JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

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The JC/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (Ethi	cs Commission Filers)	2 Total pages fil 4	ed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Mrs.	FIRST		MI	OFFICE	USE ONLY	
NAME	NICKNAME LAST SUFFIX Rosen Kovach				Dete Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: 3021 Powde Richmond,	erhorn Point	CITY; STAT	E; ZIP CODE .	JAN	1 3 2022 COUNTY ELECTIONS	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (832) 24	PHONE NUMBER 18-7322	EXTE	ENSION		d or Date Postmarked	
6 CAMPAIGN TREASURER NAME	ms/mrs/mr Mr.	First John		Т	Receipt # Date Processed	Amount \$	
	NICKNAME	LAST Kovach		SUFFIX	Dete Imeged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (1) 214 Morton Richmond, 7		iume #;	CITY;	STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXT	ENSION			
9 REPORT TYPE	January 15	30th day before of 8th day before el		Runoff Exceeded Modified	treasurer a (Officehold	fter campaign Ippointment er Only) prt (Atlach C/OH - FR)	
				Reporting Limit			
10 PERIOD COVERED	. Month 12,	Day Year / 09 / 21	THROUGH	Month 12	Day Yee / 31 / 21	-	
11 ELECTION	ELECTION DAY	Year Primary	Runoff	ELECTION TYPE	l		
12 OFFICE	OFFICE HELD (If any)			dge, County (if know	ⁿ⁾ Court at Law #	4	
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 CAMPAIGN TH	REASURER ADDRES	\$ \$			
		GO TO	PAGE 2				

www.ethics.state.tx.us

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME	16 Filer ID (Ethics Commission Filers)		
Courtne	ey Rosen Kovach		
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0	
N. 7 123	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ ₀	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ ₀	
	4. TOTAL POLITICAL EXPENDITURES	^{\$} 1600	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY \$0	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	^{г тне} \$0	
	wear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.	e and correct and includes all information	
	Signature of Ca	andidate/Officeholder	
	Please complete either option below	N :	
•			
(1) Affidavit NOTARY STAMP/SEA Sworn to and subscribed		14th day of January	
	Which, witness my hand and seal of office.		
	uer Sherny Raven	Notory	
Stgnature of officer administr		Title of officer administering oath	
	OR		
(2) Unsworn Declarat	ion		
My name is	, and my date of birth i	s	
My address is	ter bester en	· المحمد الم	
	(street) (city)	(state) (zip code) (country)	
Executed in	County, State of, on the day of (mon	th) (year)	
	Signature of Cano	lidate/Officeholder (Declarant)	

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Comm Courtney Rosen Kovach 20 Filer ID (Ethics Comm				
21 SCHED NAME	SUBTOTAL AMOUNT			
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$ ₀	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ O	
з.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ O	
4.	SCHEDULE E: LOANS	•	\$ O	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ O	
6,	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$0	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ 0	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		^{\$} 0	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	^{\$} 1600	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ O	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ 0.	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	^{\$} 0	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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		Fees Office Overhead/Re Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense		xpense Vages/Contrect Labor	Solicitation/Fundraising Transportation Equipme Travet In District Travet Out Of District Other (enter a category	ent & Related Expense	
1 Total pages Schedule G:	2 FILER NA	AME			3 Filer ID (Ethics (Commission Filers)	
1	Courtne	ey Rosen Kovach					
4 Date	5 Payee name						
12/09/21	Fort Bend Republican Party						
6 Amount (\$) \$1500 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 461, Sugar Land, TX 77487						
8 BUBBOSE	(a) Category	Y (See Catagories listed at the top of this	schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Fees			Campaign Filing Fee			
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder living ex	pense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candi	date / Officeholder name		Office sought		Office held	
Date	Payee na	ame					
12/17/21	Bank of America						
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
\$100 Refinbu/sement from political contributions intended	8102 W Grand Pkwy S, Richmond, TX 77406						
PURPOSE	Category (See Categories listed at the top of this schedule) Description						
OF	Other Contribution and opening deposit				posit		
		Check if Iravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH				Office sought		Office held	
Date	Payeen	ame			· · ·		
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
Reimbursement from political contributions intended		•					
PURPOSE OF EXPENDITURE	Catego	ry (See Calegories listed at the top of thi	s schadule)	Description			
	Check if travel outside of Texas, Complete Schedule T.		Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		idate / Officeholder name		Office sought		Office held	
	ATT	ACH ADDITIONAL COPIES	OF THIS S	SCHEDULE AS NEE	DED		