

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

FIRST

MI

MRS.

JACQUELINE

NICKNAME

LAST

SUFFIX

JACKIE

OTT

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P.O. Box 5

MCQUEENEY, TX 78123

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(830)

444-0388

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

MRS.

JACQUELINE

NICKNAME

LAST

SUFFIX

JACKIE

OTT

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

4000 FM 78 #5

MCQUEENEY, TX 78123

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(830)

444-0388

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

11 / 20 / 23

THROUGH

12 / 31 / 23

11 ELECTION

ELECTION DATE

Month Day Year

03 / 05 / 24

ELECTION TYPE

Primary

Runoff

Other
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

CITY OF NEW BERLIN
MUNICIPAL COURT JUDGE

13 OFFICE SOUGHT (if known)

GUADALUPE COUNTY
COMMISSIONER PRECINCT 1

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

GENERAL

COMMITTEE ADDRESS

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 JACQUELINE "JACKIE" OTT		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)	\$ 3,409.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,409.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 6,865.95
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,865.95
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,418.05
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000.00

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.

J. Ott
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 JACQUELINE OTT, and my date of birth is 03-11-85.
 My address is P.O. BOX 5, MCQUEENEY, TX, 7823, GUADALUPE
 (street) (city) (state) (zip code) (country)
 Executed in GUADALUPE County, State of TEXAS, on the 13TH day of JANUARY, 20 24.
 (month) (year)

J. Ott
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME JACQUEUNE "JACKIE" OTT		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,409.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 5,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,409.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME
JACQUELINE "JACKIE" OTT

3 Filer ID (Ethics Commission Filers)

4 Date
11-22-23

5 Full name of contributor out-of-state PAC (ID#: _____)
JOHN PHILLIPS

7 Amount of contribution (\$)
1,000.00

6 Contributor address; City; State; Zip Code
1830 TOURNAMENT DR. HOUSTON, TX 77009

8 Principal occupation / Job title (See Instructions)
RETIRED

9 Employer (See Instructions)
N/A

Date
12-12-23

Full name of contributor out-of-state PAC (ID#: _____)
AUSTIN KILE

Amount of contribution (\$)
9.00

Contributor address; City; State; Zip Code
2382 RIDGE ROCK NEW BRAUNFELS, TX 78130

Principal occupation / Job title (See Instructions)
WAREHOUSE LABORER

Employer (See Instructions)
WINSUPPLY

Date
12-7-23

Full name of contributor out-of-state PAC (ID#: _____)
AMY ALLEN

Amount of contribution (\$)
150.00

Contributor address; City; State; Zip Code
202 CEDAR CREEK LN. CENTER, TX 75935

Principal occupation / Job title (See Instructions)
BUSINESS OWNER

Employer (See Instructions)
SELF

Date
12-7-23

Full name of contributor out-of-state PAC (ID#: _____)
ROY RICHARD JR.

Amount of contribution (\$)
1,000.00

Contributor address; City; State; Zip Code
519 MAIN ST. SCHEPPE, TX 78154

Principal occupation / Job title (See Instructions)
BUSINESS OWNER

Employer (See Instructions)
SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JACQUELINE "JACKIE" OTT

3 Filer ID (Ethics Commission Filers)

4 Date

12-08-23

5 Full name of contributor out-of-state PAC (ID#: _____)

ANEETA JAMAL

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

1202 WYNDEN CREEK DR. HOUSTON, TX 77056

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

n/a

Date

12-11-23

Full name of contributor out-of-state PAC (ID#: _____)

ANDREW CHONG

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

1358 MERLOT NEW BRAUNFELS, TX 78132

Principal occupation / Job title (See Instructions)

MANAGER

Employer (See Instructions)

CGIT

Date

12-14-23

Full name of contributor out-of-state PAC (ID#: _____)

BRITNI LEHDE

Amount of contribution (\$)

30.00

Contributor address; City; State; Zip Code

7110 FM 2038 BRYAN, TX 77808

Principal occupation / Job title (See Instructions)

NURSE

Employer (See Instructions)

LEHDE WELDING SERVICES

Date

12-19-23

Full name of contributor out-of-state PAC (ID#: _____)

DELANE BENNETT

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

26 SAN CLEMENTE CIR. ODESSA, TX 79705

Principal occupation / Job title (See Instructions)

BUSINESS OWNER

Employer (See Instructions)

SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JACQUELINE "JACKIE" OTT

3 Filer ID (Ethics Commission Filers)

4 Date

12-22-23

5 Full name of contributor out-of-state PAC (ID#: _____)

DIANE MUSGROVE

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

1712 WEST BAYSHORE DR. PALACIOS, TX 77465

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

N/A

Date

12-27-23

Full name of contributor out-of-state PAC (ID#: _____)

JORDAN GOLEBIEWSKI

Amount of contribution (\$)

20.00

Contributor address; City; State; Zip Code

15000 BARKERS LANDING #1 HOUSTON, TX 77079

Principal occupation / Job title (See Instructions)

DIAGNOSTICIAN

Employer (See Instructions)

KATY ISD

Date

12-29-23

Full name of contributor out-of-state PAC (ID#: _____)

MICHAEL KYLE

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

2382 RIDGE ROCK NEW BRAUNFELS TX 78130

Principal occupation / Job title (See Instructions)

GOVERNMENT CONTRACTOR

Employer (See Instructions)

UNITED STATES DEPARTMENT OF DEFENSE

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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.		1 Total pages Schedule E: 1
2 FILER NAME JACQUELINE "JACKIE" OTT		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 5,000.00
5 Date of loan 12-07-23	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) JACQUELINE "JACKIE" OTT	9 Loan Amount (\$) 1,000.00
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code P.O. BOX 5 MCQUEENEY TX 78123	10 Interest rate 0
		11 Maturity date n/a
12 Principal occupation / Job title (See Instructions) ATTORNEY / JUDGE		13 Employer (See Instructions) SELF / WALTER LAW PLLC
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 12-11-23	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) JACQUELINE "JACKIE" OTT	Loan Amount (\$) 4,000.00
Is lender a financial Institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code P.O. BOX 5 MCQUEENEY TX 78123	Interest rate 0
		Maturity date n/a
Principal occupation / Job title (See Instructions) ATTORNEY / JUDGE		Employer (See Instructions) SELF / WALTER LAW PLLC
Description of Collateral <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **4** 2 FILER NAME: **JACQUELINE "JACKIE" OTT** 3 Filer ID (Ethics Commission Filers):

4 Date: **01-13-24** 5 Payee name: **NEWS FARGO BANK**

6 Amount (\$): **18.00** 7 Payee address: **1434 W STATE HIGHWAY 44** City: **NEW BRAUNFELS, TX** State: Zip Code: **78130**

8 PURPOSE OF EXPENDITURE: **ACCOUNTING/BANKING** (a) Category (See Categories listed at the top of this schedule) (b) Description: **CHECKS**

(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: **12-07-23** Payee name: **GUADALUPE COUNTY REPUBLICAN PARTY**

Amount (\$): **750.00** Payee address: **P.O. BOX 551** City: **CIBOLO** State: **TX** Zip Code: **78108**

PURPOSE OF EXPENDITURE: **OTHER** Category (See Categories listed at the top of this schedule) Description: **FILING FEE**

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: **12-07-23** Payee name: **GFD + ASSOCIATES**

Amount (\$): **500.00** Payee address: **303 EL PASO ST., #209** City: **SAN ANTONIO, TX** State: Zip Code: **78207**

PURPOSE OF EXPENDITURE: **ADVERTISING EXPENSE** Category (See Categories listed at the top of this schedule) Description: **GRAPHIC DESIGN**

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 **2** FILER NAME: JACQUELINE "JACKIE" OTT **3** Filer ID (Ethics Commission Filers):

4 Date: 12-08-23 **5** Payee name: FEDEX OFFICE

6 Amount (\$): 143.94 **7** Payee address; City; State; Zip Code: 280 N. BUSINESS IH 35 SUITE 900 NEW BRAUNFELS, TX 78130

8 **PURPOSE OF EXPENDITURE**

(a) Category (See Categories listed at the top of this schedule)	(b) Description
<u>PRINTING EXPENSE</u>	<u>BUSINESS CARDS</u>
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date: 12-11-23 Payee name: HEB

Amount (\$): 179.17 Payee address; City; State; Zip Code: 651 S. WALNUT NEW BRAUNFELS TX 78130

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
<u>FOOD/BEVERAGE EXPENSE</u>	<u>WASSAIL SERVING EVENT</u>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date: 12-11-23 Payee name: JC MEDIA

Amount (\$): 3,861.82 Payee address; City; State; Zip Code: 3106 FALL CREST DR. SAN ANTONIO TX 78247

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
<u>ADVERTISING FOR PRINTING EXPENSE</u>	<u>CAMPAIGN SIGNAGE MATERIAL</u>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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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.

1 Total pages Schedule F1: 4	2 FILER NAME JACQUELINE "JACKIE" OTT	3 Filer ID (Ethics Commission Filers)
4 Date 12-14-23	5 Payee name JC MEDIA	
6 Amount (\$) 433.00	7 Payee address; City; State; Zip Code 3100 FAUCREST DR. SAN ANTONIO TX 78247	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description STAKES FOR SIGNAGE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12-21-23	Payee name GFD + ASSOCIATES	
Amount (\$) 150.00	Payee address; City; State; Zip Code 303 EL PASO ST., #209 SAN ANTONIO, TX 78207	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description SHIRTS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12-22-23	Payee name USPS - UNITED STATES POSTAL SERVICE	
Amount (\$) 198.00	Payee address; City; State; Zip Code 4000 FM 78 MCQUEENEY TX 78123	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER	Description POSTAGE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME JACQUELINE "JACKIE" OTT	3 Filer ID (Ethics Commission Filers)
4 Date 12-28-23	5 Payee name GFD + ASSOCIATES	
6 Amount (\$) 500.00	7 Payee address; 303 EL PASO ST, #209	City; State; Zip Code SAN ANTONIO TX 78207
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description GRAPHIC DESIGN
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12-29-23	Payee name USPS- UNITED STATES POSTAL SERVICE	
Amount (\$) 132.00	Payee address; 4000 FM 78	City; State; Zip Code MCQUEENEY TX 78123
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER	Description POSTAGE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED