

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

MRS.

FIRST

JACQUELINE

MI

NICKNAME

JACKIE

LAST

OTT

SUFFIX

OFFICE USE ONLY

Date Received

Guadalupe Co Elections

FEB 05 2024

Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX:

P.O. BOX 5

APT / SUITE #:

CITY:

STATE:

ZIP CODE

MCQUEENEY TX 78123

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

(830)

PHONE NUMBER

444-0388

EXTENSION

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

MRS.

FIRST

JACQUELINE

MI

NICKNAME

JACKIE

LAST

OTT

SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

4000 FM 78 #5

CITY:

MCQUEENEY

STATE:

TX

ZIP CODE

78123

8 CAMPAIGN TREASURER PHONE

AREA CODE

(830)

PHONE NUMBER

444-0388

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

01

Day

01

Year

24

THROUGH

Month

01

Day

25

Year

24

11 ELECTION

ELECTION DATE

Month

03

Day

05

Year

24

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

MUNICIPAL JUDGE

13 OFFICE SOUGHT (if known)

GUADALUPE COUNTY
COUNTY COMMISSIONER, PRECINCT 1

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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

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 JACQUELINE "JACKIE" OTT		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)	\$
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,615.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4.	TOTAL POLITICAL EXPENDITURES	\$ 1,483.30
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,049.75
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000.00

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 **03/11/85**
 My address is **P.O. BOX 5**, **MCQUEEN, TX 78123**, **USA**
(street) (city) (state) (zip code) (country)
 Executed in **GUADALUPE** County, State of **TEXAS**, on the **1ST** day of **FEBRUARY**, 20**24**.
(month) (year)



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	\$ 1,115.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 500.00
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	\$ 1,483.30
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:

3

2 FILER NAME

JACQUELINE "JACKIE" OTT

3 Filer ID (Ethics Commission Filers)

4 Date

1-2-24

5 Full name of contributor

LISA MILLARD

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

15831 OAK MOUNTAIN DR. HOUSTON, TX 77095

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

N/A

Date

1-2-24

Full name of contributor

MATTHEW BRUCKER

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

2112 SOUTHERN AVE. APT. A FAIRBANKS AK 99709

Principal occupation / Job title (See Instructions)

PHOTOGRAPHER

Employer (See Instructions)

N/A

Date

1-2-24

Full name of contributor

MARY JANE WINDLE

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

1111 N. WALNUT AVE. NEW BRAUNFELS, TX 78130

Principal occupation / Job title (See Instructions)

REACTOR

Employer (See Instructions)

SELF

Date

1-2-24

Full name of contributor

KRISTI JARVIS

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code

112 JINGUE JANGLE LIBERTY HILL, TX 78042

Principal occupation / Job title (See Instructions)

REACTOR

Employer (See Instructions)

SELF

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:

3

2 FILER NAME

JACQUEUNE "JACKIE" OTT

3 Filer ID (Ethics Commission Filers)

4 Date

1.2.24

5 Full name of contributor out-of-state PAC (ID#: _____)

NOHEMI VALLES

7 Amount of contribution (\$)

15.00

6 Contributor address; City; State; Zip Code

715 E. ROSEMARY DR. SEGUIN, TX 78155

8 Principal occupation / Job title (See Instructions)

PROPERTY OFFICE MANAGER, REALTOR

9 Employer (See Instructions)

SEGUIN PROPERTY MANAGEMENT, LLC

Date

1.5.24

Full name of contributor out-of-state PAC (ID#: _____)

RICHARD BINKLEY

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

10019 MARGARITA LOOP CONVERSE, TX 78109

Principal occupation / Job title (See Instructions)

OPERATIONS MANAGER

Employer (See Instructions)

VEGI FRESH LOGISTICS

Date

1.5.24

Full name of contributor out-of-state PAC (ID#: _____)

KAITLYN SHAW

Amount of contribution (\$)

150.00

Contributor address; City; State; Zip Code

8330 TIGER LN. HOUSTON, TX 77040

Principal occupation / Job title (See Instructions)

NURSE

Employer (See Instructions)

METHODIST HOSPITAL

Date

1.6.24

Full name of contributor out-of-state PAC (ID#: _____)

JULIANA CARLISLE

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

029 BRADSHAW CORPUS CHRISTI, TX 78412

Principal occupation / Job title (See Instructions)

INSURANCE BROKER

Employer (See Instructions)

CRC GROUP

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: 3
2 FILER NAME JACQUELINE "JACKIE" OTT		3 Filer ID (Ethics Commission Filers)
4 Date 1.8.24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOM CARLISLE	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 233 CAPE MAY CORPUS CHRISTI TX 78412		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) N/A
Date 1.12.24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LYNDA Mc INNERNEY	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 14127 AUSTIN CREEK AVE. BAKERSFIELD CA 93314		
Principal occupation / Job title (See Instructions) REALTOR		Employer (See Instructions) SELF
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.

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>1</u>	
2 FILER NAME JACQUELINE "JACKIE" OTT		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 1.17.24	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALTER WILLIAMS - WILLIAMS PRINTING + GRAPHICS	8 Amount of Contribution \$ \$500.00	9 In-kind contribution description PRINTING + PRINT MATERIALS
7 Contributor address; City; State; Zip Code 4733 RITTIMAN RD. SAN ANTONIO, TX 78218		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) BUSINESS OWNER		11 Employer (FOR NON-JUDICIAL)(See Instructions) SELF	
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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
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)			

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 | 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: **4** 2 FILER NAME: **JACQUELINE "JACKIE" OTT** 3 Filer ID (Ethics Commission Filers)

4 Date: **1.2.24** 5 Payee name: **FEDEx OFFICE**

6 Amount (\$): **\$ 67.66** 7 Payee address; City; State; Zip Code:
280 N. BUSINESS IH-35 STE. 900 NEW BRAUNFELS, TX 78130

8 PURPOSE OF EXPENDITURE: (a) Category (See Categories listed at the top of this schedule): **PRINTING EXPENSE** (b) Description: **BUSINESS CARDS**
 (c) Check if travel outside of Texas. Complete Schedule T. 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: **1.2.24** Payee name: **HEB**

Amount (\$): **\$ 26.40** Payee address; City; State; Zip Code:
651 S. WALNUT NEW BRAUNFELS TX 78130

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): **ADVERTISING EXPENSE** Description: **STAMPS**
 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: Candidate / Officeholder name: Office sought: Office held:

Date: **1.2.24** Payee name: **HEB**

Amount (\$): **\$ 39.60** Payee address; City; State; Zip Code:
651 S. WALNUT NEW BRAUNFELS TX 78130

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): **ADVERTISING EXPENSE** Description: **STAMPS**
 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: 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: **4** 2 FILER NAME: **JACQUEUNE "JACKIE" OTT** 3 Filer ID (Ethics Commission Filers)

4 Date: **1-2-24** 5 Payee name: **HEB**

6 Amount (\$): **\$52.80** 7 Payee address: **051 S. WALNUT NEW BRAUNFELS TX 78130** City; State; Zip Code

8 PURPOSE OF EXPENDITURE: **ADVERTISING EXPENSE** (a) Category (See Categories listed at the top of this schedule) (b) Description: **STAMPS**

(c) Check if travel outside of Texas. Complete Schedule T. 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: **1-2-24** Payee name: **Walmart**

Amount (\$): **\$10.79** Payee address: **1209 S IH-35 NEW BRAUNFELS TX 78130** City; State; Zip Code

PURPOSE OF EXPENDITURE: **ADVERTISING EXPENSE** Category (See Categories listed at the top of this schedule) Description: **MAILING MATERIALS**

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 Candidate / Officeholder name Office sought Office held

Date: **1-3-24** Payee name: **HEB**

Amount (\$): **\$39.00** Payee address: **051 S. WALNUT NEW BRAUNFELS TX 78130** City; State; Zip Code

PURPOSE OF EXPENDITURE: **ADVERTISING EXPENSE** Category (See Categories listed at the top of this schedule) Description: **STAMPS**

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 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.

1 Total pages Schedule F1: **4** 2 FILER NAME **JACQUELINE "JACKIE" OTT** 3 Filer ID (Ethics Commission Filers)

4 Date **1-5-24** 5 Payee name **AMAZON**

6 Amount (\$) **\$ 42.08** 7 Payee address; City; State; Zip Code
410 TERRY AVE. N. SEATTLE WA 98109

8 (a) Category (See Categories listed at the top of this schedule) **ADVERTISING EXPENSE** (b) Description **ZIP TIES**
(c) Check if travel outside of Texas. Complete Schedule T. 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 **1-10-24** Payee name **JC MEDIA**

Amount (\$) **\$ 259.80** Payee address; City; State; Zip Code
3106 FAU CREST DR. SAN ANTONIO TX 78247

PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **ADVERTISING AND PRINTING EXPENSE** (b) Description **SIGNAGE MATERIALS**
 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 Candidate / Officeholder name Office sought Office held

Date **1-11-24** Payee name **AMAZON**

Amount (\$) **\$ 42.08** Payee address; City; State; Zip Code
410 TERRY AVE. N. SEATTLE WA 98109

PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **ADVERTISING EXPENSE** (b) Description **ZIP TIES**
 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 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: **4** 2 FILER NAME **JACQUELINE "JACKIE" OTT** 3 Filer ID (Ethics Commission Filers)

4 Date **1.17.24** 5 Payee name **FEDEX OFFICE**

6 Amount (\$) **\$51.29** 7 Payee address: **280 N. BUSINESS IH-35 SUITE 900 NEW BRAUNFELS, TX 78130** City: State: Zip Code

8 **PURPOSE OF EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) **PRINTING EXPENSE** (b) Description **BUSINESS CARDS**
 (c) Check if travel outside of Texas. Complete Schedule T. 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 **1.19.24** Payee name **SEGUIN CHAMBER OF COMMERCE**

Amount (\$) **\$350.00** Payee address: **112 N. CAMP ST. SEGUIN TX 78155** City: State: Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **ADVERTISING EXPENSE** Description **MEMBERSHIP**
 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 Candidate / Officeholder name Office sought Office held

Date **1.23.24** Payee name **SEGUIN CHAMBER OF COMMERCE**

Amount (\$) **\$500.00** Payee address: **112 N. CAMP ST. SEGUIN TX 78155** City: State: Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **EVENT EXPENSE** Description **CHAMBER EVENT PARTICIPATION**
 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 Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED