

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: **9**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

MRS.

FIRST

JACQUELINE

MI

NICKNAME

JACKIE

LAST

OTT

SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

P.O. BOX 5

APT / SUITE #;

MCQUEENEY TX 78123

CITY;

STATE;

ZIP CODE

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

(830)

PHONE NUMBER

444-0388

EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

MRS.

FIRST

JACQUELINE

MI

NICKNAME

JACKIE

LAST

OTT

SUFFIX

7 CAMPAIGN TREASURER ADDRESS

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

4000 FM 78 #5 MCQUEENEY TX 78123

CITY;

STATE;

ZIP CODE

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE

(830)

PHONE NUMBER

444-0388

EXTENSION

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

01 / 26 / 24

THROUGH

Month

Day

Year

02 / 24 / 24

11 ELECTION

ELECTION DATE

Month

Day

Year

03 / 05 / 24

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

MUNICIPAL 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		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)	\$ 3,150.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,150.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4.	TOTAL POLITICAL EXPENDITURES	\$ 3,089.97
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,109.78
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.

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. 78123 USA
(street) (city) (state) (zip code) (country)
 Executed in GUADALUPE County, State of TEXAS, on the 26TH day of FEBRUARY, 2024.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME JACQUELINE 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	\$ 3,150. ⁰⁰
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 200. ⁰⁰
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,089. ⁹⁷
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: **2**

2 FILER NAME
JACQUEUNE OTT

3 Filer ID (Ethics Commission Filers)

4 Date
1-31-24

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

7 Amount of contribution (\$)
\$ 250.00

6 Contributor address; City; State; Zip Code
839 CILENCHESTER HOUSTON TX 77079

8 Principal occupation / Job title (See Instructions)
ATTORNEY

9 Employer (See Instructions)
SELF

Date
2-5-24

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

Amount of contribution (\$)
\$ 100.00

Contributor address; City; State; Zip Code
1131 SCHWARZLOSE RD. NEW BRAUNFELS TX 78130

Principal occupation / Job title (See Instructions)
RETIRED

Employer (See Instructions)
N/A

Date
2-6-24

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

Amount of contribution (\$)
\$ 200.00

Contributor address; City; State; Zip Code
113 W. PIONZALES SEGUIN TX 78155

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)
SELF

Date
2-14-24

Full name of contributor out-of-state PAC (ID#: _____)
N/A - REFUND TO ACCOUNT FROM SAME DAY ERRONEOUS

Amount of contribution (\$)
ADDITION OF SAME AMOUNT = \$ 50.00

Contributor address; City; State; Zip Code
N/A

Principal occupation / Job title (See Instructions)
N/A

Employer (See Instructions)
N/A

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

2 FILER NAME

JACQUELINE OTT

3 Filer ID (Ethics Commission Filers)

4 Date

2-15-24

5 Full name of contributor

SEGUIN CHAMBER OF COMMERCE DEPOSIT REFUND FOR SHOWCASE EVENT

6 Contributor address;

110 N. CAMP ST. SEGUIN TX 78155

7 Amount of contribution (\$)

\$ 500.00

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

N/A

Date

2-15-24

Full name of contributor

VERA ANDERSON

Contributor address;

UNKNOWN AT THIS TIME

City; State; Zip Code

MCQUEENEY TX 78123

Amount of contribution (\$)

\$ 1,800.00

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

N/A

Date

2-23-24

Full name of contributor

RACHEL HOWARD

Contributor address;

4102 HYBRIDGE

City; State; Zip Code

AUSTIN TX 78759

Amount of contribution (\$)

\$ 50.00

Principal occupation / Job title (See Instructions)

PRINCIPAL CLINICAL TEAM MANAGER

Employer (See Instructions)

PPD THERMO FISHER SCIENTIFIC

Date

2-23-24

Full name of contributor

MORGAN SCOTT

Contributor address;

P.O. BOX 11025

City; State; Zip Code

BERTRAM TX 78005

Amount of contribution (\$)

\$ 200.00

Principal occupation / Job title (See Instructions)

CONTRACTOR

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: <u>1</u>	
2 FILER NAME <u>JACQUEUNE OTT</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>200.00</u>	
5 Date <u>2-19-24</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>WALTER WILLIAMS - WILLIAMS PRINTING + GRAPHICS</u>	8 Amount of Contribution \$ <u>200.00</u>	9 In-kind contribution description <u>PRINTING + PRINT MATERIALS</u>
7 Contributor address; City; State; Zip Code <u>4733 BITTMAN RD. SAN ANTONIO, TX 78218</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>BUSINESS OWNER</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>SELF</u>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor 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: **3** 2 FILER NAME **JACQUEUNE OTT** 3 Filer ID (Ethics Commission Filers)

4 Date **1.30.24** 5 Payee name **GCRW**

6 Amount (\$) **\$40.00** 7 Payee address: City: State: Zip Code
P.O. BOX 176 **SEGUIN** **TX** **78156**

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) OTHER-MEMBERSHIP EXPENSE	(b) Description DUES
(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

Date **1.31.24** Payee name **GFD ASSOCIATES**

Amount (\$) **\$500.00** 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 GRAPHIC DESIGN
<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

Date **2.9.24** Payee name **SEGUIN GAZETTE**

Amount (\$) **\$1040.88** Payee address: City: State: Zip Code
805 E. COURT ST. **SEGUIN** **TX** **78155**

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description ADVERTISING
<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

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: **3** 2 FILER NAME: **JACQUELINE OTT** 3 Filer ID (Ethics Commission Filers)

4 Date: **2-13-24** 5 Payee name: **KWED**

6 Amount (\$): **\$272.00** 7 Payee address: **1001 E. COURT ST. SEGUIN TX 78155**

8 PURPOSE OF EXPENDITURE: **ADVERTISING EXPENSE** (b) Description: **ADVERTISING**

(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: **2-14-24** Payee name: **N/A - ERRONEOUS EXPENSE - REFUNDED SAME DAY**

Amount (\$): **\$50.00** Payee address: **MA**

PURPOSE OF EXPENDITURE: **MA** Description: **MA**

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: **2-14-24** Payee name: **SEGUIN CHAMBER OF COMMERCE**

Amount (\$): **\$35.00** Payee address: **116 N. CAMP ST. SEGUIN TX 78155**

PURPOSE OF EXPENDITURE: **ADVERTISING EXPENSE** Description: **ADVERTISING**

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.

1 Total pages Schedule F1: 3		2 FILER NAME: JACQUELINE OTT		3 Filer ID (Ethics Commission Filers)	
4 Date: 2-12-24		5 Payee name: GCS			
6 Amount (\$): \$200.00		7 Payee address; City; State; Zip Code: P.O. BOX 1400 SEGUIN TX 78150			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): DONATIONS MADE BY CANDIDATE		(b) Description: BUYER ADD-ONS		
	(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	
Date: 2-20-24		Payee name: GFD+ ASSOCIATES			
Amount (\$): \$1,346.09		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: POSTAGE/MAILERS		
	<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	
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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED