

Feb. 27<sup>th</sup> Report

**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 Filer)	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	MS MRS MR	FIRST Jason	MI E
	NICKNAME	LAST Ramsey	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS PO BOX	APT / SUITE #	CITY STATE ZIP CODE
	... A 1 ... Bond City TX 75156		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
... 202 ...			
6 CAMPAIGN TREASURER NAME	MS MRS MR	FIRST Lisa	MI
	NICKNAME	LAST Ramsey	SUFFIX
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY STATE ZIP CODE
	... Bond City TX 75156		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
... 202 ...			
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff
3 5 24		<input type="checkbox"/> General	<input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
Constable Rd 2		Constable Rd 2	
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	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS		

**RECEIVED**

FEB 28 2024

Henderson County  
Election Administration

Date Rec'd Delivered or Date Postmarked  
Receipt # Amount \$  
Date Processed  
Date Imaged

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

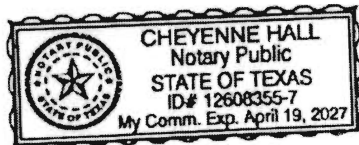
<b>15 C/OH NAME</b>		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	<b>1</b>	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS OR CONTRIBUTIONS MADE ELECTRONICALLY) \$
	<b>2</b>	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ <u>600.00</u>
<b>EXPENDITURE TOTALS</b>	<b>3</b>	TOTAL UNITEMIZED POLITICAL EXPENDITURE \$
	<b>4</b>	TOTAL POLITICAL EXPENDITURES \$ <u>193.50</u>
<b>CONTRIBUTION BALANCE</b>	<b>5</b>	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ <u>406.50</u>
<b>OUTSTANDING LOAN TOTALS</b>	<b>6</b>	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.

*J. Ramsey*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Jason Ramsey this the 27 day of February

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

Cheyenne Hall Cheyenne Hall Notary  
Signature of officer administering oath 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) \_\_\_\_\_ (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**

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1	<input checked="" type="checkbox"/> SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS	\$ 600.00
2	<input type="checkbox"/> SCHEDULE A2 NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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	\$ 193.50
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 FILER NAME <b>Jason Ramsey</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2-8-24</b>	5 Full name of contributor <input type="checkbox"/> out of state PAC ID# _____ <b>Scott Osborn</b>	7 Amount of contribution (\$) <b>500.00 / XY</b>
6 Contributor address City State Zip Code <b>Seven Points</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2-8-24</b>	Full name of contributor <input type="checkbox"/> out of state PAC ID# _____ <b>Mike Bradley</b>	Amount of contribution (\$) <b>100.00 / XY</b>
Contributor address City State Zip Code <b>Gun. Berrel</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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)
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)

**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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officer/holder/Political Committee  
Self-Administered

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Fuel/Repurchase/Replacement  
Office/Quarters/Rental Expense  
Printing Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Subscription/Printing Expense  
Transportation/Equipment & Related Expense  
Travel/District  
Travel Out Of District  
Other (enter category in later block)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 2 FILER NAME **Jason Ramsey** 3 Filer ID (Ethics Commission Filer)

4 Date **2-29-24** 5 Payee name **The Monitor & Lake Cree Leader**

6 Amount (\$) 7 Payee address **Mabank** City State Zip Code

8 PURPOSE OF EXPENDITURE (a) Category: See Legend on back of this page (b) Description **Campaign Newspaper Ad**  
(c)  Check if candidate/holder (d)  Check if candidate/holder living expense

9 Complete only if direct expenditure to benefit C/OH Candidate / Officer/holder name Office sought Office held

Date Payee name  
Amount (\$) Payee address City State Zip Code

PURPOSE OF EXPENDITURE Category: See Legend on back of this page Description  
 Check if candidate/holder  Check if candidate/holder living expense

Complete only if direct expenditure to benefit C/OH Candidate / Officer/holder name Office sought Office held

Date Payee name  
Amount (\$) Payee address City State Zip Code

PURPOSE OF EXPENDITURE Category: See Legend on back of this page Description  
 Check if candidate/holder  Check if candidate/holder living expense

Complete only if direct expenditure to benefit C/OH Candidate / Officer/holder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED