

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 FIRST MI Mr. John J | OFFICE USE ONLY Date Received OCT 7 2024 RCVD Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged | |
| NICKNAME LAST SUFFIX Placette | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 17424 W. Grand Parkway Ste. 185 Sugar Land, TX 77479 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (832) 671-0235 | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Mrs. JoAnn | | |
| NICKNAME LAST SUFFIX Placette | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8015 Garden Bend Sugar Land TX 77479 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (832) 671-0235 | | |
| 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 (Officeholder 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 Month Day Year 7 / 1 / 24 THROUGH 9 / 30 / 24 | | |
| 11 ELECTION | ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 11 / 5 / 24 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | |
| 12 OFFICE | OFFICE HELD (if any) NA | 13 OFFICE SOUGHT (if known) Fort Bend County Justice of the Peace, Precinct 2 Place 2 | |
| 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. | | |
| Additional Pages | <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME | |
| | | COMMITTEE ADDRESS | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |
| GO TO PAGE 2 | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

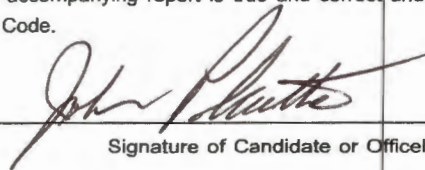
**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME
John J. Placette

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) | \$ | 1,540.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ | |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 6,430.65 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ | 820.68 |
| 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.


Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

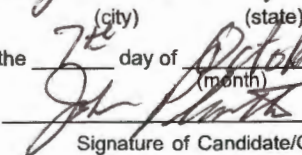
NOTARY STAMP / SEAL

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 John Placette and my date of birth is 09/04/1957
 My address is 8015 Garden Blvd, Sugar Land, TX, 77479, USA
(street) (city) (state) (zip code) (country)
 Executed in Fort Bend County, State of Texas, on the 7th day of October, 2024.
(month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

John J. Placette

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | |
|-----|--|-------------|
| 1. | ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 1,540.00 |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | SCHEDULE E: LOANS | \$ |
| 5. | ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 738.20 |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 5,692.45 |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | 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: / |
| 2 FILER NAME John J. Placette | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 08/13/2024 | 5 Full name of contributor out-of-state PAC (ID#: _____) Needville Republic Women PAC 6 Contributor address; City; State; Zip Code PO Box 1010 Neeville, TX 77461 | 7 Amount of contribution (\$) 400.00 |
| 8 Principal occupation / Job title (See Instructions) NA | | 9 Employer (See Instructions) NA |
| Date 09/04/2024 | Full name of contributor out-of-state PAC (ID#: _____) Phil Rehak Contributor address; City; State; Zip Code 1517 Eugene Heimann Circle, Suite 200 Richmond, TX 77469 | Amount of contribution (\$) 350.00 |
| Principal occupation / Job title (See Instructions) Chief Deputy | | Employer (See Instructions) Fort Bend County Constable's Office, Precinct Four |
| Date 09/23/2024 | Full name of contributor out-of-state PAC (ID#: _____) Republican Party of Texas Contributor address; City; State; Zip Code 807 Brazos Street, Suite 701 Austin, TX 78701 | Amount of contribution (\$) 750.00 |
| Principal occupation / Job title (See Instructions) Accountant | | Employer (See Instructions) Seneca Resources |
| Date 08/28/24 | Full name of contributor out-of-state PAC (ID#: _____) Debi Stryk Contributor address; City; State; Zip Code 1005 Foster Dr. Richmond, TX 77469 | Amount of contribution (\$) 40.00 |
| Principal occupation / Job title (See Instructions) Accountant | | Employer (See Instructions) Seneca Resources |
| 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: | | 2 FILER NAME John Placette | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 07/16/2024 | | 5 Payee name Wells Fargo | | | |
| 6 Amount (\$) 10.00 | | 7 Payee address; 420 Montgomery | | City; San Francisco | State; CA Zip Code 94104 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | | (b) Description Checks | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | | Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date 08/15/2024 | | Payee name Wells Fargo | | | |
| Amount (\$) 10.00 | | Payee address; 420 Montgomery | | City; San Francisco | State; CA Zip Code 94104 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | | Description Checks | | |
| | 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 | | Candidate / Officeholder name | | Office sought | Office held |
| Date 08/16/2024 | | Payee name Vecticon Algora Ventures Limited | | | |
| Amount (\$) 1.00 | | Payee address; Punchbowl Centre, Elia Zammit Street, St. Julians, Malta | | City; C105178 | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Other | | Description Images for Promotional Material | | |
| | 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 | | 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: | 2 FILER NAME John Placette | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 08/22/2024 | 5 Payee name Vista Print | |
| 6 Amount (\$) 60.60 | 7 Payee address; 100 Hayden | City; State; Zip Code Lexington MA 02421 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing ExpensesOther | (b) Description Cards |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name NA | |
| Amount (\$) | Payee address; City; State; Zip Code NA | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) NA | Description NA |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name NA | |
| Amount (\$) | Payee address; City; State; Zip Code NA | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) NA | Description NA |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| Complete <u>ONLY</u> 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: | | 2 FILER NAME John Placette | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 08/23/2024 | | 5 Payee name Vecticon Algora Ventures Limited | | | |
| 6 Amount (\$) 30.00 | | 7 Payee address; Punchbowl Centre, Elia Zammit Street, St. Julians, Malta | | City; C10517820 | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Other | | (b) Description Images for Promotion | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | | Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date 09/17/2024 | | Payee name Wells Fargo | | | |
| Amount (\$) 10.00 | | Payee address; 420 Montgomery | | City; San Francisco | State; Zip Code CA 94104 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | | Description Checks | | |
| | 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 | | Candidate / Officeholder name | | Office sought | Office held |
| Date 09/19/2024 | | Payee name Jesse Torres | | | |
| Amount (\$) 616.60 | | Payee address; 405 San Jose | | City; Richmond, | State; Zip Code TX 77469 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Other | | Description Sign Placements | | |
| | 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 | | Candidate / Officeholder name | | Office sought | Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | 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 G: | | 2 FILER NAME John J. Placette | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 07/12/2024 | | 5 Payee name Flex Clip / PearlMountain Ltd. | | | |
| 6 Amount (\$) 115.08 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | 7 Payee address; Chengdu, Sichuan, China | | City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Other | | (b) Description Software Subscription | | |
| | (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 07/14/2024 | | Payee name Data Ecology LLC. Campaign Partner | | | |
| Amount (\$) 32.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | Payee address; PO Box 118 | | City; State; Zip Code Still River MA 01467 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Other | | (b) Description Website Subscription | | |
| | (c) 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 08/04/2024 | | Payee name VistaPrint | | | |
| Amount (\$) 152.62 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | Payee address; 100 Hayden Avenue | | City; State; Zip Code Lexington MA 02421 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | | (b) Description Cards | | |
| | (c) 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 PERSONAL FUNDS

SCHEDULE G

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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 G: | 2 FILER NAME John J. Placette | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 08/05/2024 | 5 Payee name Vista Print | |
| 6 Amount (\$) 111.69 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; 100 Hayden | City; State; Zip Code Lexington, MA 02421 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expenses | (b) Description Cards |
| | (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 08/14/2024 | Payee name Data Ecology LLC. Campaign Partner | |
| Amount (\$) 32.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; PO Box 118 | City; State; Zip Code Still River MA 01467 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Other | Description Website Subscription |
| | <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 08/21/2024 | Payee name Vista Print | |
| Amount (\$) 46.74 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; 100 Hayden | City; State; Zip Code Lexington MA 02421 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expenses | Description Cards |
| | <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 PERSONAL FUNDS

SCHEDULE G

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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 G: | 2 FILER NAME John J. Placette | 3 Filer ID (Ethics Commission Filers) |
|----------------------------------|---|--|

| | |
|-----------------------------|--|
| 4 Date 08/08/2024 | 5 Payee name Endeavor Media Group LLC. |
|-----------------------------|--|

| | | |
|---|---|-----------------------------|
| 6 Amount (\$) 3,000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; PO Box 891354 Houston, | State; Zip Code TX 77289 |
|---|---|-----------------------------|

| | | |
|---------------------------------|--|--------------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expenses | (b) Description Consulting |
| | (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 | Payee name NA |
|------|------------------|

| | | |
|--|----------------------------|-----------------|
| Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; NA | 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 |
|---|-------------------------------|---------------|-------------|

| | |
|------|------------------|
| Date | Payee name NA |
|------|------------------|

| | | |
|--|----------------------------|-----------------|
| Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; NA | 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 |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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 G: | 2 FILER NAME John J. Placette | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 08/31/2024 | 5 Payee name Motivation Recognition Group | |
| 6 Amount (\$) 1,316.86 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; 2323 Sand Ct. City; Richmond, TX | State; Zip Code 77469 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description Signs |
| | (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 08/31/2024 | Payee name Motivation Recognition Group | |
| Amount (\$) 809.71 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; 2323 Sand Ct. City; Richmond, TX | State; Zip Code 77469 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description Signs |
| | <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 09/07/2024 | Payee name VistaPrint | |
| Amount (\$) 75.75 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; 100 Hayden Avenue City; Lexington | State; Zip Code MA 02421 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description Cards |
| | <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 |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED