

# 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: **7**

3 CANDIDATE / OFFICEHOLDER NAME

MS (MRS) / MR

FIRST

MI

Jamie

L

NICKNAME

LAST

SUFFIX

Fawns

OFFICE USE ONLY

Date Received

RECEIVED  
JAN 13 2026

Henderson County

Election Administration

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Eustace TX 75124

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( )

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Jason

D

NICKNAME

LAST

SUFFIX

Fawns

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Eustace TX 75124

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

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

07 / 30 / 2025

THROUGH

Month

Day

Year

01 / 15 / 2026

11 ELECTION

ELECTION DATE

Month

Day

Year

03 / 03 / 2026

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

Pct. 2

Henderson County Justice of Peace

13 OFFICE SOUGHT (if known)

Pct. 2

Henderson County Justice of the Peace

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

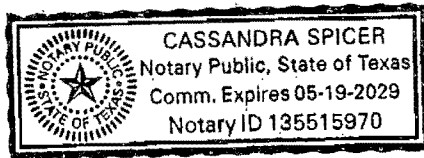
FORM C/OH  
COVER SHEET PG 2

|                         |   |  |
|-------------------------|---|--|
| 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) | \$ 2630.00                             |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$                                     |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$                                     |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 1330.82                             |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 1299.18                             |
| OUTSTANDING LOAN TOTALS | 6. 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.

*Cassie P. S.*  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Cassie Fawns this the 12<sup>th</sup> day of January, 2026 to certify which, witness my hand and seal of office.

Cassandra Spicer Printed name of officer administering oath  
Cassandra Spicer Title of officer administering oath  
 Texas Notary

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<br><i>Jamie Fawns</i>   |  | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE   |  | SUBTOTAL<br>AMOUNT                     |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                            |  | \$ <i>2630.00</i>                      |
| 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    |  | \$ <i>1330.82</i>                      |
| 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: <b>2</b>                |
| 2 FILER NAME<br><b>Jamie Fauns</b>                                     |   | 3 Filer ID (Ethics Commission Filers)              |
| 4 Date<br><b>12/5/25</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Patrick Bouldin</b> | 7 Amount of contribution (\$)<br><br><b>100.00</b> |
|  | 6 Contributor address; City; State; Zip Code<br><br><b>TX</b>   |  |
| 8 Principal occupation / Job title (See Instructions)                  |   | 9 Employer (See Instructions)                      |
| Date<br><b>12/12/25</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Belinda Brownlow</b>  | Amount of contribution (\$)<br><br><b>200.00</b>   |
|  | Contributor address; City; State; Zip Code<br><br><b>Malakoff Tx 75</b>                                     |  |
| Principal occupation / Job title (See Instructions)                    |   | Employer (See Instructions)                        |
| Date<br><b>12/17/25</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Annchen Lawrence</b>  | Amount of contribution (\$)<br><br><b>1000.00</b>  |
|  | Contributor address; City; State; Zip Code<br><br><b>Dallas Tx 75238</b>                                    |  |
| Principal occupation / Job title (See Instructions)                    |   | Employer (See Instructions)                        |
| Date<br><b>12/23/25</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Jeff Weinstein</b>    | Amount of contribution (\$)<br><br><b>500.00</b>   |
|  | Contributor address; City; State; Zip Code<br><br><b>Athens Tx 75751</b>                                    |  |
| Principal occupation / Job title (See Instructions)<br><b>attorney</b> |   | 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.

# 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<br><u>Jamie Fawns</u>                                     |  | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br><u>12/25/25</u>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>Gary Foldi</u>   | 7 Amount of contribution (\$)<br><u>250.00</u> |
| 6 Contributor address; City; State; Zip Code<br><u>Mabank Tx 75156</u> |  |  |
| 8 Principal occupation / Job title (See Instructions)                  |  | 9 Employer (See Instructions)                  |
| Date<br><u>1/7/26</u>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>Amaris - Faith</u> | Amount of contribution (\$)<br><u>80.00</u>    |
| Contributor address; City; State; Zip Code<br><u>GBC TX 75156</u>      |  |  |
| Principal occupation / Job title (See Instructions)                    |  | Employer (See Instructions)                    |
| Date<br><u>1/7/26</u>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>Gary Foldi</u>     | Amount of contribution (\$)<br><u>500.00</u>   |
| Contributor address; City; State; Zip Code<br><u>Mabank TX 75156</u>   |  |  |
| 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)                    |

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# 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:<br><b>2</b>                | 2 FILER NAME<br><b>Jamie Fawns</b>  | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br><b>12-22-25</b>                             | 5 Payee name<br><b>LOWES</b>  |  |
| 6 Amount (\$)<br><b>50.57</b>                         | 7 Payee address; City; State; Zip Code<br><b>GBC TX</b>   |  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br><b>advertising Expense</b>  | (b) Description<br><b>Zip ties, and T Post</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<br><b>12-22-25</b>      | Payee name<br><b>Imprint.com</b>   |  |  |
| Amount (\$)<br><b>391.04</b> | Payee address; City; State; Zip Code<br><b>14550 Beechnut St. Houston TX 77083</b> |  |  |

|                        |   |                                       |
|------------------------|---|---------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>advertising Expense</b>  | Description<br><b>Yard signs (75)</b> |
|                        | (c) <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<br><b>12-23-25</b>      | Payee name<br><b>Signs.com</b>   |  |  |
| Amount (\$)<br><b>477.76</b> | Payee address; City; State; Zip Code<br><b>1550 S. Gladiola St Salt Lake UT 84104 City</b> |  |  |

|                        |   |                                       |
|------------------------|---|---------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>Advestising Expenses</b>   | Description<br><b>Banners 4x5 (8)</b> |
|                        | (c) <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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**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:<br><b>2</b> | 2 FILER NAME<br><b>Jamie Faung</b> | 3 Filer ID (Ethics Commission Filers) |
|--|------------------------------------|---------------------------------------|

|                           |                              |
|---------------------------|------------------------------|
| 4 Date<br><b>1/2/2026</b> | 5 Payee name<br><b>LOWES</b> |
|---------------------------|------------------------------|

|                               |  |                     |                     |                          |
|-------------------------------|--|---------------------|---------------------|--------------------------|
| 6 Amount (\$)<br><b>75.55</b> | 7 Payee address;<br><b>201 WEST main St.</b> | City;<br><b>GBC</b> | State;<br><b>TX</b> | Zip Code<br><b>75196</b> |
|-------------------------------|--|---------------------|---------------------|--------------------------|

|                             |  |   |
|-----------------------------|--|---|
| 8<br>PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br><b>advertising Expense</b> | (b) Description<br><b>T Post &amp; PVC pipe for signs</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<br><b>1/5/2026</b> | Payee name<br><b>VistaPrint.com</b> |
|-------------------------|-------------------------------------|

|                              |  |                           |                     |                          |
|------------------------------|--|---------------------------|---------------------|--------------------------|
| Amount (\$)<br><b>335.90</b> | Payee address;<br><b>95 Hayden Ave</b> | City;<br><b>Lexington</b> | State;<br><b>MA</b> | Zip Code<br><b>02421</b> |
|------------------------------|--|---------------------------|---------------------|--------------------------|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>Printing Expense</b> | Description<br><b>Post Cards &amp; PENS</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 | 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 |
|---|-------------------------------|---------------|-------------|

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