

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: 6										
3 CANDIDATE / OFFICEHOLDER NAME <small>MS / MRS / MR</small> MRS..... <small>NICKNAME</small> JAMIE <small>FIRST</small> JAMILA..... <small>LAST</small> BRANCH <small>MI</small> <small>SUFFIX</small>		OFFICE USE ONLY Date Received <div style="border: 1px solid black; padding: 5px; display: inline-block;">Waller Co. Elections JAN 16 2024 RECEIVED</div> Date Hand-delivered or Date Postmarked <table border="1" style="width: 100%;"><tr><td><small>Receipt #</small></td><td><small>Amount \$</small></td></tr><tr><td><small>Date Processed</small></td><td></td></tr><tr><td><small>Date Imaged</small></td><td></td></tr></table>			<small>Receipt #</small>	<small>Amount \$</small>	<small>Date Processed</small>		<small>Date Imaged</small>				
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<small>Date Imaged</small>													
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</small> P.O. BOX 4023 PRAIRIE VIEW TX 77446 <input type="checkbox"/> Change of Address													
5 CANDIDATE / OFFICEHOLDER PHONE <small>AREA CODE PHONE NUMBER EXTENSION</small> (346) 971-7393													
6 CAMPAIGN TREASURER NAME <small>MS / MRS / MR</small> MRS. <small>FIRST</small> JAMILA <small>NICKNAME</small> JAMIE <small>LAST</small> BRANCH <small>MI</small> <small>SUFFIX</small>													
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small> <small>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</small> 120 ELM STREET, PRAIRIE VIEW, TX 77446													
8 CAMPAIGN TREASURER PHONE <small>AREA CODE PHONE NUMBER EXTENSION</small> (346) 971-7393													
9 REPORT TYPE		<input checked="" 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) <input type="checkbox"/> July 15 <input type="checkbox"/> 9th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)											
10 PERIOD COVERED <small>Month Day Year</small> 9 / 12 / 23 THROUGH <small>Month Day Year</small> 12 / 31 / 23													
11 ELECTION <small>ELECTION DATE</small> <small>Month Day Year</small> 3 / 5 / 24 <small>ELECTION TYPE</small> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special													
12 OFFICE <small>OFFICE HELD (if any)</small>		13 OFFICE SOUGHT (if known) WALLER COUNTY COMMISSIONER PRECINCT 3											
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages <table border="1"><tr><td rowspan="4"><input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC</td><td><small>COMMITTEE TYPE</small></td><td><small>COMMITTEE NAME</small></td></tr><tr><td><small>COMMITTEE ADDRESS</small></td><td></td></tr><tr><td><small>COMMITTEE CAMPAIGN TREASURER NAME</small></td><td></td></tr><tr><td><small>COMMITTEE CAMPAIGN TREASURER ADDRESS</small></td><td></td></tr></table>		<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	<small>COMMITTEE TYPE</small>	<small>COMMITTEE NAME</small>	<small>COMMITTEE ADDRESS</small>		<small>COMMITTEE CAMPAIGN TREASURER NAME</small>		<small>COMMITTEE CAMPAIGN TREASURER ADDRESS</small>		<small>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.</small>		
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	<small>COMMITTEE TYPE</small>		<small>COMMITTEE NAME</small>										
	<small>COMMITTEE ADDRESS</small>												
	<small>COMMITTEE CAMPAIGN TREASURER NAME</small>												
	<small>COMMITTEE CAMPAIGN TREASURER ADDRESS</small>												

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**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME JAMILA BRANCH		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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 20.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 4102.81
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 100.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4222.81

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 Jamila Branch, and my date of birth is October 22, 1975.
My address is 120 Elm Street, Prairie View, TX, 77446, USA.
(street) (city) (state) (zip code) (country)

Executed in Waller County, State of Texas, on the 16th day of January, 2024.
(month) (year)



Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 4222.81
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 4102.81
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

LOANS

SCHEDULE E

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 E: 2
2 FILER NAME Jamila Branch		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 20.00
5 Date of loan 12/26/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamila Branch	9 Loan Amount (\$) 100.00
6 Is lender a financial institution? Y <input checked="" type="checkbox"/>	8 Lender address; City; State; Zip Code 120 ELM STREET PRAIRIE VIEW TX 77446	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) SOFTWARE CONSULTANT		13 Employer (See Instructions) N/A
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$) Type text here
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 12/21/2023	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMILA BRANCH	Loan Amount (\$) 3,220.00
Is lender a financial institution? Y <input checked="" type="checkbox"/>	Lender address; City; State; Zip Code 120 ELM STREET PRAIRIE VIEW TX 77446	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) SOFTWARE CONSULTANT		Employer (See Instructions) N/A
Description of Collateral <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

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 E: 2
2 FILER NAME Jamila Branch		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 12/21/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamila Branch	9 Loan Amount (\$) \$730.69
6 Is lender a financial institution? Y <input checked="" type="checkbox"/>	8 Lender address; City; State; Zip Code 120 ELM STREET PRAIRIE VIEW TX 77446	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) SOFTWARE CONSULTANT		13 Employer (See Instructions) N/A
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 12/21/2023	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMILA BRANCH	Loan Amount (\$) \$172.12
Is lender a financial institution? Y <input checked="" type="checkbox"/>	Lender address; City; State; Zip Code 120 ELM STREET PRAIRIE VIEW TX 77446	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) SOFTWARE CONSULTANT		Employer (See Instructions) N/A
Description of Collateral <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME JAMILA BRANCH	3 Filer ID (Ethics Commission Filers)
4 Date 12/18/2023	5 Payee name UNIVERSL SIGNS & BANNES	
6 Amount (\$) \$730.69 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 120 ELM STREET PRAIRIE VIEW TX 77446	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description FLYERS AND YARD 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 JAMIE BRANCH	Office sought WALLER COUNTY COMMISSIONER PRECINCT 3
4 Date 12/21/2023	5 Payee name ISAIAH ADEOYE	
6 Amount (\$) \$3200.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 18607 COCHRAN RD PRAIRIE VIEW TX 77446	
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 JAMIE BRANCH	Office sought WALLER COUNTY COMMISSIONER PRECINCT 3
4 Date 12/21/2023	5 Payee name JK GRAPHICS WALLER	
6 Amount (\$) \$172.12 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 31315 FARM TO MARKET 2920 WALLER TX 77484	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description CARDS AND FLYERS
	(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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED