CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT					FORM C/OH COVER SHEET PG 1				
The C/OH Instruction	Guide explains ho	w to compl	ete this form.	1 Filer	ID (Ethics	Commission Filers)	2 Total p	pages filed:	4
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Mr	Ja	FIRST ISON			мі В	STATES OF THE STATE OF THE STAT	FFICEUS	
	NICKNAME	M	cBroom			SUFFIX 심	PINISTRATO MINISTRATO	TERRIB. HE	373 OO
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	PO Box 550 La Grange,	)		CITY;	STATE;	ZIP CODE	Arfin	90 NA B	1 B, S,
Change of Address									3:37=
5 CANDIDATE/ OFFICEHOLDER PHONE	(979 )		NUMBER -7029		EXTENS	ION	Date H	5 1971.5	Date Postmarked
6 CAMPAIGN	MS / MRS / MR		FIRST			МІ	Receipt #	A	smount \$
TREASURER NAME	MRS	H	olly			М	Date Proces	bess	
INAIVIE	NICKNAME		LAST			SUFFIX	15 SAMPLE STATE OF THE STATE OF		
		M	lcBroom				Date Image	d	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	5200 Schub La Grange,	ert Rd.	PLEASE); APT / SU	JITE #;	CITY		ST	TATE; Z	ZIP CODE
8 CAMPAIGN TREASURER PHONE	( 979 )		NUMBER -7580		EXTENSI	ON			
9 REPORT TYPE	January 15		30th day before ele	ection	Rur	noff	trea	th day after ca asurer appoint fficeholder Only	tment
	July 15		8th day before elec	ction		eeded Modified porting Limit	Fin	al Report (Atta	ch C/OH - FR)
10 PERIOD COVERED	Month 7		Year 23	THRC	ough	Month 12	Day / 31	Year / 23	
11 ELECTION	ELECTION DA	ATE				ELECTION TYPE			
	Month Day	Year	Primary	Rur	noff	Other Description			
	1	/	General	Spe	ecial	Participation of the Participa			
2 OFFICE	Fayette Cour		ımissioner 1		OFFICE S	SOUGHT (if known)			
4 NOTICE FROM POLITICAL	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 OF CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES							KNOWLEDGE OR	
COMMITTEE(S)	COMMITTEE TYPE	СОММІТТЕ	E NAME						
Additional Pages	GENERAL	COMMITTE	E ADDRESS						
	SPECIFIC	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME							
		СОММІТТЕ	EE CAMPAIGN TREA	ASURER ADI	DRESS				
			GO TO F	AGE 2	!				

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME Jason McBroom		16 Filer	ID (Ethics Commission Filers)
17 CONTRIBUTION 1. TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	J	\$ 0.00
2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 0.00
EXPENDITURE 3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 750.00	
4.	TOTAL POLITICAL EXPENDITURES	\$ 750.00	
CONTRIBUTION 5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY	\$ 0.00
OUTSTANDING 6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE	\$ 0.00
	Signature of ca		or Officeholder
(1) Affidavit	JENNIFER GABLER NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 08/31/26 NOTARY ID 13394116-3		
NOTARY STAMP/SEAL  Sworn to and subscribed before	me by Jennifer Gabler this the	9	day of <u>January</u> .
20 <u>24</u> , to certify which,	witness my hand and seal of office.		Notary Public, State of Tx
Signature of officer administering oat	Printed name of officer administering oath		Title of officer administering oath
	OR		
(2) Unsworn Declaration			
My name is	, and my date of birth is		·
My address is	·	,	
	(street) (city) (s	tate) (	zip code) (country)
Executed in	_ County, State of, on theday of(month)	)	_, 20 (year)
	Signature of Candida	ate/Office	pholder (Declarant)

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

	19 FILER NAME  Jason McBroom  20 Filer ID (Ethics Con				
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
4.	SCHEDULE E: LOANS	\$			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$	750.00		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER				

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

		EXPENDITURE CATE	EGORIES	FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Fees Office O Food/Beverage Expense Polling B Gift/Awards/Memorials Expense Printing		payment/Reimbursement verhead/Rental Expense Expense Expense /Wages/Contract Labor complete this form.	Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense		
1 Total pages Schedule G:	2 FILER NA Jason	<sub>ме</sub> McBroom	3 Filer ID (Ethics Commission Filers)					
4 Date	5 Payee nam Fayette	e County Republican	Party					
6 Amount (\$) 750.00  Reimbursement from political contributions intended	PO Box 334 La Grange, TX 78945							
8 PURPOSE OF EXPENDITURE	(a) Category Fees	a) Category (See Categories listed at the top of this schedule)  Cees  (b) Description  Republican			iling fee			
	(c) C	heck if travel outside of Texas. Complete S	chedule T.	Check if Austin	Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	ate / Officeholder name		Office sought		Office held		
Date	Payee nam	ie		2				
Amount (\$)	Payee add	ress;		City;	State;	Zip Code		
Reimbursement from political contributions intended		ı				_		
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	schedule)	Description				
	Check if travel outside of Texas. Complete Schedule T. Check if A				stin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C		te / Officeholder name		Office sought		Office held		
Date	Payee nam	е	ř					
Amount (\$)	Payee addr	ess;		City;	State;	Zip Code		
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category (	See Categories listed at the top of this s	chedule)	Description				
	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	Candidat	te / Officeholder name		Office sought		Office held		
	ATTAC	CH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	ED			