CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

				SOVER SHEET PG 1
The C/OH Instruction 3 CANDIDATE /		ow to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
OFFICEHOLDER NAME	MS / MRS / MR Mrs.	Jessica Weaver	MI	OFFICE USE ONLY
	NICKNAME	LAST Holloman	SUFFIX	Date Received
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO E 1035 14th	~ · · · · · · · · · · · · · · · · · · ·	CITY; STATE; ZIP CODE npstead, TX 77445	Waller Co. Elections FEB 0 5 2024
Change of Address 5 CANDIDATE/	1051.005			RECEIVED
OFFICEHOLDER PHONE	(832)	922-5331	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Jessica Weav	мı /er	Receipt # Amount \$ Date Processed
	NICKNAME	Holloman	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	1035 14th \$	s (no po box please); apt / su Street	Hempstead	STATE; ZIP CODE TX 77445
8 CAMPAIGN TREASURER PHONE	AREA CODE (832)	PHONE NUMBER 922-5331	EXTENSION	
9 REPORT TYPE	January 15		me i	15th day after campaign treasurer appointment (Officeholder Only)
10 PERIOD		8th day before elect	ion Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
COVERED	Month 1	Day Year / 1 / 24	Month THROUGH 1	Day Year / 25 / 24
11 ELECTION	ELECTION D	ATE	ELECTION TYPE	/
	Month Day	Year Primary 24 General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Waller County Ta	ax Assessor Collector
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTI THE CANDIDATE / OFFI CONSENT. CANDIDATE	CE OF POLITICAL CONTRIBUTIONS AC CEHOLDER. THESE EXPENDITURES M. S AND OFFICEHOLDERS ARE REQUIRED	CEPTED OR POLITICAL EXPENDITURES MAD	DE BY POLITICAL COMMITTEES TO SUPPORT DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR BY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE	COMMITTEE NAME	THE STATE OF THE S	:Y RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASE	JRER NAME	
		COMMITTEE CAMPAIGN TREAS	URER ADDRESS	
		GO TO PA	AGE 2	
				1

CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM C/OH COVER SHEET PG 2

4E C/OU NAME	THANCE REPORT	COVER SHEET PG 2
15 C/OH NAME Jessica Weaver Hollo	oman	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER TH PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	AN \$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN	s) \$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,141.80
CONTRIBUTION BALANCE	 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD 	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS (LAST DAY OF THE REPORTING PERIOD	OF THE \$
	Signature of C	andidate or Officeholder
	Please complete either option below	w:
1) Affidavit	SANDRA LEA KOCH My Notary ID # 132238737 Expires November 5, 2027	
NOTARY STAMP/SEAL	T 11	
	efore me by <u>JUSSICA Wlaver</u> this the nich, witness my trand and seal of office.	5th day of February
gnature of officer administering	g oath Printed name of officer administering oath	Title of officer administering oath
) Unsworn Declaration	OR	
y name isy address is	, and my date of birth is	
	(street)	tate) (zip code) (country) , 20 (year)
ms provided by Toyon Ethion		ate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

Jes	Jessica Weaver Holloman			
21 S	CHEDULE SUBTOTALS JAME OF SCHEDULE		T	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	741100141
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	NS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITIC	CAL CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL	FUNDS	\$	E 111 00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS T			5,141.80
1.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL		\$	
2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRI		\$ 	

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) Event Expense Fees Loan Repayment/Reimburseme Office Overhead/Rental Expense

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

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)

Candidate/Officeholder/Pol Credit Card Payment	litical Committee	Legal Services The Instruction Guid		Salaries	Expense Wages/Contract Labor complete this form.	Travel	Out Of District enter a category	not listed above)
Total pages Schedule G Date	Jessic	_{ме} a Weaver Ho				3 File	r ID (Ethics (Commission Filers)
	5 Payee nan	ne						
6 Amount (\$)	7 Payee add	ress;			City;	-	State;	Zip Code
Reimbursement from political contributions intended							,	2.5 0006
8 PURPOSE OF EXPENDITURE	(a) Category	See Categories listed at the to	op of this sched	lule)	(b) Description			
	(c) C	neck if travel outside of Texas. Co	ornplete Schedule	le T.	Check if Augus	TV .#		
9 Complete ONLY is a	Candida	te / Officeholder name	9		Check if Austin, Office sought	IA, officer	nolder living exp	ense
Complete ONLY if direct expenditure to benefit C/OH		Weaver Holl		Walle	er County Tax Assessor Collecto	r	O	ffice held
Date	Payee nam	9						
01/04/2024	UZ Mari							
Amount (\$)	Payee addr	ess;						
977.06 Reimbursement from political contributions intended	5900 Bir	ngle Road Hous	ton, TX	7709	City: 92		State;	Zip Code
PURPOSE	Category (See Categories listed at the to	p of this schedu	ile)	Description			
OF EXPENDITURE	Printing E	xpense			Campaign Signs	3		
		eck if travel outside of Texas, Cor	nplete Schedule	т.	Check if Austin, T	X. officeh	Older living even	
Complete ONLY if direct	Candidat	e / Officeholder name		(Office sought			fice held
expenditure to benefit C/C	[⊳] Jessica	Weaver Hollo	oman		County Tax Assessor Collector		O.	nce neid
Date	Payee name							
01/05/2024	C&C Spo	orts & Apparel						
Amount (\$) 95.38 Reimbursement from political contributions intended	Payee addre	_{ss:} wy 290 E Hemp	stead, T	X 77	City; 74445	5	State;	Zip Code
PUPPOET	Category (Se	se Categories listed at the top	of this schedule	9)	Description	•		
PURPOSE OF EXPENDITURE	Printing Ex	pense		,	Campaign Signs	i		
	Che	ok if travel outside of Texas. Com	plete Schedule T	Г.	Check if Austin, TX	(, officehol	der living expen	Se Se
omplete ONLY if direct	Candidate	/ Officeholder name		C	Office sought			ce held
penditure to benefit C/OH	Jessica	Weaver Hollo	man		County Tax Assessor Collector		311	AS LIEIG
	ATTACH	ADDITIONAL COPI	ES OF THI	IS SCI	HEDULE 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 Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	tical Committee Legal Services S	olling Expense rinting Expense alaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)			
	The Instruction Guide explains h	ow to complete this form.				
1 Total pages Schedule G:	Jessica Weaver Holloman		3 Filer ID (Ethics Commission Filers			
4 Date	5 Payee name					
01/08/2024	C & C Sports & Apparel					
6 Amount (\$)	7 Payee address;	City;				
1,688.70 Reimbursement from political contributions intended	54171 Hwy 290 E Hempstead,	TX 77445	State; Zip Code			
8	(a) Category (See Categories listed at the top of this schedule	ule) (b) Description				
PURPOSE OF EXPENDITURE	Printing Expense	Campaign Sigr	ns			
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin TX officeholds this					
9	Candidate / Officeholder name	Office sought	TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Jessica Weaver Holloman	Waller County Tax Assessor Collecto	Office held			
Date	Payee name					
01/09/2024	VistaPrint					
Amount (\$)	Payee address;	City				
179.66 Reimbursement from political contributions intended	Online	City;	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu Printing Expense	Description Campaign Card	ls			
	Check if travel outside of Texas. Complete Schedule	T. Charles				
Complete ONLY 1	Candidate / Officeholder name	The state of the s	TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C	^ℍ Jessica Weaver Holloman	Office sought Waller County Tax Assessor Collector	Office held			
Date	Payee name					
01/11/2024	Republican Women's Club of Ka	ity				
Amount (\$)	Payee address;	City;				
46.00 Reimbursement from political contributions intended	9550 Spring Green Blvd. Ste 408	3-122 Katy TX 7749	State; Zip Code 4			
PURPOSE	Category (See Categories listed at the top of this schedule) Description				
OF EXPENDITURE	Event Expense	Forum				
	Check if travel outside of Texas. Complete Schedule T	Check if Austin T	X, officeholder living expense			
omplete <u>ONLY</u> if direct spenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NEEDEL)			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	e By tical Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Or Polling E Printing Salaries	Expense Wages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense	
		The Instruction Guide expla	ins how to	complete this form.			
1 Total pages Schedule G:	The state of the s	ме a Weaver Holloma	- n		3 Filer ID (Ethics	Commission Filers)	
4 Date			<u> </u>				
01/20/2024	Friends of Royal FFA						
6 Amount (\$) 795.00 Reimbursement from political contributions intended	7 Payee add	ress;		City;	State;	Zip Code	
8 PURPOSE	(a) Category	(See Categories listed at the top of this s	schedule)	(b) Description			
OF EXPENDITURE	Event Ex	pense		Fundraiser			
	(c) c	heck if travel outside of Texas. Complete So	chedule T.	Check if Austin.	TX, officeholder living e	ynense	
9 Complete ONLY is all and	Candida	ate / Officeholder name		Office sought	The state of the s	Office held	
Complete ONLY if direct expenditure to benefit C/OH	Jessica	Weaver Holloma	n Wall	er County Tax Assessor Collecto	or	Omos field	
Date	Payee nam	e					
01/24/2024	The Wa	aller County Express					
Amount (\$)	Payee add	ress;		City;	State:	Zip Code	
660.00 Reimbursement from political contributions intended	1110 Au	ustin Street Hempste	ad, TX		Gtate,	Zip Code	
PURPOSE	Category	See Categories listed at the top of this s	chedule)	Description			
OF EXPENDITURE	Advertisir	ng Expense		Political Ad			
	CH	neck if travel outside of Texas. Complete Sc	hedule T.	Check if Austin.	TX, officeholder living ex	pense	
Complete ONLY if direct		te / Officeholder name		Office sought		Office held	
expenditure to benefit C/C	[⊮] Jessica	Weaver Holloma	n Walle	er County Tax Assessor Collector			
Date	Payee name	9					
01/25/2024	100	Area Chamber of Con	nmerce)			
Amount (\$) 100.00	Payee addr	ess;		City;	State:	Zip Code	
Reimbursement from political contributions intended	2313 Ma	ain Street, Ste. 175 W	Valler, ∃	ΓX 77484	J,	Zip Gode	
PURPOSE	Category (S	See Categories listed at the top of this sc	hedule)	Description			
OF EXPENDITURE	Event Exp	ense		Dinner/Fundrais	ser.		
	Che	eck if travel outside of Texas. Complete Sch	edule T.	Chook if Assatia, T	v		
omplete ONLY if direct		e / Officeholder name		Office sought	X, officeholder living exp		
xpenditure to benefit C/OH				oned T Mil		Office held	
	ATTACI	HADDITIONAL COPIES OF	THIS SC	HEDULE AS NEEDEL)		
**************************************					1000		