b>	Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$	
<b>5</b> Date of loan  2/7/24	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )  self	<b>9</b>	Loan Amount (\$)  2,000
<b>6</b> Is lender a financial Institution?  <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<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  none		<b>15</b> Check if personal funds were deposited into political account (See Instructions)	
<b>16</b> GUARANTOR INFORMATION  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 (See Instructions)		<b>21</b> Employer (See Instructions)	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)	
Is lender a financial Institution?  <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate	
		Maturity date	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral  none		Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION  not applicable	Name of guarantor	Amount Guaranteed (\$)	
	Guarantor address; City; State; Zip Code		
Principal Occupation (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule F1: 2      **2** FILER NAME: James B. Ransdell Jr.      **3** Filer ID (Ethics Commission Filers):

**4** Date: 2/20/2024      **5** Payee name: Facebook

**6** Amount (\$): 108<sup>00</sup>      **7** Payee address: 1 Hacker Way      City: Menlo Park      State: Ca.      Zip Code: 94025

**8** PURPOSE OF EXPENDITURE: Advertising Expense      (a) Category (See Categories listed at the top of this schedule): Advertising Expense      (b) Description: Ads

(c) Check if travel outside of Texas. Complete Schedule T.      Check if Austin, TX, officeholder living expense

**9** Complete ONLY if direct expenditure to benefit C/OH      Candidate / Officeholder name      Office sought      Office held

Date: 2/08/24      Payee name: Facebook

Amount (\$): 100<sup>00</sup>      Payee address: 1 Hacker Way      City: Menlo Park      State: Ca      Zip Code: 94025

PURPOSE OF EXPENDITURE: Advertising Expense      Category (See Categories listed at the top of this schedule): Advertising Expense      Description: Ads

Check if travel outside of Texas. Complete Schedule T.      Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH      Candidate / Officeholder name      Office sought      Office held

Date: 2/16/24      Payee name: Data Ecology LLC

Amount (\$): 32<sup>00</sup>      Payee address: P.O. Box 118      City: Still River      State: MA      Zip Code: 01467

PURPOSE OF EXPENDITURE: Advertising Expense      Category (See Categories listed at the top of this schedule): Advertising Expense      Description: Web page

Check if travel outside of Texas. Complete Schedule T.      Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH      Candidate / Officeholder name      Office sought      Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>2</i>	<b>2</b> FILER NAME <i>James B. Ransdell Jr.</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>2/9/24</i>	<b>5</b> Payee name <i>Trail Blazer</i>	
<b>6</b> Amount (\$) <i>120<sup>00</sup></i>	<b>7</b> Payee address; <i>5832 Lincoln Dr Suite 149</i>	City; State; Zip Code <i>Edina MN 55436</i>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Solicitation Expense</i>	<b>(b)</b> Description <i>Software + web</i>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>2/7/24</i>	Payee name <i>Daley Professional Web Solutions</i>	
Amount (\$) <i>1,250<sup>00</sup></i>	Payee address; <i>211 Cardinal Drive</i>	City; State; Zip Code <i>Montgomery NY 12549</i>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Ads</i>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		