CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME FILED FOR RECORD Jeff Time: 4 CANDIDATE / ADDRESS / PO BOX; ZIP CODE **OFFICEHOLDER** Groesbeck, TX JAN 1 7 2024 MAILING **ADDRESS** Jennifer Southard, ELECTIONS ADMINISTRATION Change of Address Date Hand-delivered or Date Postmarked AREA CODE PHONE NUMBER EXTENSION CANDIDATE/ 343-5882 **OFFICEHOLDER** (8/7)PHONE Receipt # Amount S MS / MRS / MR MI 6 CAMPAIGN 6 **TREASURER** Date Processed NAME NICKNAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE 7 CAMPAIGN 408 N. First St. Coolidge 76635 **TREASURER ADDRESS** (Residence or Business) **EXTENSION** 8 CAMPAIGN AREA CODE PHONE NUMBER **TREASURER** (254) 625-2285 PHONE 9 REPORT TYPE 15th day after campaign Runoff 30th day before election January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Allich C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD COVERED 15/2024 11 / 9/2023 THROUGH **ELECTION TYPE** ELECTION DATE 11 ELECTION Primary Other Description Runoff 3/5/2014 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE Limestone Count 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 OFFICEHOLDERS KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC

COMMITTEE CAMPAIGN TREASURER ADDRESS

FORM C/OH

15 C/OH NAME	THATOL KLI OK	
~	Jeffres A. Janes	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (O PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	THER THAN \$ O
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES	OF LOANS) \$ O
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF REPORTING PERIOD	OF THE LAST DAY \$ 250
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LO LAST DAY OF THE REPORTING PERIOD	DANS AS OF THE \$
18 SIGNATURE IS	wear, or affirm, under penalty of perjury, that the accompanying required to be reported by record to the record of the record o	eport is true and correct and includes all information
100	quired to be reported by me under Title 15, Election Code.	-
	/	
	Signa	ature of Candidate or Officeholder
	100,000	
	Please complete either option	n below:
mannes.		
(1) Affidavit	IE SUE STRATEN ublic, State of Texas mission Expires ay 05, 2025	18
NOTARY STAMP/SEAL	-	
Sworn to and subscribed	before me by Jeff Janes	this the 17 day of January.
20, to certify v	which, witness my hand and seal of office.	and the day of,
Com Strate	Onnie Straten	Modern as his
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR OR	AND REPAIRED FOR THE STATE OF T
(2) Unsworn Declaratio	n	
My name is	, and my date	of hirth is
My address is	, and my date	
	(street) (city)	(state) (zip code) (country)
Executed in	County, State of, on the day of	of, 20 (month) (year)
		(month) (year)
	Signature	of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Con		mmission Filers)
Jeffrey A. Janes		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 720
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 CO	ONTRIBUTIONS	\$
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 FU	NDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:	
2 FILER NAME Jeffres A. Janes			3 Filer ID (Ethics Commission Filers)	
4 Date 8 Principal occu		State: Zin Code	7 Amount of contribution (\$) B J 50.00 ctions)	
Date	Full name of contributor	C (ID#:) State; Zip Code	Amount of contribution (\$)	
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date		C (ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date		State; Zip Code	Amount of contribution (\$)	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
	ATTACH ADDITIONAL COPIES Of the contributor is out-of-state PAC, please see Instru	DF THIS SCHEDULE AS NE action guide for additional re	EEDED eporting requirements.	

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed;
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	MI A	OFFICE USE ONLY
NAME	Mr	Jeffren	<i>A</i> †	Date Received
	NICKNAME	LAST	SUFFIX	T2.1 10.18 makes
	Jeft	Janes		FILED FOR RECORD
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX;		CITY: STATE: ZIP CODE TO Sheck TX 76642	Time:
MAILING	104 BOID K-	IEC ST. GO	besteek In 76616	JUL 15 2024
ADDRESS				
Change of Address	ADEA CODE	BUONE WINDER	CATEMOON	lennifer Southard, ELECTIONS ADMINISTRATION
5 CANDIDATE/ OFFICEHOLDER	AREA CODE	PHONE NUMBER	EXTENSION	balle Hand-delivered of Date Postmarked
PHONE	(817)	343-5889		Descript # Employee
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt # Amount \$
TREASURER NAME	Mr.	Ricks	<u>C</u>	Date Processed
	NICKNAME	LAST	SUFFIX	Date Imaged
	Rick	Sanders		
7 CAMPAIGN		NO PO BOX PLEASE); APT / S		STATE; ZP CODE
TREASURER ADDRESS	408 2.	First St	Coolidge	Tx 76635
(Residence or Business)				
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	
TREASURER PHONE		أفاق س و حالة الاع		
PHONE	(254)	672-9982		
9 REPORT TYPE	January 15	30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before el	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year
OOVERLED	1 /	115 /3024	THROUGH 7	115/2024
11 ELECTION	ELECTION DA	TE	ELECTION TYPE	
	Month Day	Year Primary	Runoff Other Description	
	11 /5	General		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	1)
			Limestone (ounts Attornes
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	ES MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
		COMMITTEE ADDRESS		
Additional Pages	GENERAL	COMMITTEE ADDITES		
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME	
		COMMITTEE CAMPAIGN TE	REASURER ADDRESS	
		20 = 2	DAGEO	
GO TO PAGE 2				

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	11	6 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>O</i>		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 270		
	4. TOTAL POLITICAL EXPENDITURES	\$ 270		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ (
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	* * * * * * * * * * * * * * * * * * *		
Signature of Candidate or Officeholder				
	Please complete either option below:			
(1) Affidavit HHONDA GONZALES Notary Public, State of Texas My Commission Expires November 07, 2026 NOTARY ID 12437041-1				
NOTARY STAMP/SEAL				
OIL		day of July		
	which, witness my hand and seal of office.	notal-		
Signature of officer administe	The state of the s	Title of officer administering oath		
继续集件机器	TO SHEET STANDARD THE SAME SAME AND STANDARD SAME THE SAME SAME SAME SAME SAME SAME SAME SAM			
(2) Unsworn Declarati	on			
My name is	, and my date of birth is	,		
My address is				
Executed in	(street) (city) (state, on the day of	te) (zip code) (country), 20 (year)		
	Signature of Candidat	e/Officeholder (Declarant)		

www.ethics.state.tx.us

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

24 COLIFFIER CUITTOTALO	
	UBTOTAL AMOUNT
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 \$)50
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 \$	10
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	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

1 Total pages Schedule A1:
3 Filer ID (Ethics Commission Filers)
7 Amount of contribution (\$)
tions)
Amount of contribution (\$)
iions)
Amount of contribution (\$)
tions)
Amount of contribution (\$)
tions)
IEEDED

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FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	duide explains how t	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR M	Jeffre,	MI A	OFFICEUSE ONLY
NAME	NICKNAME		OUTTIV	Date Received
		Janes	SUFFIX	FILED FOR RECORD
- CANIDIDATE /			0.7.7	Time: 850 AM
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX;	,	CITY; STATE; ZIP CODE	0.036 777
MAILING		state St. Svite110		JAN 0 9 2025
ADDRESS	600	esbeck, TX	76647	
Change of Address				Jennifer Southard, ELECTIONS ADMINISTRATION LIMES TONE COUNTY TEXAS
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
OFFICEHOLDER PHONE	(817)	343-2889		
	MC / MDC / MD	FIDET	MI	Receipt # Amount \$
6 CAMPAIGN TREASURER	Mr. R	TC K	MI	
NAME				Date Processed
	NICKNAME	LAST	SUFFIX	Date Imaged
	Rick	Sanders		
7 CAMPAIGN		NO PO BOX PLEASE), APT / S		STATE; ZIP CODE
TREASURER	408 N.	First St. Coo	lidge, TX 76	635
ADDRESS				
(Residence or Business)				
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION	
PHONE	10041	,75-7783		
	(031) 6	193 - 440	<u> </u>	
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year
COVERED		15/2015	THROUGH 7	15/2005
				<u> </u>
11 ELECTION	ELECTION DAT		ELECTION TYF	·E
	Month Day		Description	
	N /5	Jory General	Special	
12 OFFICE	OFFICE HELD (if any)	/ / / //	13 OFFICE SOUGHT (if kno	
	Linestone	e County Att	one Cirestone	Court Attions
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER, THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE CA	MADE BY POLITICAL COMMITTEES TO SUPPORT INDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR F THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		-m
	GENERAL	COMMITTEE ADDRESS		-
Additional Pages				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME	
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS	
		<u></u>		
GO TO PAGE 2				
		60 10	PAGE 4	

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
m	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	HE \$
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is true a	nd correct and includes all information
	quired to be reported by me under Title 15, Election Code.	
100	pariou to so reported by the under this to, Election bodd.	
	Signature of Cand	idate or Officeholder
	Please complete either option below:	
CONNIE SUE Notary Public, St My Commission STANDARY STANDARY	gra of Tayus	
Sworn to and subscribed		aday of January,
20 A5 to certify	which, witness my hand and seal of office.	
Cohn, St	a Connie Straten	Notary Public
Signature of officer administe		Title of officer administering oath
AND SHOW IN	OR	
(2) Unsworn Declarati	on	
My name is	, and my date of birth is	· · · · · · · · · · · · · · · · · · ·
My address is		
		te) (zip code) (country)
Executed in	1 7	, , , , , , , , , , , , , , , , , , , ,
LACORICU III	County, State of , on the day of (month)	, <u>zo</u> . (year)
	·	·
	Signature of Candidate	e/Officeholder (Declarant)