

# 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 (Only Candidates File)	2. Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	MS. MRS. MR FIRST Jen LAST Ramsey NICKNAME	MI E SUFFIX	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>                  FEB 09 2024                  Henderson County                  Election Administration             </div>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS (NO BOX) MT. STATE # City TX 75156	STATE TX ZIP CODE 75156	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
6 CAMPAIGN TREASURER NAME	MS. MRS. MR FIRST Linda LAST Ramsey NICKNAME	MI SUFFIX	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE) City TX 75156	CITY TX 75156	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officerholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year		
11 ELECTION	ELECTION DATE Month Day Year 3 5 24 ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) Constable At-Large	13 OFFICE SOUGHT (if known) Constable At-Large	
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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

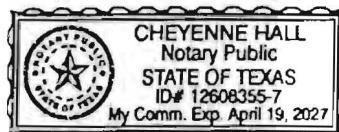
**FORM C/OH  
COVER SHEET PG 2**

15	CANDIDATE NAME	Jason Ramsey	
16	FILED BY	Ethics Commission Party	
17	CONTRIBUTION TOTALS	1 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS, TOTALS OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS OR CONTRIBUTIONS MADE BY A TRUST (ALL)	\$
		2 TOTAL POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS	\$ 400.00
	EXPENDITURE TOTALS	3 TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$
		4 TOTAL POLITICAL EXPENDITURES	\$ 177.78
	CONTRIBUTION BALANCE	5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 222.22
	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.

*Jason Ramsey*  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP - SEE

Sworn to and subscribed before me by Jason Ramsey this the 5 day of February

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

Cheyenne Hall  
Signature of officer administering oath

Cheyenne Hall  
Printed name of officer administering oath

Notary  
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 Filer)

21. SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1	<input checked="" type="checkbox"/> SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS	\$ 400.00
2	SCHEDULE A2 NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3	SCHEDULE B PLEDGED CONTRIBUTIONS	\$
4	SCHEDULE E LOANS	\$
5	<input checked="" type="checkbox"/> SCHEDULE C1 POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 177.78
	SCHEDULE C2 UNPAID INCURRED OBLIGATIONS	\$
	SCHEDULE C3 PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
	SCHEDULE C4 EXPENDITURES MADE BY CREDIT CARD	\$
	SCHEDULE G POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
	SCHEDULE H PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
	SCHEDULE I NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
	SCHEDULE K INTEREST CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO GIVER	\$

# 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 Four pages, Schedule A1
- 3 Fee ID: Ethics Commission Form
- 7 Amount of contribution (\$)

2 FILER NAME: Jason Ramsey

4 Date: 1-20-24

5 Full name of contributor: Nick Alcala

6 Contributor address: 1690 Springs

7 Amount of contribution (\$): 300.00

8 Principal employer: (See the Instructions)

9 Employer: (See Instructions)

Date: 1-31-24

Full name of contributor: Henry & Beth Edington

Contributor address: 3600 Leants

Amount of contribution (\$): 100.00

Principal employer: (See the Instructions)

Employer: (See Instructions)

Date:

Full name of contributor:

Contributor address:

Amount of contribution (\$):

Principal employer: (See the Instructions)

Employer: (See Instructions)

Date:

Full name of contributor:

Contributor address:

Amount of contribution (\$):

Principal employer: (See the Instructions)

Employer: (See Instructions)

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F 1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- 1. Campaign Advertising
- 2. Fundraising Expenses
- 3. Political Party Expenses
- 4. Political Party Administration
- 5. Political Party Office Expenses
- 6. Political Party Travel Expenses
- 7. Political Party Other Expenses
- 8. Political Party Other Expenses
- 9. Political Party Other Expenses
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- 15. Political Party Other Expenses
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- 94. Political Party Other Expenses
- 95. Political Party Other Expenses
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- 97. Political Party Other Expenses
- 98. Political Party Other Expenses
- 99. Political Party Other Expenses
- 100. Political Party Other Expenses

The Instruction Guide explains how to complete this form.

<b>1</b>	<b>2</b> CEEER NAME	<b>3</b> City	<b>4</b> State	<b>5</b> Zip Code
	Jason Ramsey			
<b>4</b> Date	<b>5</b> Payee Name			
1-20-24	Dollar Tree			
<b>6</b> Amount	<b>7</b> Purpose Address			
17.59				
<b>8</b>	(b) Description Gen Fund city Tx for card holders Zip Tree for signs			
<b>PURPOSE OF EXPENDITURE</b>				
<b>9</b> Campaign Name	<b>10</b> Candidate or Office	<b>11</b> Office	<b>12</b> District	<b>13</b> Office
<b>14</b> Date	<b>15</b> Payee Name	<b>16</b> City	<b>17</b> State	<b>18</b> Zip Code
	Vista Best			
<b>19</b> Amount				
160.19				
<b>PURPOSE OF EXPENDITURE</b>	(b) Description Cards, magnets, a stickers for campaign			
<b>20</b> Campaign Name	<b>21</b> Candidate or Office	<b>22</b> Office	<b>23</b> District	<b>24</b> Office
<b>25</b> Date	<b>26</b> Payee Name	<b>27</b> City	<b>28</b> State	<b>29</b> Zip Code
<b>PURPOSE OF EXPENDITURE</b>				
<b>30</b> Campaign Name	<b>31</b> Candidate or Office	<b>32</b> Office	<b>33</b> District	<b>34</b> Office

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED