

# 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: 11

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY
	MRS.	JACQUELINE		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	NICKNAME	LAST	SUFFIX	Date Received Guadalupe Co Elections  MAY 20 2024  Received TINA ROBINSON
	"JACKIE"	OTT		
5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	Date Hand-delivered or Date Postmarked 05/20/2024
	P.O. BOX 5	MCQUEENEY TX	78123	
6 CAMPAIGN TREASURER NAME	AREA CODE	PHONE NUMBER	EXTENSION	Receipt #
	(830)	444-0388		
7 CAMPAIGN TREASURER ADDRESS	MS / MRS / MR	FIRST	MI	Amount \$
	MRS.	JACQUELINE		
8 CAMPAIGN TREASURER PHONE	NICKNAME	LAST	SUFFIX	Date Processed
	"JACKIE"	OTT		
9 REPORT TYPE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;			Date Imaged
	4000 FM 78 #5 MCQUEENEY TX 78123			
10 PERIOD COVERED	STATE; ZIP CODE			Final Report (Attach C/OH - FR)
11 ELECTION	AREA CODE PHONE NUMBER EXTENSION			ELECTION TYPE
	(830) 444-0388			
12 OFFICE	OFFICE HELD (if any)			OFFICE SOUGHT (if known)
	MUNICIPAL JUDGE			
13 OFFICE SOUGHT (if known)	GUADALUPE COUNTY COMMISSIONER, PRECINCT 1			COMMITTEE TYPE
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 NAME			
Additional Pages	COMMITTEE ADDRESS			
	COMMITTEE CAMPAIGN TREASURER NAME			
GENERAL	COMMITTEE CAMPAIGN TREASURER ADDRESS			
SPECIFIC				

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <u>JACQUELINE "JACKIE" OTT</u>		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)	\$ <u>6,647.12</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>6,647.12</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>7,276.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>2,480.90</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>5,000.00</u>

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 "JACKIE" OTT, and my date of birth is 03-11-1985.

My address is P.O. Box 5, MCQUEENEY, TX, 78123, USA.

Executed in GUADALUPE County, State of TEXAS, on the 26<sup>th</sup> day of MAY, 20 24.

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

JACQUELINE "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	\$ 6,647.12
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,500.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,276.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# 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: <u>2</u>
2 FILER NAME <u>JACQUELINE "JACKIE" OTT</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/1/24</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>JACQUELINE "JACKIE" OTT</u>	7 Amount of contribution (\$) <u>\$1,120.00</u>
6 Contributor address; City; State; Zip Code <u>P.O. BOX 5 McQUEENEY TX 78123</u>		
8 Principal occupation / Job title (See Instructions) <u>ATTORNEY</u>		9 Employer (See Instructions) <u>WALTER LAW PLLC</u>
Date <u>3/5/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>JACQUELINE "JACKIE" OTT</u>	Amount of contribution (\$) <u>\$27.00</u>
Contributor address; City; State; Zip Code <u>P.O. BOX 5 McQUEENEY TX 78123</u>		
Principal occupation / Job title (See Instructions) <u>ATTORNEY</u>		Employer (See Instructions) <u>WALTER LAW PLLC</u>
Date <u>3/14/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>JACQUELINE "JACKIE" OTT</u>	Amount of contribution (\$) <u>\$500.00</u>
Contributor address; City; State; Zip Code <u>P.O. BOX 5 McQUEENEY TX 78123</u>		
Principal occupation / Job title (See Instructions) <u>ATTORNEY</u>		Employer (See Instructions) <u>WALTER LAW PLLC</u>
Date <u>4/2/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>LINE BARGER GOGGAN BLAIR + SAMMON LLP</u> <u>ATTORNEYS AT LAW</u>	Amount of contribution (\$) <u>\$500.00</u>
Contributor address; City; State; Zip Code <u>P.O. BOX 17428 AUSTIN TX 78700</u>		
Principal occupation / Job title (See Instructions) <u>LAW FIRM</u>		Employer (See Instructions) <u>FIRM NAMED</u>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 <i>Jaqueline 'Jackie' Ott</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/15/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jaqueline Ott</i>	7 Amount of contribution (\$) <i>\$1,000.00</i>
6 Contributor address; City; State; Zip Code <i>PO BOX 5 McQueeney TX 78123</i>		
8 Principal occupation / Job title (See Instructions) <i>attorney</i>		9 Employer (See Instructions) <i>Walter Law PUE</i>
Date <i>5/1/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Roy Richard JR</i>	Amount of contribution (\$) <i>\$1,000.00</i>
Contributor address; City; State; Zip Code <i>519 Main St Schertz TX 78154</i>		
Principal occupation / Job title (See Instructions) <i>Business Owner</i>		Employer (See Instructions) <i>Self</i>
Date <i>5/13/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Phillips</i>	Amount of contribution (\$) <i>\$2,500.00</i>
Contributor address; City; State; Zip Code <i>12830 Tournament Dr. Houston TX 77069</i>		
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions) <i>me</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# 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>2</u>	
2 FILER NAME <u>JACQUELINE "JACKIE" OTT</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>1,500.00</u>	
5 Date <u>2.29.24</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>400.00</u>	9 In-kind contribution description <u>PRINTING + PRINT MATERIALS</u>
7 Contributor address; City; State; Zip Code <u>4733 RITIMAN 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>BUSINESSOWNER</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 <u>4.24.24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>WALTER WILLIAMS PRINTING + GRAPHICS</u>	Amount of Contribution \$ <u>150.00</u>	In-kind contribution description <u>PRINTING + PRINT MATERIALS</u>
Contributor address; City; State; Zip Code <u>4733 RITIMAN RD. SAN ANTONIO, TX 78218</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>BUSINESS OWNER</u>		Employer (FOR NON-JUDICIAL)(See Instructions) <u>SELF</u>	
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)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			



**SCHEDULE A2**

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

1 Total pages Schedule A2: 7

**3 Filer ID (Ethics Commission Filers)**

\$ 1,500.00

**9 In-kind contribution description**

Printing

☐ Check if travel outside of Texas. Complete Schedule T.

**11 Employer (FOR NON-JUDICIAL)(See Instructions)**

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

**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)

**In-kind contribution description**

description  
Zinberg

☐ Check if travel outside of Texas. Complete Schedule T.

Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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  
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.

1 Total pages Schedule F1: <b>4</b>		2 FILER NAME <b>JACQUELINE "JACKIE" OTT</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>3-4-24</b>		5 Payee name <b>JVC MEDIA</b>			
6 Amount (\$) <b>\$2,229.84</b>		7 Payee address: <b>3100 PAUL CREST DR.</b>		City: <b>SAN ANTONIO TX</b>	State: <b>TX</b>
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		(b) Description <b>SIGNAGE + MATERIALS</b>	
		(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 <b>3-14-24</b>		Payee name <b>GFD+ ASSOCIATES</b>			
Amount (\$) <b>\$500.00</b>		Payee address: <b>303 EL PASO ST. #209</b>		City: <b>SAN ANTONIO TX</b>	State: <b>TX</b>
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Advertising expense</b>		Description <b>graphic design</b>	
		<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 <b>4-5-24</b>		Payee name <b>GFD+ ASSOCIATES</b>			
Amount (\$) <b>\$500.00</b>		Payee address: <b>303 EL PASO ST. #209</b>		City: <b>San Antonio TX</b>	State: <b>TX</b>
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>advertising expense</b>		Description <b>graphic design</b>	
		<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  
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: <u>4</u>		<b>2</b> FILER NAME <u>Jaqueline O'H</u>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <u>4/8/24</u>		<b>5</b> Payee name <u>Wells Fargo Bank</u>			
<b>6</b> Amount (\$) <u>15.00</u>		<b>7</b> Payee address; City; State; Zip Code <u>error - to reimburse erroneous Venmo fee</u>			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)		<b>(b)</b> Description		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
<b>Date</b> <u>4/15/24</u>		<b>Payee name</b> <u>877 Loop 337 Wells Fargo Bank monthly service</u>			
<b>Amount (\$)</b> <u>10.00</u>		<b>Payee address;</b> City; State; Zip Code <u>877 Loop 337 NB TX 78730</u>			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)		<b>Description</b>		
	<u>monthly service fee</u> <u>monthly service fee</u> <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	
<b>Date</b> <u>4/17/24</u>		<b>Payee name</b> <u>JVC Media</u>			
<b>Amount (\$)</b> <u>\$27.00</u>		<b>Payee address;</b> City; State; Zip Code <u>3106 Fall Crest Dr. 8th TX 78247</u>			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)		<b>Description</b>		
	<u>advertising expense</u> <u>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 <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	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: <u>4</u>		2 FILER NAME <u>Jaqueline Ott</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>4/17/24</u>		5 Payee name <u>JR Media</u>			
6 Amount (\$) <u>86.60</u>		7 Payee address; <u>3106 Fall Creek Dr.</u>		City; <u>SA</u>	State; <u>TX</u> Zip Code <u>78247</u>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <u>advertising expense</u>		(b) Description <u>signage &amp; materials</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 <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name _____ Office sought _____ Office held _____					
Date <u>4/30/24</u>		Payee name <u>FACEBOOK</u>			
Amount (\$) <u>24.98</u>		Payee address; <u>1 Haekun Way</u>		City; <u>Menlo Park</u>	State; <u>CA</u> Zip Code <u>94025</u>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>advertising expense</u>		Description <u>Facebook ad.</u>		
	<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 <u>5/1/24</u>		Payee name <u>GTD+ Associates</u>			
Amount (\$) <u>500.00</u>		Payee address; <u>303 El Paso St #209</u>		City; <u>SA</u>	State; <u>TX</u> Zip Code <u>78207</u>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>advertising expense</u>		Description <u>graphic design</u>		
	<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	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: <b>4</b>	2 FILER NAME <b>Jacqueline Ott</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>5/3/24</b>	5 Payee name <b>Amazon</b>	
6 Amount (\$) <b>\$24.54</b>	7 Payee address; <b>410 Terry Ave N</b>	City; State; Zip Code <b>Seattle WA 98109</b>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>advertising expense</b>	(b) Description <b>3 ip ties</b>
	(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 <b>5/3/24</b>	Payee name <b>Ducks Unlimited Sequin Chapter</b>		
Amount (\$) <b>\$20.00</b>	Payee address; <b>Unknown</b>	City; State; Zip Code <b>Sequin TX Unknown</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Contribution</b>	Description <b>reflex ticket</b>	
	<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 <b>5/14/24</b>	Payee name <b>Alamo Mailing</b>		
Amount (\$) <b>\$3,337.98</b>	Payee address; <b>13114 Lookout Run</b>	City; State; Zip Code <b>SA TX 78233</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>mailing expense</b>	Description <b>Postage</b>	
	<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