

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

|  |  |  |  |  |
|--|--|--|--|--|
| <b>The C/OH Instruction Guide explains how to complete this form.</b>      |  | <b>1</b> Filer ID (Ethics Commission Filers) | <b>2</b> Total pages filed:  |  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME                                     | MS / MRS / MR<br><b>Mr.</b>  | FIRST<br><b>John</b>                         | MI<br><b>J</b>   | <b>OFFICE USE ONLY</b><br><br>Date Received<br><br><b>JUL 15 2024 RCP/D</b><br><br>Date Hand-delivered or Date Postmarked<br><br>Receipt #      Amount \$<br><br>Date Processed<br><br>Date Imaged |
|  | NICKNAME   | LAST<br><b>Placette</b>                      | SUFFIX   |  |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br>Change of Address | ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE<br><b>17424 W. Grand Parkway Ste. 185 Sugar Land, TX 77479</b>  |  |  |  |
|  | AREA CODE<br><b>( 832 )</b>  | PHONE NUMBER<br><b>671-0235</b>              | EXTENSION  |  |
| <b>5</b> CANDIDATE / OFFICEHOLDER PHONE                                    | MS / MRS / MR<br><b>Mrs.</b>   | FIRST<br><b>JoAnn</b>                        | MI   |  |
|  | NICKNAME   | LAST<br><b>Placette</b>                      | SUFFIX   |  |
| <b>6</b> CAMPAIGN TREASURER NAME   | STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE<br><b>8015 Garden Bend      Sugar Land      TX      77479</b>  |  |  |  |
|  | AREA CODE<br><b>( 832 )</b>  | PHONE NUMBER<br><b>671-0235</b>              | EXTENSION  |  |
| <b>7</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)         | STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE<br><b>8015 Garden Bend      Sugar Land      TX      77479</b>  |  |  |  |
|  | AREA CODE<br><b>( 832 )</b>  | PHONE NUMBER<br><b>671-0235</b>              | EXTENSION  |  |
| <b>8</b> CAMPAIGN TREASURER PHONE  | STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE<br><b>8015 Garden Bend      Sugar Land      TX      77479</b>  |  |  |  |
|  | AREA CODE<br><b>( 832 )</b>  | PHONE NUMBER<br><b>671-0235</b>              | EXTENSION  |  |
| <b>9</b> REPORT TYPE   | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input checked="" 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) |  |  |  |
|  | <b>10</b> PERIOD COVERED<br>Month      Day      Year      THROUGH      Month      Day      Year<br><b>1      /      1      /      24      THROUGH      6      /      30      /      24</b>   |  |  |  |
| <b>11</b> ELECTION   | ELECTION DATE<br>Month      Day      Year<br><b>11      /      5      /      24</b>  |  | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |  |
|  | <b>12</b> OFFICE<br>OFFICE HELD (if any)   |  | <b>13</b> OFFICE SOUGHT (if known)   |  |
| <b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)<br><br>Additional Pages       | 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   | 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 C/OH NAME  
John J. Placette

16 Filer ID (Ethics Commission Filers)

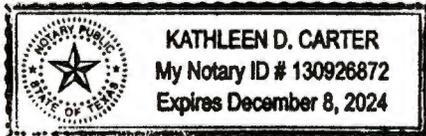
|                         |   |             |
|-------------------------|---|-------------|
| 17 CONTRIBUTION TOTALS  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$          |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 310.00   |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$          |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 1,484.68 |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 18.88    |
| 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.

*John J. Placette*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by John J. Placette this the 15<sup>th</sup> day of July, 202024, to certify which, witness my hand and seal of office.

Kathleen D. Carter KATHLEEN D. CARTER Notary  
Signature of officer administering oath Printed name of officer administering oath 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

John J. Placette

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

|     |  |             |
|-----|--|-------------|
| 1.  | ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 310.00   |
| 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              | \$ 378.61   |
| 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                        | \$ 1,106.07 |
| 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 | \$ 48.71    |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>               |  | <b>1</b> Total pages Schedule A1:                      |
| <b>2</b> FILER NAME<br><b>John J. Placette</b>                                 |  | <b>3</b> Filer ID (Ethics Commission Filers)           |
| <b>4</b> Date<br><b>01/01/2024</b>   | <b>5</b> Full name of contributor out-of-state PAC (ID#: _____)<br><b>John Placette</b><br><b>6</b> Contributor address; City; State; Zip Code<br><b>8015 Garden Bend Sugar Land, TX 77479</b> | <b>7</b> Amount of contribution (\$)<br><b>35.00</b>   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br><b>Retired</b> |  | <b>9</b> Employer (See Instructions)<br><b>NA</b>      |
| Date<br><b>02/19/2024</b>  | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Jack Bantari</b><br>Contributor address; City; State; Zip Code<br><b>411 Little Walnut Drive Richmond, TX 77469</b>               | Amount of contribution (\$)<br><b>75.00</b>            |
| Principal occupation / Job title (See Instructions)<br><b>Attorney</b>         |  | Employer (See Instructions)<br><b>Self-Employed</b>    |
| Date<br><b>02/01/2024</b>  | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Andrew Herreth</b><br>Contributor address; City; State; Zip Code<br><b>5209 Cordova Ave. Fort Worth, TX 76132</b>                 | Amount of contribution (\$)<br><b>100.00</b>           |
| Principal occupation / Job title (See Instructions)<br><b>Accountant</b>       |  | Employer (See Instructions)<br><b>Seneca Resources</b> |
| Date<br><b>02/01/2024</b>  | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Tony Herreth</b><br>Contributor address; City; State; Zip Code<br><b>3139 Apple Drive Missouri City, TX 77459</b>                 | Amount of contribution (\$)<br><b>100.00</b>           |
| Principal occupation / Job title (See Instructions)<br><b>Accountant</b>       |  | Employer (See Instructions)<br><b>Seneca Resources</b> |

**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.

|                                   |                     |  |
|-----------------------------------|---------------------|--|
| <b>1</b> Total pages Schedule F1: | <b>2</b> FILER NAME | <b>3</b> Filer ID (Ethics Commission Filers) |
|-----------------------------------|---------------------|--|

|                             |                                    |
|-----------------------------|------------------------------------|
| <b>4</b> Date<br>01/02/2024 | <b>5</b> Payee name<br>Wells Fargo |
|-----------------------------|------------------------------------|

|                               |   |                        |              |                   |
|-------------------------------|---|------------------------|--------------|-------------------|
| <b>6</b> Amount (\$)<br>22.00 | <b>7</b> Payee address;<br>420 Montgomery | City;<br>San Francisco | State;<br>CA | Zip Code<br>94104 |
|-------------------------------|---|------------------------|--------------|-------------------|

|   |  |                                  |
|---|--|----------------------------------|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking  | <b>(b)</b> Description<br>Checks |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                                  |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                    |                               |
|--------------------|-------------------------------|
| Date<br>01/08/2024 | Payee name<br>OfficeMax/Depot |
|--------------------|-------------------------------|

|                      |  |                    |              |                   |
|----------------------|--|--------------------|--------------|-------------------|
| Amount (\$)<br>32.48 | Payee address;<br>24212 Commercial Drive | City;<br>Rosenberg | State;<br>TX | Zip Code<br>77471 |
|----------------------|--|--------------------|--------------|-------------------|

|                               |   |                      |
|-------------------------------|---|----------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Printing Expense  | Description<br>Cards |
|                               | 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<br>02/07/2024 | Payee name<br>VistaPrint |
|--------------------|--------------------------|

|                       |                                     |                    |              |                   |
|-----------------------|-------------------------------------|--------------------|--------------|-------------------|
| Amount (\$)<br>162.36 | Payee address;<br>100 Hayden Avenue | City;<br>Lexington | State;<br>MA | Zip Code<br>77471 |
|-----------------------|-------------------------------------|--------------------|--------------|-------------------|

|                               |   |                      |
|-------------------------------|---|----------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Printing Expense  | Description<br>Signs |
|                               | 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 |
|--|-------------------------------|---------------|-------------|

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.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:   | <b>2</b> FILER NAME   | <b>3</b> Filer ID (Ethics Commission Filers)    |
| <b>4</b> Date<br>02/27/2024   | <b>5</b> Payee name<br>VistaPrint   |   |
| <b>6</b> Amount (\$)<br>121.77  | <b>7</b> Payee address;<br>100 Hayden Avenue  | City; State; Zip Code<br>Lexington MA 02421     |
| <b>8</b><br><br>PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing   | <b>(b)</b> Description<br>Signs                 |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span> |   |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |   |   |
| Candidate / Officeholder name <span style="float:right">Office sought <span style="float:right">Office held</span></span> |   |   |
| Date<br>03/15/2024  | Payee name<br>Wells Fargo   |   |
| Amount (\$)<br>10.00  | Payee address;<br>420 Montgomery  | City; State; Zip Code<br>San Francisco CA 94104 |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br>Accounting/Banking  | Description<br>Monthly Fee                      |
|   | Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>            |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |   |   |
| Candidate / Officeholder name <span style="float:right">Office sought <span style="float:right">Office held</span></span> |   |   |
| Date<br>04/15/2024  | Payee name<br>Wells Fargo   |   |
| Amount (\$)<br>10.00  | Payee address;<br>420 Montgomery  | City; State; Zip Code<br>San Francisco CA 94104 |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br>Accounting/Banking  | Description<br>Monthly Fee                      |
|   | Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>            |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |   |   |
| Candidate / Officeholder name <span style="float:right">Office sought <span style="float:right">Office held</span></span> |   |   |

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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.

|                                   |                     |  |
|-----------------------------------|---------------------|--|
| <b>1</b> Total pages Schedule F1: | <b>2</b> FILER NAME | <b>3</b> Filer ID (Ethics Commission Filers) |
|-----------------------------------|---------------------|--|

|                             |                                    |
|-----------------------------|------------------------------------|
| <b>4</b> Date<br>05/15/2024 | <b>5</b> Payee name<br>Wells Fargo |
|-----------------------------|------------------------------------|

|                               |   |                        |              |                   |
|-------------------------------|---|------------------------|--------------|-------------------|
| <b>6</b> Amount (\$)<br>10.00 | <b>7</b> Payee address;<br>420 Montgomery | City;<br>San Francisco | State;<br>CA | Zip Code<br>94104 |
|-------------------------------|---|------------------------|--------------|-------------------|

|   |   |                                       |
|---|---|---------------------------------------|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking   | <b>(b)</b> Description<br>Monthly Fee |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span> |                                       |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                    |                           |
|--------------------|---------------------------|
| Date<br>06/17/2024 | Payee name<br>Wells Fargo |
|--------------------|---------------------------|

|                      |                                  |                        |              |                   |
|----------------------|----------------------------------|------------------------|--------------|-------------------|
| Amount (\$)<br>10.00 | Payee address;<br>420 Montgomery | City;<br>San Francisco | State;<br>CA | Zip Code<br>94104 |
|----------------------|----------------------------------|------------------------|--------------|-------------------|

|                               |  |                            |
|-------------------------------|--|----------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Accounting/Banking   | Description<br>Monthly Fee |
|                               | Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span> |                            |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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

|             |                |       |        |          |
|-------------|----------------|-------|--------|----------|
| Amount (\$) | Payee address; | City; | State; | Zip Code |
|-------------|----------------|-------|--------|----------|

|                               |  |             |
|-------------------------------|--|-------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)   | Description |
|                               | Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span> |             |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| 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.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule G:   | <b>2</b> FILER NAME<br><b>John J. Placette</b>  | <b>3</b> Filer ID (Ethics Commission Filers)               |
| <b>4</b> Date<br><b>02/05/2024</b>   | <b>5</b> Payee name<br><b>Stripe</b>  |  |
| <b>6</b> Amount (\$)<br><b>6.40</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address;<br><b>354 Oyster Point</b>  | City; State; Zip Code<br><b>San Francisco CA 94080</b>     |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>Fees</b>  | <b>(b)</b> Description<br><b>Internet Payment</b>          |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span> |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate / Officeholder name   | Office sought <span style="float:right">Office held</span> |
| Date<br><b>02/14/2024</b>  | Payee name<br><b>Campaign Partner</b>   |  |
| Amount (\$)<br><b>32.00</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended         | Payee address;<br><b>PO Box 118</b>   | City; State; Zip Code<br><b>Still River MA 01467</b>       |
| <b>8</b> PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br><b>Other</b>  | Description<br><b>Website Subscription</b>                 |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span> |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought <span style="float:right">Office held</span> |
| Date<br><b>02/22/2024</b>  | Payee name<br><b>Stripe</b>   |  |
| Amount (\$)<br><b>2.48</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended          | Payee address;<br><b>354 Oyster Point</b>   | City; State; Zip Code<br><b>San Francisco CA 94080</b>     |
| <b>8</b> PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br><b>Other</b>  | Description<br><b>Website Subscription</b>                 |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span> |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought <span style="float:right">Office held</span> |

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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                        | 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.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule G:  | <b>2</b> FILER NAME<br><b>John J. Placette</b>  | <b>3</b> Filer ID (Ethics Commission Filers)               |
| <b>4</b> Date<br><b>03/14/2024</b>  | <b>5</b> Payee name<br><b>Campaign Partner</b>  |  |
| <b>6</b> Amount (\$)<br><b>32.00</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address;<br><b>PO Box 118</b>  | City; State; Zip Code<br><b>Still River MA 01467</b>       |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>Other</b>   | <b>(b)</b> Description<br><b>Website Subscription</b>      |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span> |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought <span style="float:right">Office held</span> |
| Date<br><b>03/16/2024</b>   | Payee name<br><b>VistaPrint</b>   |  |
| Amount (\$)<br><b>107.18</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended         | Payee address;<br><b>100 Hayden Avenue</b>  | City; State; Zip Code<br><b>Lexington MA 02421</b>         |
| <b>8</b> PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br><b>Printing Expense</b>   | Description<br><b>Cards</b>                                |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span> |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate / Officeholder name   | Office sought <span style="float:right">Office held</span> |
| Date<br><b>04/14/2024</b>   | Payee name<br><b>Campaign Partner</b>   |  |
| Amount (\$)<br><b>32.00</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended          | Payee address;<br><b>PO Box 118</b>   | City; State; Zip Code<br><b>Still River MA 01467</b>       |
| <b>8</b> PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br><b>Other</b>  | Description<br><b>Website Subscription</b>                 |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span> |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate / Officeholder name   | Office sought <span style="float:right">Office held</span> |

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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.

|                                  |  |  |
|----------------------------------|--|--|
| <b>1</b> Total pages Schedule G: | <b>2</b> FILER NAME<br><b>John J. Placette</b> | <b>3</b> Filer ID (Ethics Commission Filers) |
|----------------------------------|--|--|

|                                    |  |
|------------------------------------|--|
| <b>4</b> Date<br><b>05/04/2024</b> | <b>5</b> Payee name<br><b>Signs on the Cheap</b> |
|------------------------------------|--|

|   |   |                        |                     |                          |
|---|---|------------------------|---------------------|--------------------------|
| <b>6</b> Amount (\$)<br><b>455.32</b>   | <b>7</b> Payee address;<br><b>11525 Stonehollow Drive, B220</b> | City;<br><b>Austin</b> | State;<br><b>TX</b> | Zip Code<br><b>78758</b> |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended |   |                        |                     |                          |

|   |  |  |
|---|--|--|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>Printing Expense</b>   | <b>(b)</b> Description<br><b>Signs</b> |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>9</b><br>Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                           |                                       |
|---------------------------|---------------------------------------|
| Date<br><b>05/14/2024</b> | Payee name<br><b>Campaign Partner</b> |
|---------------------------|---------------------------------------|

|   |                                     |                             |                     |                          |
|---|-------------------------------------|-----------------------------|---------------------|--------------------------|
| Amount (\$)<br><b>32.00</b>   | Payee address;<br><b>PO Box 118</b> | City;<br><b>Still River</b> | State;<br><b>MA</b> | Zip Code<br><b>01467</b> |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended |                                     |                             |                     |                          |

|                               |   |  |
|-------------------------------|---|--|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Other</b>  | Description<br><b>Website Subscription</b> |
|                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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<br><b>06/14/2024</b> | Payee name<br><b>Campaign Partner</b> |
|---------------------------|---------------------------------------|

|   |                                     |                             |                     |                          |
|---|-------------------------------------|-----------------------------|---------------------|--------------------------|
| Amount (\$)<br><b>32.00</b>   | Payee address;<br><b>PO Box 118</b> | City;<br><b>Still River</b> | State;<br><b>MA</b> | Zip Code<br><b>01467</b> |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended |                                     |                             |                     |                          |

|                               |   |  |
|-------------------------------|---|--|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Other</b>  | Description<br><b>Website Subscription</b> |
|                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 |
|--|-------------------------------|---------------|-------------|

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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                        | 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.

|                                  |  |  |
|----------------------------------|--|--|
| <b>1</b> Total pages Schedule G: | <b>2</b> FILER NAME<br><b>John J. Placette</b> | <b>3</b> Filer ID (Ethics Commission Filers) |
|----------------------------------|--|--|

|                                    |  |
|------------------------------------|--|
| <b>4</b> Date<br><b>06/26/2024</b> | <b>5</b> Payee name<br><b>VistaPrint</b> |
|------------------------------------|--|

|   |  |                           |                     |                          |
|---|--|---------------------------|---------------------|--------------------------|
| <b>6</b> Amount (\$)<br><b>314.97</b>   | <b>7</b> Payee address;<br><b>100 Hayden</b> | City;<br><b>Lexington</b> | State;<br><b>MA</b> | Zip Code<br><b>02421</b> |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended |  |                           |                     |                          |

|   |  |   |
|---|--|---|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>Printing Expense</b>   | <b>(b)</b> Description<br><b>Signs and Clothing</b> |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>9</b><br>Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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

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

|                               |   |             |
|-------------------------------|---|-------------|
| <b>PURPOSE OF EXPENDITURE</b> | 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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

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

|                               |   |             |
|-------------------------------|---|-------------|
| <b>PURPOSE OF EXPENDITURE</b> | 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 <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 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.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule G:   | <b>2</b> FILER NAME<br><b>John J. Placette</b>  | <b>3</b> Filer ID (Ethics Commission Filers)               |
| <b>4</b> Date<br><b>01/02/2024</b>   | <b>5</b> Payee name<br><b>Stripe</b>  |  |
| <b>6</b> Amount (\$)<br><b>0.69</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address;<br><b>354 Oyster Point</b>  | City; State; Zip Code<br><b>San Francisco CA 94080</b>     |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>Fees</b>  | <b>(b)</b> Description<br><b>Internet Payment</b>          |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span> |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate / Officeholder name   | Office sought <span style="float:right">Office held</span> |
| Date<br><b>01/07/2024</b>  | Payee name<br><b>Staples</b>  |  |
| Amount (\$)<br><b>27.05</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended         | Payee address;<br><b>1919 Taylor Street</b>   | City; State; Zip Code<br><b>Houston TX 77007</b>           |
| <b>8</b> PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br><b>Printing Expense</b>   | Description<br><b>Business Cards</b>                       |
|  | Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought <span style="float:right">Office held</span> |
| Date<br><b>01/14/2024</b>  | Payee name<br><b>Campaign Partner</b>   |  |
| Amount (\$)<br><b>32.00</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended         | Payee address;<br><b>PO Box 118</b>   | City; State; Zip Code<br><b>Still River MA 01467</b>       |
| <b>8</b> PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br><b>Other</b>  | Description<br><b>Website Subscription</b>                 |
|  | Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought <span style="float:right">Office held</span> |

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# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

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 K:                         |
| 2 FILER NAME<br><b>John J. Placette</b>                                |   | 3 Filer ID (Ethics Commission Filers)             |
| 4 Date<br><br>02/07/2024   | 5 Name of person from whom amount is received<br><b>VistaPrint</b><br>.....<br>6 Address of person from whom amount is received; City; State; Zip Code<br><b>100 Hayden Avenue Lexington MA 02421</b> | 8 Amount (\$)<br><br><b>48.71</b>                 |
| 7 Purpose for which amount is received<br><b>Cancellation of order</b> |   | Check if political contribution returned to filer |
| Date   | Name of person from whom amount is received<br><br>.....<br>Address of person from whom amount is received; City; State; Zip Code   | Amount (\$)                                       |
| Purpose for which amount is received                                   |   | Check if political contribution returned to filer |
| Date   | Name of person from whom amount is received<br><br>.....<br>Address of person from whom amount is received; City; State; Zip Code   | Amount (\$)                                       |
| Purpose for which amount is received                                   |   | Check if political contribution returned to filer |
| Date   | Name of person from whom amount is received<br><br>.....<br>Address of person from whom amount is received; City; State; Zip Code   | Amount (\$)                                       |
| Purpose for which amount is received                                   |   | Check if political contribution returned to filer |

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