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: 10
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR MRS.	FIRST JAMILA	MI	OFFICE USE ONLY
NAME	NICKNAME	LAST	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	JAMIE ADDRESS / PO BOX; P.O. BOX 40	BRANCH APT / SUITE #; 123 PRAIRIE VIE\	CITY; STATE; ZIP CODE W, TEXAS 77446	Waller Co. Elections FEB 0 4 2024 RECEIVED
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (346)	PHONE NUMBER 971-7393	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MRS.	FIRST JAMILA	MI	Receipt # Amount \$ Date Processed
NOWL	JAMIE	BRANCH	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	I see a second second	no po box please); apt / s REET, PRAIRIE V	SUITE #; CITY; /IEW, TEXAS 77446	STATE; ZIP CODE
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	(346)	971-7393	EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before el	- Succeeded Madified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
		1	Reporting Limit	
10 PERIOD COVERED	Month 1	Day Year 1 / 24	THROUGH 1	
11 ELECTION	Month Day 3 / 5	Year Primary	Description	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known WALLER COUNTY C	OMMISSIONER PRECINCT 3
14 NOTICE FROM POLITICAL THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES THE CANDIDATE / OFFICEHOLDER'S KNO CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXP				DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRI	EASURER NAME	-
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS	-
	,	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME JAMILA BRANCH		16 Filer	ID (Ethics Co	ommission Filers)		
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	1	\$	0.00		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	702.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0.00		
	4. TOTAL POLITICAL EXPENDITURES		\$	708.72		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$	475.01		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OLLAST DAY OF THE REPORTING PERIOD	F THE	\$	4,541.42		
The state of the s	wear, or affirm, under penalty of perjury, that the accompanying report is tru- quired to be reported by me under Title 15, Election Code.	e and cor	rrect and incl	ludes all information		
	Signature of Ca	andidate o	or Officehold	ler		
	Please complete either option belov	v:				
(1) Affidavit						
NOTARY STAMP/SEA	L					
Sworn to and subscribed	before me by this the		day of			
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 administer			Title of office	er administering oath		
(2) Unsworn Declaration						
My name isJamila	Branch, and my date of birth is	Octob	per 22. 1	975		
My address is 120 Elr						
\A/- II	1,000		(zip code)	(country)		
Executed in Waller	County, State of <u>Texas</u> , on the <u>4th</u> day of <u>Febr</u> (month	ruary	_, 20 <u>24</u> (year)	-		
	Signature of Candid	date/Office	eholder (Dec	larant)		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME AMILA BRANCH 20 Filer ID (Ethics Co	mmis	sion f	Filers)
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			BTOTAL MOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$		702.00
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			0
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.	. SCHEDULE E: LOANS			318.61
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$		390.11
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	0	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$		318.61
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	0	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0	

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						
2 FILER NAME JAMILA B	RANCH		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (ID#:) JAMILA BRANCH		7 Amount of contribution (\$) 1.00			
01/09/2024	6 Contributor address; City; 120 ELM ST. PRAIRIE VIEW, TX 77446	Secretarion (1990 - 19				
	pation / Job title (See Instructions) CONSULTANT	9 Employer (See Instruct	ions)			
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)			
01/18/2024	Contributor address; City; 10000 IMPERIAL HWY,DOWNEY, CA 9024	State; Zip Code	200.00			
	sation / Job title (See Instructions) SHERIFF'S DEPUTY	ions)				
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)			
01/23/2024	ZAYID SALAAM Contributor address; City; State; Zip Code 9416 CYPRESSWOOD DR HOUSTON, TX 77070		100.00			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)			
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)			
01/25/2024	Contributor address; City; State; Zip Code 1103 W. GARDENA BLVD, # 5711, GARDENA, CA 90247		100.00			
Principal occupation / Job title (See Instructions) RETIRED DEFENSE		Employer (See Instruct	tions)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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			
2 FILER NAME JAMILA B	RANCH		3 Filer ID (Ethics Commission Filers)			
4 Date	JAMILA BRANCH	(ID#:)	7 Amount of contribution (\$)			
01/02/2024	6 Contributor address; City; 120 ELM ST. PRAIRIE VIEW, T	State; Zip Code	1.00			
	pation / Job title (See Instructions) CONSULTANT	9 Employer (See Instruction	ons)			
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)			
01/05/2024	CASSANDRA FREENEY Contributor address; City; 20802 Silver Lance Dr. Tomball		100.00			
Principal occup RETIRED	eation / Job title (See Instructions)	Employer (See Instruction	ons)			
Date	A CONCRETE CONTRACTOR OF THE CONTRACTOR AND ADDRESS AN	(ID#:)	Amount of contribution (\$)			
01/05/2024	Contributor address; City;	State; Zip Code	100.00			
Principal occup BOEING ENG	pation / Job title (See Instructions)	Employer (See Instruction	ons)			
Date		(ID#:)	Amount of contribution (\$)			
01/06/2024	VALERIE ASKEW Contributor address; City;	State; Zip Code	100.00			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. www.ethics.state.tx.us

LOANS SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) JAMILA BRANCH 4 TOTAL OF UNITEMIZED LOANS \$ 5 Date of loan 7 Name of lender 9 Loan Amount (\$) out-of-state PAC (ID#:_ 01/25/2024 JAMILA BRANCH 200.00 10 Interest rate Is lender 8 Lender address; a financial P.O. BOX 4023, PRAIRIE VIEW, TX 77446 Institution? 11 Maturity date Y - N 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) SOFTWARE CONSULTANT SELF 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 17 Name of guarantor 16 GUARANTOR 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#: Interest rate Is lender Lender address; City; State; Zip Code a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none **GUARANTOR** Name of guarantor Amount Guaranteed (\$) INFORMATION Guarantor address: City: State: Zip Code not applicable 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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By **Event Expense** Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	A Committee Legal Services Salaries/W The Instruction Guide explains how to committee	ages/Contract Labor	Other (enter a categor	ry not listed above)	
	I	ompiete tins form.			
1 Total pages Schedule F1:	JAMILA BRANCH		3 Filer ID (Ethics	Commission Filers)	
4 Date	5 Payee name				
01/24/2024	SHELL SERVICE 575437				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
9.10	420 UNIVERSITY DR., PRAIRIE VIE	W, TX 77446			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	FOOD/BEVERAGE EXPENSE	FOR CAMPAIGNER			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought		Office held	
Date	Payee name				
01/24/2024	UNIVERSAL SIGNS AND BANNER				
Amount (\$)	Payee address;	City;	State;	Zip Code	
281.45	7825 S Texas 6, Houston, TX 77083				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	PRINTING EXPENSE	COLOR IMAG	ES		
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
Occupation ONLY if disease	Candidate / Officeholder name	Office sought		Office held	
Complete ONLY if direct expenditure to benefit C/Oh					
Date	Payee name				
01/03/2024	ISAIAH ADEOYE				
Amount (\$)	Payee address;	City;	State;	Zip Code	
250.00	18607 COCHRAN RD, PRAIRIE VIEV	N, TX 77446			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE PRINTING EXPENSE DEPOSIT ON MORE MATERIA				RIAL	
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED		
				Devised 4/4/2024	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/V The Instruction Guide explains how to o	Vages/Contract Labor complete this form.	Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME JAMILA BRANCH		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
01/24/2024	SHELL SERVICE 575437			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
9.10	420 UNIVERSITY DR., PRAIRIE VIE	W, TX 77446		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	FOOD/BEVERAGE EXPENSE	FOR CAMPAI	GNER	
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
01/24/2024	JK GRAPHICS WALLER			
Amount (\$)	Payee address;	City;	State; Zip Code	
48.71	31315 Farm to Market 2920, Waller,	TX		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	BIO/PROFILE SHEET 100		
	Check if travel outside of Texas. Complete Schedule T.			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
01/24/2024	UBER TRIP			
Amount (\$)	Payee address;	City;	State; Zip Code	
48.61	4306 YOAKUM BLVD, HOUSTON, T	X, 77006		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	TRANSPORTATION & RELATED EXPENSES	PICKUP AND PRINTING JOI	DELIVERY OF CAMPAIGN BS	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 (orders a category set listed above)

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor	Travel Out Of District Other (enter a catego	
1 Total pages Schedule F1:	2 FILER NAME JAMILA BRANCH		3 Filer ID (Ethics	Commission Filers)
4 Date 01/22/2024	5 Payee name SHELL SERVICE 575437			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
20.46	420 UNIVERSITY DR., PRAIRIE VIE	W, TX 77446		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	TRANSPORTATION EQUIPMENT	FUEL FOR CA		
OF EXPENDITURE	& RELATED EXPENSE	PLACING SIGN	NS IN PREC	INCT 3
	(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	Payee name			
01/22/2024	JK GRAPHICS WALLER			
Amount (\$)	Payee address;	City;	State;	Zip Code
64.95	31315 Farm to Market 2920, Waller,	TX	281	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description BUSINESS CA	ARDS	
	Check if travel outside of Texas. Complete Schedule T.	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living exp		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
01/23/2024	SHELL SERVICE 575437			
Amount (\$)	Payee address;	City;	State;	Zip Code
14.15	420 UNIVERSITY DR., PRAIRIE VIE	W, 1X //446		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	FOOD/BEVERAGE EXPENSE	SNACKS AND MISC. FOR CAMPAIGNERS		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

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 Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District 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 3 Filer ID (Ethics Commission Filers) 1 JAMILA BRANCH 4 Date 5 Payee name 01/16/2024 OFFICE DEPOT 6 Amount (\$) 7 Payee address; Zip Code City; State; 34.59 Reimbursement from political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE PRECINCT MAPS WITH LAMINATION PRINTING RELATED OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. (c) Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name 01/16/2024 WALMART Amount (\$) Pavee address: City; State: Zip Code 43.17 26270 Northwest Fwy, Cypress, TX 77429 Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) PURPOSE **DECOR AND GIVEAWAYS EVENT EXPENSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Pavee name 01/16/2024 WALMART Payee address: Amount (\$) City; Zip Code State: 40.85 625 Hwy 290 E, Hempstead, TX 77445 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** EVENT EXPENSE DECOR AND GIVEAWAY SUPPLIES OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED