

# 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>		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>5</b>			
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <b>Mrs.</b>	FIRST <b>Jessica Weaver</b>	MI <b></b>			
	NICKNAME	LAST <b>Holloman</b>	SUFFIX			
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  Change of Address	ADDRESS / PO BOX: <b>1035 14th Street</b>	APT / SUITE #:	CITY: <b>Hempstead, TX</b> STATE: ZIP CODE: <b>77445</b>			
	AREA CODE <b>( 832 )</b>	PHONE NUMBER <b>922-5331</b>	EXTENSION			
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	MS / MRS / MR <b>Mrs.</b>	FIRST <b>Jessica Weaver</b>	MI <b></b>			
	NICKNAME	LAST <b>Holloman</b>	SUFFIX			
<b>6 CAMPAIGN TREASURER NAME</b>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>1035 14th Street Hempstead TX 77445</b>					
	AREA CODE <b>( 832 )</b>	PHONE NUMBER <b>922-5331</b>	EXTENSION			
<b>7 CAMPAIGN TREASURER ADDRESS</b>  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>1035 14th Street Hempstead TX 77445</b>					
	AREA CODE <b>( 832 )</b>	PHONE NUMBER <b>922-5331</b>	EXTENSION			
<b>8 CAMPAIGN TREASURER PHONE</b>	<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) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
	Month	Day	Year			
<b>9 REPORT TYPE</b>	<b>1</b>	<b>26</b>	<b>24</b>			
<b>10 PERIOD COVERED</b>	THROUGH			Month	Day	Year
	<b>2</b>	<b>24</b>	<b>24</b>			
<b>11 ELECTION</b>	ELECTION DATE		ELECTION TYPE			
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
<b>12 OFFICE</b>	OFFICE HELD (if any)		<b>13 OFFICE SOUGHT (if known)</b> <b>Waller County Tax Assessor Collector</b>			
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  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				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

Waller Co. Elections

**FEB 26 2024**

RECEIVED

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

**15 C/OH NAME**  
Jessica Weaver Holloman

**16 Filer ID** (Ethics Commission Filers)

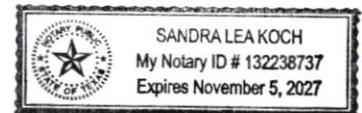
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 419.70
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
<b>OUTSTANDING LOAN TOTALS</b>	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.

*Jessica Holloman*  
Signature of Candidate or Officeholder

Please complete either option below:

**(1) Affidavit**



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Jessica Weaver Holloman this the 24 day of February, 2024, to certify which, witness my hand and seal of office.

*Sandra Koch* Signature of officer administering oath  
Sandra Koch Printed name of officer administering oath  
Notary 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

<b>19 FILER NAME</b> Jessica Weaver Holloman		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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	\$
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	\$ 419.70
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	\$

# 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.

<b>1</b> Total pages Schedule G: <b>2</b>	<b>2</b> FILER NAME Jessica Weaver Holloman		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 02/14/2024	<b>5</b> Payee name Waller Times			
<b>6</b> Amount (\$) 81.90 <small>Reimbursement from political contributions intended</small>	<b>7</b> Payee address; P.O. Box 1736 Waller, TX 77484		City;	State; Zip Code
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Campaign Ad		<b>(b) Description</b> Advertising Expense	
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Jessica Weaver Holloman		Office sought Waller County Tax Assessor Collector	Office held
Date 02/15/2024	Payee name Katy Times			
Amount (\$) 58.00 <small>Reimbursement from political contributions intended</small>	Payee address; P.O. Box 1777 Cedar Park, TX 78630		City;	State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Campaign Ad		Description Advertising Expense	
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Jessica Weaver Holloman		Office sought Waller County Tax Assessor Collector	Office held
Date 02/19/2024	Payee name Katy Times			
Amount (\$) 58.00 <small>Reimbursement from political contributions intended</small>	Payee address; P.O. Box 1777 Cedar Park, TX 78630		City;	State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Campaign Ad		Description Advertising Expense	
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Jessica Weaver Holloman		Office sought Waller County Tax Assessor Collector	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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <b>2</b>	<b>2</b> FILER NAME <b>Jessica Weaver Holloman</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>02/21/2024</b>	<b>5</b> Payee name <b>Waller Times</b>	
<b>6</b> Amount (\$) <b>81.90</b> <small>Reimbursement from political contributions intended</small>	<b>7</b> Payee address; City; State; Zip Code <b>P.O. Box 1736 Waller, TX 77484</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) <b>Campaign Ad</b>	<b>(b) Description</b> <b>Advertising Expense</b>
	<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> <small>Complete ONLY if direct expenditure to benefit C/OH</small>	<b>Candidate / Officeholder name</b> <b>Jessica Weaver Holloman</b>	<b>Office sought</b> Waller County Tax Assessor Collector
<b>Office held</b>		
<b>Date</b> <b>02/23/2024</b>	<b>Payee name</b> <b>Katy Times</b>	
<b>Amount (\$)</b> <b>58.00</b> <small>Reimbursement from political contributions intended</small>	<b>Payee address; City; State; Zip Code</b> <b>P.O. Box 1777 Cedar Park, TX 78630</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <b>Campaign Ad</b>	<b>Description</b> <b>Advertising Expense</b>
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	<b>Candidate / Officeholder name</b> <b>Jessica Weaver Holloman</b>	<b>Office sought</b> Waller County Tax Assessor Collector
<b>Office held</b>		
<b>Date</b> <b>02/23/2024</b>	<b>Payee name</b> <b>Waller Times</b>	
<b>Amount (\$)</b> <b>81.90</b> <small>Reimbursement from political contributions intended</small>	<b>Payee address; City; State; Zip Code</b> <b>P.O. Box 1736 Waller, TX 77484</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <b>Campaign Ad</b>	<b>Description</b> <b>Advertising Expense</b>
	<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>Complete ONLY if direct expenditure to benefit C/OH</b>	<b>Candidate / Officeholder name</b> <b>Jessica Weaver Holloman</b>	<b>Office sought</b> Waller County Tax Assessor Collector
<b>Office held</b>		

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