FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 3 00087767 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mr. Jason E. NAME Date Received **ELECTRONICALLY FILED** 07/13/2023 NICKNAME LAST **SUFFIX** Herring CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** PO Box 52275 MAILING Amount Receipt # **ADDRESS** Change of Address Amarillo, TX 79159-2275 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. George O. NAME NICKNAME LAST **SUFFIX** Williams STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 200 South Avondale Street **ADDRESS** (Residence or Business) Amarillo, TX 79106 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (806) 335-5833 **PHONE** REPORT **TYPE** January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR) July 15 8th day before election Exceeded modified Х reporting limit **PERIOD** Month Day Month Day Year Year **COVERED** 06/19/2023 **THROUGH** 06/30/2023 10 ELECTION **ELECTION DATE ELECTION TYPE**

11 OFFICE

Month

Day

03/05/2024

OFFICE HELD (if any)

None District 47 Potter

Year

χ Primary

General

Runoff

Special

12 OFFICE SOUGHT (if known)

Other

District Attorney (Multi-county) District 47

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 3

13 C / OH NAME	Herring, Jason E. (Mi	.)	14 Filer ID 00087767	(Ethics Commission F	ilers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this informatio	the candidate's or office	eholder's knowledge d	or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.	y of perjury, that the ac all information required t	companying report is to be reported by me	
		Mr.	Jason E. Herring		
			f Candidate or Officeho	lder	-
AFFIX NO	TARY STAMP / SEAL AB	OVE			
Sworn to and subso	cribed before me, by the s	aid	, this the	day	
of	, 20, to co	ertify which, witness my hand and seal of office.			
Signature of office	er administering	Printed name of officer administering	Title of office	r administering oath	_

SUBTOTALS - C/OH COVER SHEET PG 3 3 of 3 3 FILER NAME Herring, Jason E. (Mr.) (Ethics Commission Filers) 00087767

	3 01 3				
18 FILER NAMI	E	19 Filer ID	(Ethics Commission Filers)		
Herring, Ja	son E. (Mr.)	00087767			
20 SCHEDULE NAME OF S		SUBTOTAL AMOUNT			
1.		\$			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.	SCHEDULE E: LOANS		\$		
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$		
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$		
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple		1 Filer ID (Ethics Commis 00087767	sion Filers)	2 Total pages filed: 16	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
NAME	Mr.	Jason E.			Date Received ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	 01/16/2024	
	NICKNAWE	Herring		301117		
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	r Date Postmarked
OFFICEHOLDER MAILING ADDRESS	PO Box 52275				Receipt #	Amount
Change of Address	Amarillo, TX 79159-2275					
	7 marmo, 170 100 2210				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	-	
TREASURER NAME	Mr.	George O.				
	NICKNAME	LAST		SUFFIX		
		Williams		331111		
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX DI EASE).	ΔΡΤ	/ SUITE #; CITY;	STA	ATE; ZIP CODE
TREASURER ADDRESS	200 South Avondale Stree		A. I	7 3011 Ε π,	317	ATE, ZII CODE
(Residence or Business)	Amarillo, TX 79106					
7 CAMPAIGN TREASURER		E NUMBER E	EXTENSION			
PHONE	(806) 335-5833					
8 REPORT TYPE	X January 15	30th day before	election	Runoff	15th day after car	mpaign treasurer
	July 15	T 9th day hafara a	plaction \square	Exceeded modified	appointment (office	
	July 15	8th day before 6	election	reporting limit	Final Report (Atta	cii c/on-rk)
9 PERIOD COVERED	Month Day Year			Month Day	Year	
COVERED	07/01/2023	TH	IROUGH	12/31/202	23	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	X Pi	rimary	Runoff	Other	
	03/05/2024	G	eneral	Special		
11 055105	OFFICE LIFLS (#)			12 OFFICE COLLOW	- (if I was a sure)	
11 OFFICE	OFFICE HELD (if any) District Attorney Place Ama	arillo District 47	th Dotter and	12 OFFICE SOUGHT District Attorney		
	Armstrong	aillio District 47	in Foller and	District Attorney	District 47th	
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 16

13 C / OH NAME	Herring, Jason E. (M	14 Filer ID (00087767	(Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	the candidate's or office	eholder's knowledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00	
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 12,400.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$ 0.00	
	4. TOTAL POLITION	CAL EXPENDITURES		\$ 7,497.90	
CONTRIBUTION BALANCE	REPORTING PE			\$ 9,766.06	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ETING PERIOD	OF THE LAST DAY	\$ 5,100.00	
17 AFFIDAVIT					
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.			
		Mr. 、	Jason E. Herring		
		Signature of	Candidate or Officehole	der	
AFFIX NO	TARY STAMP / SEAL AB	OVE			
Sworn to and subso	cribed before me, by the s	aid	, this the	day	
		ertify which, witness my hand and seal of office.			
Signature of office	er administering	Printed name of officer administering	Title of officer	r administering oath	

SUBTOTALS - C/OH

FORM C/OH **COVER SHEET PG 3**

		3 of 16					
18 FILER NAME19 Filer ID(Ethics Commission Filers)Herring, Jason E. (Mr.)00087767							
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	1	SUBTOTAL AMOUNT					
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 11,400.00					
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIB	BUTIONS	\$ 1,000.00					
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$					
4. X SCHEDULE E: LOANS		\$ 5,100.00					
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CO	ONTRIBUTIONS	\$ 6,733.94					
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL	_ CONTRIBUTIONS	\$					
8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 381.98					
9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FU	JNDS	\$ 381.98					
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO) A BUSINESS OF C/OH	\$					
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL	_ CONTRIBUTIONS	\$					
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CON	NTRIBUTIONS RETURNED	\$					

	MONE	ARY POLITICAL C	ONTRIBUTIO	JNS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/16	
2	FILER NAME Herring, Jase	on E. (Mr.)			3	Filer ID (Ethics Commission 00087767	on Filers)
4	Date 08/14/2023	5 Full name of contributor Baskett, Harvey (Mr.)6 Contributor address; City; St)	7	Amount of Contribution (\$)	\$2,000.00
		Amarillo, TX 79102-1314					
8	Principal occu	pation / Job title (See Instructions	3)	9 Employer (See Instructions	s)		
	Businessma	n		Glenn H. Baskett, LTD			
	Date 08/15/2023	Full name of contributor Baskett Esq., Mark Wayno Contributor address; City; St)		Amount of Contribution (\$)	\$3,000.00
		Amarillo, TX 79106					
	Principal occupation / Job title (See Instructions) Employer (See Instructions)						
	ADA			47th District Attorney Of	ffic	е	
	Date Full name of contributor out-of-state PAC (ID#:) 09/18/2023 Carey, Darrell or Linda Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$1,000.00		
		Canyon, TX 79015					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	رة 		
	Attorney	patient, see the (eee mendenene	,	Law office of Darrell R (ey	
	Date 09/07/2023	Contributor address; City; St)	•	Amount of Contribution (\$)	\$50.00
			Employer (See Instructions 47th District Attorney's 6		ice		
	Date 10/02/2023	Full name of contributor Dambold, Richard and Ly Contributor address; City; St Amarillo, TX 79106			•	Amount of Contribution (\$)	\$250.00
	Principal occu retired	pation / Job title (See Instructions	5)	Employer (See Instructions	<u>I</u> S)		

	MONET	ARY POLITICAL CONTRIBUTION		LE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/16	
2	FILER NAME Herring, Jase	on E. (Mr.)		3	Filer ID (Ethics Commission 00087767	on Filers)
4	09/07/2023 Law office of Dean Roper 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00	
		Amarillo, TX 79105-0258				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
Date Full name of contributor out-of-state PAC (ID#:) 09/07/2023 Mitchell, Greg and Julie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00		
	Amarillo, TX 79109 Principal occupation / Job title (See Instructions) Employer (See Instructions					
	Businessman Toot'n Totum Enterpris					
	Date Full name of contributor out-of-state PAC (ID#:) 09/07/2023 Owen Esq., John L or Beatrice E (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00	
		Amarillo, TX 79109				
	Principal occu ADA	pation / Job title (See Instructions)	Employer (See Instructions 47th District Attorney's 0	•	ce	
Date Full name of contributor out-of-state PAC (ID#:) 09/07/2023 Stockard, Johnston, Brown, Netardus & Doyle, Law Firm Contributor address; City; State; Zip Code Amarillo, TX 79116-2202			Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 11/11/2023 Teamsters Local 577 Contributor address; City; State; Zip Code Amarillo, TX 79107				Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

TARY POLITICAL CONTRIBUTION	ONS	So	CHEDULE A1
uction Guide explains how to complete this t	form.	1 Total pages Sche Sch: 3/3 Rpt: 6/	
E Ison E. (Mr.)		3 Filer ID (Ethics 00087767	
Date 09/07/2023 5 Full name of contributor out-of-state PAC (ID#:) The Warner Law Firm 6 Contributor address; City; State; Zip Code			stantion (\$) \$500.00
Amarillo, TX 79101	9 Employer (See Instructions	s)	
,		-,	
Full name of contributor out-of-state PAC (ID#: Van Esq., Northern (Mr.) Contributor address; City; State; Zip Code)	Amount of Contrik	s300.00
Amarillo, TX 79109			
cupation / Job title (See Instructions)	Employer (See Instructions Northern Legal, PC	s)	
White, Capt. Steve and Kris (Capt.) Contributor address; City; State; Zip Code		Amount of Contrib	sution (\$) \$100.00
	Employer (See Instructions	<u> </u> s)	
, ,			
	uction Guide explains how to complete this feature is a son E. (Mr.) 5 Full name of contributor	Son E. (Mr.) 5	uction Guide explains how to complete this form. 1 Total pages Sche Sch: 3/3 Rpt: 6/Sch: 3/5 Rpt: 6/Sch: 3/

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 7/16 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Herring, Jason E. (Mr.) 00087767 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 09/07/2023 Reed, Vance (Mr.) \$1,000.00 Use of Hospitality Venue 7 Contributor address; City; State; Zip Code and provision of beverages Amarillo, TX 79103 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions) 11 Employer (FOR NON-JUDICIAL) Owner Reed Beverage 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

LO	ANS					SCHEDULE E
The	The Instruction Guide explains how to complete this form					ages Schedule E: 11 Rpt: 8/16
2 FILER	R NAME ng, Jason E	E. (Mr.)				(Ethics Commission Filers)
4 ТОТ.	AL OF UN	IITEMIZED LOANS				\$
5 Date of 07/17	of loan 7/2023	7 Name of lender Erring Esq., Jason (Mr.)	out-of-state PA	C (ID#:		9 Loan Amount (\$) \$5,100.00
6 Is lend financinstitu	ial	8 Lender address; City;	State;	Zip Code		10 Interest Rate
No		Amarillo, TX 79159-2275				11 Maturity Date
12 Princi	pal occupation	on / Job title (See Instructions)		13 Employer (See Instructi	ons)	
DA 4	7th District	(Potter and Armstrong County)		State of Texas/Potter	County	
	iption of Coll one	ateral		15 Check if personal funds	were deposited	d into political account (See Instructions)
16 GUAF	RANTOR RMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	ot applicable	18 Guarantor address; City;	State;	Zip Code		
20 Princi	pal occupatio	on		21 Employer (See Instructi	ons)	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

	ia i aymoni	The Instruction Guide explains how to c	omple	ete this form.
1 Total pag	ges Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 1	L/3 Rpt: 9/16	Herring, Jason E. (Mr.)		00087767
4 Date		5 Payee name		
09/01/20	023	Amarillo National Bank		
6 Amount ((\$)	7 Payee address; City; State; Zip C	ode	
	\$8.00	505 Tascosa Road		
		Amarillo, TX 79124		
8 PURI	POSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
)F	Accounting/Banking	` ´	Check if travel outside of Texas. Complete Schedule T.
EXPEN	DITURE			Check if Austin, TX, officeholder living expense
				Small business checking service charge
			<u> </u>	
	e <u>ONLY</u> if direct ure to benefit C/O	Candidate/Officeholder name Office so	ught	Office held
Date		Payee name		
10/02/20	023	Amarillo National Bank		
Amount ((\$)	Payee address; City; State; Zip C	ode	
	\$8.00	505 Tascosa Road		
		Amarillo, TX 79124		
_	POSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
)F DITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Small business checking service charge
				oman basiness encoking service enarge
Complete	e <u>ONLY</u> if direct	Candidate/Officeholder name Office so	<u>l</u> uaht	Office held
	ure to benefit C/O		ug	S60
Date		Payee name		
11/01/20	023	Amarillo National Bank		
			odo.	
Amount (\$8.00	Payee address; City; State; Zip C 505 Tascosa Road	oue	
	Ψ0.00	303 rascosa Noau		
		Amerilla TV 70124		
		Amarillo, TX 79124		
	POSE)F	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
EXPEN	DITURE	Accounting/Banking		Check if Austin, TX, officeholder living expense
				Small business checking service charge
	e <u>ONLY</u> if direct	Candidate/Officeholder name Office so	ught	Office held
expendit	ure to benefit C/O	Н		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rertising Expense Event Expense Loan Repayment/Reimbu

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/3 Rpt: 10/16	Herring, Jason E. (Mr.) 00087767
4	Date	5 Payee name
	12/01/2023	Amarillo National Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.00	505 Tascosa Road
		Amarillo, TX 79124
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Small business checking service charge
		Small business enceking service charge
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Date	Davies same
		Payee name
	11/11/2023	FedEx
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.80	2207 South Western Street
		Space 10
		Amarillo, TX 79109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Mailing of filing fee
		Mailing of filling fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	07/24/2023	Payee name Nobox Creative
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	4211 I-40 West
		Suite 201
		Amarillo, TX 79106
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Advertising, Consulting, and Digital Content
		Creation Creation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/3 Rpt: 11/16	Herring, Jason E. (Mr.) 00087767
4	Date	5 Payee name
	09/07/2023	Stacy, Antonucci (Ms.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$160.00	4113 South Hughes Street
		Amarillo, TX 79110
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Catered food for campaign kickoff
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	11/11/2023	The Republican Party of Texas
H	Amount (\$)	Payee address; City; State; Zip Code
	\$1,250.00	PO Box 2206
	, ,	
		Austin, TX 78768
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Filing Fee
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· ·
	Date	Payee name
	09/21/2023	Whit-Co Checks Check Prnt
	Amount (\$)	Payee address; City; State; Zip Code
	\$237.14	1513 South Tyler Street
		Amarillo, TX 79101
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Business checks ordered through ANB. Two books
		of checks at \$118.57 each.
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/3 Rpt: 12/16 Herring, Jason E. (Mr.) 00087767 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 09/07/2023 Sam's Club Amount (\$) Payee address; City; State; Zip Code \$91.47 8952 Westgate Parkway W Amarillo, TX 79124 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food items for Campaign Kickoff event 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 09/06/2023 Sam's Club Amount (\$) Payee address; City; State; Zip Code \$16.98 8952 Westgate Parkway W Amarillo, TX 79124 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for Campaign Kickoff event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/3 Rpt: 13/16 Herring, Jason E. (Mr.) 00087767 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 09/07/2023 United Market Street Supermarket Amount (\$) Payee address; City; State; Zip Code \$218.89 2530 South Georgia Street Amarillo, TX 79109 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Deli trays for Campaign Kickoff event 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/06/2023 United Supermarkets Amount (\$) Payee address; City; State; Zip Code \$16.65 5601 Amarillo Blvd West Amarillo, TX 79106 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for Campaign Kickoff event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/3 Rpt: 14/16 Herring, Jason E. (Mr.) 00087767 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 09/07/2023 Walmart Amount (\$) Payee address; City; State; Zip Code \$14.48 3700 E Interstate 40 Amarillo, TX 79103 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Disposable bowls and plates for Campaign Kickoff event. 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 09/06/2023 Walmart Amount (\$) Payee address; City; State; Zip Code \$23.51 5730 West Amarillo Blvd Amarillo, TX 79106 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food items for Campaign Kickoff event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense ee Legal Services The Instruction Guide exp	Printin Salarie	g Expense g Expense es/Wages/Contract Labor complete this form.	Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FIL	ER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 1/2 Rpt: 15/16	He	rring, Jason E. (Mr.)			00087767
4	Date	5 Pa	yee name			
	09/12/2023	Sa	m's Club MC / SYNB			
6	Amount (\$)	7 Pa	yee address; City;	State; Zip	Code	
	\$218.89	PC	Box 71711			
	Reimbursement from political contributions intended	Ph	iladelphia, PA 19176			
8	PURPOSE	(a) Ca	tegory (See Categories listed at the top of t	his schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Cr	edit Card Payment		L	Check if Austin, TX, officeholder living expense
					Payment of credi Kickoff event	it card bill for Deli trays for Campaign
9	Complete ONLY if direct expenditure to benefit C/OH	Candid	ate/Officeholder name		Office sought	Office held
	Date	Pa	yee name			
	09/20/2023	Sa	m's Club MC / SYNB			
	Amount (\$)	Pa	yee address; City;	State; Zip	Code	
	\$91.47	PC	Box 71711			
	Reimbursement from					
	X political contributions intended	Ph	iladelphia, PA 19176			
	PURPOSE	Ca	tegory (See Categories listed at the top of t	his schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Cr	edit Card Payment			Check if Austin, TX, officeholder living expense
	ZA ZIJITONZ				Payment of credi Kickoff event	it card bill for Food items for Campaign
	Complete ONLY if direct expenditure to benefit C/OH	Candid	ate/Officeholder name		Office sought	Office held
	Date	Pa	yee name			
	09/12/2023	l .	m's Club MC / SYNB			
	Amount (\$)	Pa	yee address; City;	State; Zip	Code	
	\$14.48	PC	Box 71711			
	Reimbursement from political contributions intended	Ph	iladelphia, PA 19176			
	PURPOSE	Ca	tegory (See Categories listed at the top of t	his schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Cr	edit Card Payment			Check if Austin, TX, officeholder living expense
						it card bill for Disposable bowls and aign Kickoff event.
	Complete ONLY if direct expenditure to benefit C/OH	Candid	ate/Officeholder name		Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Com Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E			Travel in D		
	Credit Card Payment		The Instruction Guide explains	how to co	omplete this form.				
1	Total pages Schedule G:	2 FILER NAM	ΛE			3	Filer ID	(Ethics Commission F	ilers)
	Sch: 2/2 Rpt: 16/16	Herring, Ja	ason E. (Mr.)				000877	'67	
4	Date	5 Payee nam	e						
	09/12/2023	Sam's Clu	ib MC / SYNB						
6	Amount (\$)	7 Payee addr	ress; City; State	; Zip Co	ode				
	\$16.65	PO Box 72	1711						
	Reimbursement from								
	X political contributions intended	Philadelph	nia, PA 19176						
8	PURPOSE OF	(a) Category	(See Categories listed at the top of this sch	nedule)	(b) Description	=		I outside of Texas. Complete So	
	EXPENDITURE	Credit Car	rd Payment		L	_		n, TX, officeholder living expens	
					Payment of credi	it ca	ara bili ta	or Food for campaign	KICKOTT
Ļ	0 1 0 0 1 1 1 1 1	0 11 1 10 11						0.00	
9	Complete ONLY if direct expenditure to benefit	Candidate/Offic	eholder name		Office sought			Office held	
	C/OH								
	Date	Payee nam	ee						
	09/06/2023	1 1	ib MC / SYNB						
	Amount (\$)	Payee addr	ress; City; State	; Zip Co	ode				
	\$23.51	PO Box 72		' .					
	Reimbursement from								
	x political contributions intended	 Philadelph	nia, PA 19176						
	PURPOSE	<u> </u>	(See Categories listed at the top of this sch	nedule)	Description	7 Cr	neck if trave	I outside of Texas. Complete So	hedule T.
	OF	1	rd Payment	icaaic,		=		n, TX, officeholder living expens	
	EXPENDITURE		a rayo			it ca	ard bill fo	or Food items for cam	paign
					kickoff				
	Complete ONLY if direct	Candidate/Offic	eholder name		Office sought			Office held	
	expenditure to benefit C/OH								
	Date	Payee nam							
	09/12/2023		ıb MC / SYNB						
	Amount (\$)	Payee addr	•	e; Zip Co	ode				
	\$16.98	PO Box 73	1/11						
	Reimbursement from political contributions intended	Philadelph	nia, PA 19176						
	PURPOSE	Category	(See Categories listed at the top of this sch	nedule)	Description	=		l outside of Texas. Complete Sc	
	OF EXPENDITURE	Credit Car	rd Payment			_		n, TX, officeholder living expens	
					Payment of credi	it ca	ard bill fo	or Food for campaign	kickoff
		<u> </u>							
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offic	eholder name		Office sought			Office held	
_									

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	ete this form.	1 Filer ID (Ethics Comm		2 Total pages fi	iled:
3 CANDIDATE /	MS / MRS / MR	FIRST	00001101	MI	055105	
OFFICEHOLDER NAME	Mr.	Jason E.		1911	OFFICE Date Received	USE ONLY
					ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX	07/11/2024	·
	NICKINAIVIE	Herring		00111/		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	ΓY;	ZIP CODE	Date Hand-delivered of	or Date Postmarked
MAILING ADDRESS	PO Box 52275				Receipt #	Amount
Change of Address	Amarillo, TX 79159-2275				<u></u>	
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	- <u>-</u> -	
TREASURER NAME	Mr.	George O.				
INAIVIE		-				
	NICKNAME	LAST		SUFFIX		
		Williams				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP	PT / SUITE #; CITY;	ST.	ATE; ZIP CODE
TREASURER	200 South Avondale Stree		-	,	-	
ADDRESS	200 000	·				
(Residence or Business)	Amarilla TV 70106					
	Amarillo, TX 79106					
7 CAMPAIGN	AREA CODE PHON	IE NUMBER I	EXTENSION			
TREASURER PHONE	(806) 335-5833					
FIIONE						
8 REPORT	_					
TYPE	January 15	30th day before	e election	Runoff	15th day after ca appointment (offi	mpaign treasurer iceholder only)
	X July 15	8th day before	election	Exceeded modified	Final Report (Att	
	L Suly 10	J our day solors		reporting limit	I ma report y	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2024	TH	HROUGH	06/30/202	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	XP	Primary	Runoff	Other	
	03/05/2024		General	Special		
		–		_		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	District Attorney (Multi-cou	ınty) District 47	•			istrict 47 Potter and
				Armstrong	•	
		co.	TO DACE 2			
		GO	TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 8

13 C / OH NAME	Herring, Jason E. (Mi	.)	14 Filer ID 00087767	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	ommittees to support the eholder's knowledge or of such expenditures.			
Additional Pages	COMMITTEE TYPE			
ш°	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRI	ESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER TH ES OF LOANS, OR CONTRIBUTIONS MADE EL		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAR	IS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00	
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 5,761.98
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 4,004.08
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required	
		Mr	. Jason E. Herring	
		Signature	of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	3 of 8		
18 FILER NAME Herring, Jason E. (N		19 Filer ID 00087767	(Ethics Commission Filers)
20 SCHEDULE SUBTOT NAME OF SCHEDULI	SUBTOTAL AMOUNT		
1. SCHEDU	LE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. SCHEDU	LE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDU	LE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDU	LE E: LOANS		\$
5. X SCHEDU	LE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 5,761.98
6. SCHEDU	LE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDU	LE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8. SCHEDU	LE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDU	LE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10. SCHEDU	LE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$
11. SCHEDU	LE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
12. SCHEDU TO FILEF	LE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FROM ${\sf R}$	RETURNED	\$

SCHEDULE F1

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)

O1/02/2024 Amarillo National Bank 7 Payee address; City; State; Zip Code \$8.00 \$8.00 Amarillo, TX 79124 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Small business checking service charge		The Instruction Guide explains how to com	plete this form.
Date	Total pages Schedule F	1: 2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Amount (\$) 7 Payee address; City; State; Zip Code 8 PURPOSE OF EXPENDITURE 4 Cadegory (See Categories listed at the top of this schedule) 9 Complete QNLY if direct expenditure to benefit C/OH Date 2/2/12/224 Payee address; City; State; Zip Code S8.00 Candidate/Officeholder name Office sought Office sought Office held Date 0/2/12/2024 Amarillo, TX 79124 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking Office sought Office sought Office sought Office held	Sch: 1/5 Rpt: 4/8	Herring, Jason E. (Mr.)	00087767
Samount (S)	4 Date	5 Payee name	<u>'</u>
\$8.00 S05 Tascosa Road Amarillo, TX 79124 8	01/02/2024		
Amarillo, TX 79124 8	6 Amount (\$)	7 Payee address; City; State; Zip Cod	e
Complete ONLY if direct expenditure to benefit C/OH	\$8.0	0 505 Tascosa Road	
Complete ONLY if direct expenditure to benefit C/OH			
Complete ONLY if direct expenditure to benefit C/OH		Amarillo, TX 79124	
Complete ONLY if direct expenditure to benefit C/OH	B PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
Candidate/Officeholder name Office sought Office held	OF	· · · · · · · · · · · · · · · · · · ·	
9 Complete ONLY if direct expenditure to benefit C/OH Date	EXPENDITURE		
Date O2/01/2024			Small business checking service charge
Date O2/01/2024			
Date 02/01/2024 Amarillo National Bank Amount (\$) \$8.00 Payee address; City; State; Zip Code \$505 Tascosa Road Amarillo, TX 79124 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking Complete ONLY if direct expenditure to benefit C/OH Date 03/01/2024 Amarillo National Bank Amount (\$) Payee name Amarillo National Bank Amount (\$) Payee address; City; State; Zip Code \$8.00 So Tascosa Road Amarillo, TX 79124 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if Austin, TX, officeholder living expense Small business checking service charge (b) Description Check if Austin, TX, officeholder living expense Small business checking service charge Complete ONLY if direct (a) Category (See Categories listed at the top of this schedule) Accounting/Banking Complete ONLY if direct Candidate/Officeholder name Office sought Office held			ht Office held
Date ONLY if direct expenditure to benefit C/OH Date ONG Amarillo National Bank Amount (\$) Payee address; City; State; Zip Code Candidate/Officeholder name Office Sought Office Sought Office held Payee name Amarillo, TX 79124 Purpose of Expenditure to benefit C/OH Date ONLY if direct expenditure to benefit C/OH Date ONLY if one of this schedule of the	experientare to benefit (7011	
Amount (\$)	Date	Payee name	
\$8.00 505 Tascosa Road Amarillo, TX 79124 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Accounting/Banking Complete QNLY if direct expenditure to benefit C/OH Date 03/01/2024 Amarillo National Bank Amount (\$) Payee name 4 Amarillo, TX 79124 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) State; Zip Code Sa.00 Sa.00 (b) Description Check if vasion, TX, officeholder Name Office sought Office held Office held Office held Office held (b) Description Check if vasion, TX, officeholder in the top of this schedule) Amarillo, TX 79124 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if vasion during the properties is checkedule) Check if vasion during expense Small business checking service charge Small business checking service charge Complete QNLY if direct Candidate/Officeholder name Office sought Office held	02/01/2024	Amarillo National Bank	
PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) ACCOUNTING/Banking (b) Description Check if Austin, TX, officeholder living expense	Amount (\$)	Payee address; City; State; Zip Cod	е
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Small business checking service charge Complete ONLY if direct expenditure to benefit C/OH Date 03/01/2024 Amarillo National Bank Amount (\$) Payee name Amarillo, TX 79124 (a) Category (See Categories listed at the top of this schedule) OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if austin, TX, officeholder living expense Small business checking service charge	\$8.0	0 505 Tascosa Road	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Small business checking service charge Complete ONLY if direct expenditure to benefit C/OH Date 03/01/2024 Amarillo National Bank Amount (\$) Payee name Amarillo, TX 79124 (a) Category (See Categories listed at the top of this schedule) OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if austin, TX, officeholder living expense Small business checking service charge			
OF EXPENDITURE Accounting/Banking Accounting/Banking Complete ONLY if direct expenditure to benefit C/OH Date 03/01/2024 Amarillo National Bank Amount (\$) Payee address; City; State; Zip Code \$8.00 \$8.00 Payee address; City; State; Zip Code \$8.00 Amarillo, TX 79124 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Javain, TX, officeholder Iving expense Small business checking service charge Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Amarillo, TX 79124	
Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
Complete ONLY if direct expenditure to benefit C/OH Date		, , ,	
Complete ONLY if direct expenditure to benefit C/OH Date	EXPENDITURE		—
Date 03/01/2024 Payee name Amarillo National Bank Amount (\$) Payee address; City; State; Zip Code 505 Tascosa Road Amarillo, TX 79124 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Small business checking service charge Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Small business checking service charge
Date 03/01/2024 Payee name Amarillo National Bank Amount (\$) Payee address; City; State; Zip Code 505 Tascosa Road Amarillo, TX 79124 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Small business checking service charge Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
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Amount (\$) Payee address; City; State; Zip Code \$8.00 \$8.00 Purpose Of EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Small business checking service charge Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
Amount (\$) Payee address; City; State; Zip Code \$8.00 Amarillo, TX 79124 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Small business checking service charge Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
\$8.00 505 Tascosa Road Amarillo, TX 79124 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Small business checking service charge Complete ONLY if direct Candidate/Officeholder name Office sought Office held	03/01/2024	Amarillo National Bank	
Amarillo, TX 79124 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Small business checking service charge Complete ONLY if direct Candidate/Officeholder name Office sought Office held	Amount (\$)	Payee address; City; State; Zip Cod	e
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Small business checking service charge Complete ONLY if direct Candidate/Officeholder name Office sought Office held	\$8.0	0 505 Tascosa Road	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Small business checking service charge Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
OF EXPENDITURE Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Small business checking service charge Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Amarillo, TX 79124	
Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Small business checking service charge Complete ONLY if direct Candidate/Officeholder name Office sought Office held	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
Complete ONLY if direct Candidate/Officeholder name Check if Austin, 1X, officeholder living expense Small business checking service charge Office sought Office held			Check if travel outside of Texas. Complete Schedule T.
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	EXPENDITURE		
			Small business checking service charge
5.pondido 6 55.6m 5/5/1			
			ht Office held
			ht Office held
			ht Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

rsement Solicitation/Fundraising Expense
xpense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

l	Credit Card Payment	The Instruction Guide explains how to complete th	nis form.
1	Total pages Schedule F1: Sch: 2/5 Rpt: 5/8	2 FILER NAME Herring, Jason E. (Mr.)	3 Filer ID (Ethics Commission Filers) 00087767
4	Date 04/01/2024	5 Payee name Amarillo National Bank	
6	Amount (\$) \$8.00	7 Payee address; City; State; Zip Code505 Tascosa RoadAmarillo, TX 79124	
8	PURPOSE OF EXPENDITURE	Accounting/Banking	Scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense nall business checking service charge
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought H	Office held
	Date 05/01/2024	Payee name Amarillo National Bank	
	Amount (\$) \$8.00	Payee address; City; State; Zip Code 505 Tascosa Road	
	PURPOSE OF EXPENDITURE	Accounting/Banking	scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense nall business checking service charge
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 06/03/2024	Payee name Amarillo National Bank	
	Amount (\$) \$8.00	Payee address; City; State; Zip Code 505 Tascosa Road	
		Amarillo, TX 79124	
	PURPOSE OF EXPENDITURE	Accounting/Banking	scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense nall business checking service charge
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

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
Transport in District Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Waq The Instruction Guide explains how to com		Contract Labor OTHER (enter a category not listed above) te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 3/5 Rpt: 6/8	Herring, Jason E. (Mr.)		00087767
4	Date	5 Payee name		
	03/05/2024	Herring, Jason		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$5,100.00	PO Box 52275		
		Amarillo, TX 79159-2275		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Loan Repayment/Reimbursement		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Repayment of personal loan made to the Campaign
				on 07/17/2023
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	-		
	Date	Payee name		
	03/05/2024	Herring, Jason		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$91.47	PO Box 52275		
		Amarillo, TX 79159-2275		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Loan Repayment/Reimbursement		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Reimbursement of a political expenditure from
				personal funds made on 09/07/2023
Н	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI			
	Date	Payee name		
	03/05/2024	Herring, Jason		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$16.98	PO Box 52275		
		Amarillo, TX 79159-2275		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Loan Repayment/Reimbursement		Check if travel outside of Texas. Complete Schedule T.
	-			Check if Austin, TX, officeholder living expense Reimbursement of a political expenditure from
				personal funds made on 09/07/2023
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	- 1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 4/5 Rpt: 7/8	Herring, Jason E. (Mr.) 00087767	
4 Date	5 Payee name	
03/05/2024	Herring, Jason	
6 Amount (\$) \$218.89	7 Payee address; City; State; Zip Code PO Box 52275	
	Amarillo, TX 79159-2275	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	Reimbursement of a political expenditure from personal funds made on 09/07/2023	
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
03/05/2024	Herring, Jason	
Amount (\$)	Payee address; City; State; Zip Code	
\$16.65	PO Box 52275	
	Amarillo, TX 79159-2275	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Reimbursement of a political expenditure from	
	personal funds made on 09/06/2023	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	=
03/05/2024	Herring, Jason	
Amount (\$)	Payee address; City; State; Zip Code	
\$14.48	PO Box 52275	
	Amarillo, TX 79159-2275	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Reimbursement of a political expenditure from	
	personal funds made on 09/07/2023	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
		_

SCHEDULE F1

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

ent Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (orthogography and listed above)

	Candidate/Officeholder/Politica Credit Card Payment		mmittee L	egal Services			ages	/Contract Labor		OTHER (enter a	a category not listed above)	
		_		The Instruction G	ilde explains i	now to cor	пріє					_
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 5/5 Rpt: 8/8		Herring, Jaso	on E. (Mr.)						00087767		
4	Date	5	Payee name									
	03/05/2024		Herring, Jaso	on								
6	Amount (\$)	7	Payee address	s; City;	State;	Zip Co	de					
	\$23.51		PO Box 5227	75								
			Amarillo, TX	79159-2275								
8	PURPOSE	(a)		e Categories listed at t			(h)	Description				_
ľ	OF	(")		e Categories listed at t ment/Reimburs		edule)	(~)		outsio	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Luaii Kepayi	nen/Reimburs	ement			—		officeholder livin		
								_			al expenditure from	
								personal fund				
9	Complete ONLY if direct		Candidate/Offic	eholder name	C	Office sou	ght			Office h	eld	-
	expenditure to benefit C/O	Н				,	-					
	Date		Payee name									=
	06/21/2024			s Postal Servic	е							
	Amount (\$)		Payee address	s; City;	State;	Zip Co	de					-
	\$232.00		8301 W Ama	arillo Blvd								
			Amarillo, TX	79124-2153								
	PURPOSE	(a)	Category (See	e Categories listed at t	ne ton of this sch	edule)	(b)	Description				_
	OF			ead/Rental Ex				_ ·	outsio	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE							Check if Austin,	TX,	officeholder livin	g expense	
								Campaign Po	st (Office Box I	rental renewal.	
	Complete ONLY if direct		Candidate/Offic	eholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/O	Н										
												ı

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple		1 Filer ID (Ethics Commi 00087767		2 Total pages	filed: 7
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
NAME	Mr.	Jason E.			Date Received ELECTRONIC	CALLY FILED
	NICKNAME	LAST Herring		SUFFIX	01/09/2025	
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	PO Box 52275				Receipt #	Amount
Change of Address	Amarillo, TX 79159-2275				Date Processed	
					Date Imaged	
					Date imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mr.	George O.				
	NICKNAME	LAST Williams		SUFFIX		
		Williams				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP [*]	Γ / SUITE #; CITY	γ; ST	TATE; ZIP CODE
TREASURER ADDRESS	200 South Avondale Stree	t				
(Residence or Business)	Amarillo, TX 79106					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHON (806) 335-5833	E NUMBER E	EXTENSION			
8 REPORT TYPE	X January 15	30th day before	election	Runoff	15th day after c	ampaign treasurer
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (A	ttach C/OH-FR)
9 PERIOD COVERED	Month Day Year	T. I	IDOLIGIA	Month Day		
COVERED	07/01/2024	IH	IROUGH	12/31/20)24	
10 ELECTION	ELECTION DATE Month Day Year	Пр	rimary	ELECTION TYPE	Other	
	11/05/2024		eneral	Special	Uother	
		[X] ^G	Cherui	Борески		
11 OFFICE	OFFICE HELD (if any)	•		12 OFFICE SOUGH	IT (if known)	
	District Attorney (Multi-cou Potter Counties	nty) District 47	Armstrong,			
	•					
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 7

13 C / OH NAME	Herring, Jason E. (Mi	.)	14 Filer ID 00087767	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	committees to support the reholder's knowledge or otice of such expenditures.			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
ш°	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME	:	
		COMMITTEE CAMPAIGN TREASURER ADDR	ESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THE ES OF LOANS, OR CONTRIBUTIONS MADE E		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	NS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00	
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 48.00
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 3,956.08
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A	AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under pen true and correct and includes under Title 15, Election Code	all information required	
		M	r. Jason E. Herring	
		Signature	of Candidate or Officeho	older
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of office	er administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

3 of 7

				3 01 7
18 FILER NAME Herring, Jas	(Ethics Commission	on Filers)		
Herring, Jason E. (Mr.) 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE				AMOUNT
1. X S	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2. X S	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3. X SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00	
4. X S	SCHEDULE E: LOANS		\$	0.00
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$	48.00	
6. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00	
7. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS		\$	0.00	
8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00	
9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00	
10. S	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11. S	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$		
			•	

The Instruction Guide explains now to complete this form. 2 FILER NAME Herring, Jason E. (Mr.) 4 TOTAL OF UNITEMIZED PLEDGES 5 Date 6 Full name of pledgor out-of-state PAC (ID#:) 7 Pledgor Address; City; State; Zip Code			
Herring, Jason E. (Mr.) 4 TOTAL OF UNITEMIZED PLEDGES 5 Date 6 Full name of pledgorout-of-state PAC (ID#:) 7 Pledgor Address; City; State; Zip Code	1 Total pages Schedule B: Sch: 1/1 Rpt: 4/7		
TOTAL OF UNITEMIZED PLEDGES 5 Date 6 Full name of pledgorout-of-state PAC (ID#:) 7 Pledgor Address; City; State; Zip Code			
7 Pledgor Address; City; State; Zip Code	0.00		
	oount of general In-kind description (If applicable)		
22 Employer (See instructions)	heck if travel outside of Texas. Complete Schedule		

LOANS		SCHEDULE E
The Instruction Guide explains how to complete this form		1 Total pages Schedule E: Sch: 1/1 Rpt: 5/7
2 FILER NAME Herring, Jason E. (Mr.)		3 Filer ID (Ethics Commission Filers) 00087767
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan 7 Name of lender out-	of-state PAC (ID#:	9 Loan Amount (\$)
6 Is lender a financial institution? 8 Lender address; City;	State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)	13 Employer (See Inst	ructions)
14 Description of Collateral None	15 Check if personal fu	unds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION 17 Name of guarantor	<u> </u>	19 Amount Guaranteed (\$)
not applicable 18 Guarantor address; City;	State; Zip Code	
20 Principal occupation	21 Employer (See Inst	ructions)

SCHEDULE F1

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 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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 1/2 Rpt: 6/7	2 FILER NAME Herring, Jason E. (Mr.) 3 Filer ID (Ethics Commission Filers) 00087767
_	·	3,
4	Date 07/01/2024	5 Payee name Amarillo National Bank
6	Amount (\$) \$8.00	7 Payee address; City; State; Zip Code 505 Tascosa Road
		Amarillo, TX 79124
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Small business checking service charge
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/01/2024	Amarillo National Bank
	Amount (\$) \$8.00	Payee address; City; State; Zip Code 505 Tascosa Road
		Amarillo, TX 79124
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Small business checking service charge
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 09/03/2024	Payee name Amarillo National Bank
	Amount (\$) \$8.00	Payee address; City; State; Zip Code 505 Tascosa Road
		Amarillo, TX 79124
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Small business checking service charge
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/2 Rpt: 7/7	Herring, Jason E. (Mr.) 00087767
4	Date	5 Payee name
	10/01/2024	Amarillo National Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.00	505 Tascosa Road
		Amarillo, TX 79124
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Small business checking service charge
		Small business checking service charge
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г	Date	Payee name
	11/01/2024	Amarillo National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.00	505 Tascosa Road
		Amarillo, TX 79124
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Small business checking service charge
		Small basiless cheshing service sharge
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	12/02/2024	Amarillo National Bank
H	Amount (\$)	Payee address; City; State; Zip Code
	\$8.00	505 Tascosa Road
		Amarillo, TX 79124
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		Small business checking service charge
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
\vdash		