CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST MI 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** MR JAISON NAME Date Received LAST SUFFIX NICKNAME JOSEPH 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **OFFICEHOLDER** 7718 BAYOU GREEN LN SUGAR LAND 77479 TX MAILING **ADDRESS** Change of Address AREA CODE EXTENSION 5 CANDIDATE/ PHONE NUMBER Date Hand-delivered or Date Postmarked OFFICEHOLDER 713 364 8087 **PHONE** Receipt # Amount \$ MS / MRS / MR FIRST CAMPAIGN MI TOM **TREASURER** Date Processed NAME NICKNAME LAST SUFFIX Date Imaged VIRIPPAN STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY STATE: ZIP CODE 7 CAMPAIGN TREASURER 122 Nina Lane, Stafford, Texas -77477 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN TREASURER 832 462 4596 PHONE 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day Month Day Month COVERED 02 09 2024 THROUGH 2024 ELECTION DATE ELECTION TYPE 11 ELECTION Runoff Other Day Year Description X General Special OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) N/A Tax Assessor-Collector 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THIS BOX IS POR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED ON THE CANDIDATE IS OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE IS OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME JAISON JOSEPH | | 16 Filer ID (Ethics Commission Filers) | | | |
|--|--|--|--|--|--|
| 17 CONTRIBUTION TOTALS | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 1075.00 | | | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 1075.00 | | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 2950.00 | | | |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 2950.00 | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD | T DAY \$ 0.00 | | | |
| OUTSTANDING LOAN TOTALS | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD | \$ 47,050.00 | | | |
| Please complete either option below: JANICE ZHANG Notary ID #128037177 My Commission Expires | | | | | |
| NOTARY STAMP/SEA | June 20, 2028 | | | | |
| Sworn to and subscribed before me by <u>JAISON</u> <u>JOSEPH</u> this the 19th day of <u>July</u> , to certify which, witness my hand and seal of office. January Zhang | | | | | |
| Signature of officer administe | | Title of officer administering oath | | | |
| (2) Unsworn Declaration | | | | | |
| My name is | , and my date of birth is | | | | |
| My address is | | | | | |
| | | state) (zip code) (country) | | | |
| Executed in | County, State of, on theday of(month | , 20 (year) | | | |
| | Signature of Candid | late/Officeholder (Declarant) | | | |

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 | 1 Total pages Schedule A1: | | | |
|--|---|-----------------------------|--|---------------------------------------|--|
| 2 FILER NAME JAISON JOSE | EPH | | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 3/29/2024 | 5 Fult ::ame of contributor □ out-of-state PAC (ID#:) ADAM SCHOOF | | 7 Amount of contribution (\$) \$ 350.00 | | |
| | 6 Contributor address; 20511 Pink Granite Vly | City; RICHMONE | State; Zip Code | | |
| 8 Principal occu | pation / Job title (See Instructions) | | 9 Employer (See Instruc | tions) | |
| Date | Full name of contributor Kristin Tassin | _ | C (ID#:) | Amount of contribution (\$) \$ 350.00 | |
| | Contributor address; 8439 Parapet Pl | City; Rosharon TX | State; Zip Code | | |
| Principal occupation / Job title (See Instructions) Employer (See Instru | | Employer (See Instruc | tions) | | |
| Date | Full name of contributor David Hamilton | out-of-state PAG | C (ID#:) | Amount of contribution (\$) | |
| | Contributor address; | City; | State; Zip Code | \$ 350.00 | |
| | 3003 Red Stag Pass | Missouri City | | | |
| Principal occupation / Job title (See Instructions) | | | Employer (See Instruc | tions) | |
| Date | Full name of contributor Dickie Salinas | out-of-state PAC | C (ID#:) | Amount of contribution (\$) | |
| | Contributor address; 5023 summer manor lane | City; SUGAR LAN | State; Zip Code D, TX 77479 | \$ 25.00 | |
| 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. | | | | | |

Forms provided by Texas Ethics Commission

www.ethics.state.tx.ua

Revised 8/17/2020

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 | | 20 Filer ID (Ethics Commission Filers) | |
|-----|--|--|--|
| | JAISON JOSEPH | | |
| 21 | SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT | |
| 1. | X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 1075 | |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ | |
| 4. | SCHEDULE E: LOANS | \$ | |
| 5. | X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 2950 | |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION | ons \$ | |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ | |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF | F C/OH \$ | |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ | |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURN TO FILER | NED \$ | |
| | | | |

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 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)

| Credit Card Payment | The Instruction Guide explains how to o | complete this form. | |
|---|--|---------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME JAISON JOSEPH | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2/9/2024 | 5 Payee name GOP FBC | | |
| 6 Amount (\$) 1200 | 7 Payee address; | City; | State; Zip Code TX |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) FILING FEE | (b) Description | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| Date 4/10/2024 | Payee name GOP FBC | | |
| Amount (\$) 1750 | Payee address; | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OF | 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 | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEE | EDED |