

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:																									
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: small;">MS / MRS / MR</td> <td style="width:40%; font-size: small;">FIRST</td> <td style="width:30%; font-size: small;">MI</td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="font-size: small;">LAST</td> <td style="font-size: small;">SUFFIX</td> </tr> </table> <p style="text-align: center; margin-top: 10px;">Mrs. Jennifer L. O'Kane</p>	MS / MRS / MR	FIRST	MI	NICKNAME	LAST	SUFFIX	<b>OFFICE USE ONLY</b>  <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p style="font-size: 1.2em; color: blue; text-align: center;">Received JAN 15 2020 Elections Office</p> </div>																				
MS / MRS / MR	FIRST	MI																										
NICKNAME	LAST	SUFFIX																										
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: small;">ADDRESS / PO BOX;</td> <td style="width:20%; font-size: small;">APT / SUITE #;</td> <td style="width:20%; font-size: small;">CITY;</td> <td style="width:10%; font-size: small;">STATE;</td> <td style="width:17%; font-size: small;">ZIP CODE</td> </tr> </table> <p style="margin-top: 5px;">P.O. Box 1845 San Marcos, TX 78667</p>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	Date Received																					
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<input checked="" type="checkbox"/> Change of Address		Date Hand-delivered or Date Postmarked																										
<b>5 CANDIDATE/ OFFICEHOLDER PHONE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">AREA CODE</td> <td style="width:40%; font-size: small;">PHONE NUMBER</td> <td style="width:40%; font-size: small;">EXTENSION</td> </tr> </table> <p style="margin-top: 5px;">(512) 216.3450</p>	AREA CODE	PHONE NUMBER	EXTENSION	Receipt #																							
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(Residence or Business)																												
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<b>9 REPORT TYPE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input checked="" 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 type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)																	
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<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b>																										
	Tax Assessor - Collector	Tax Assessor - Collector																										

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Jenifer O'kane 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

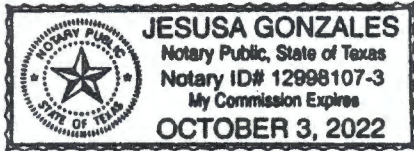
Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ <u>ϕ</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>850<sup>-</sup></u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>750<sup>-</sup></u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>100<sup>-</sup></u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT

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.

Jenifer O'kane  
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jenifer O'kane, this the January day of 15<sup>th</sup>, 2020, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath  
Jesusa Gonzales Printed name of officer administering oath  
 \_\_\_\_\_ Title of officer administering oath

# SUBTOTALS - C/OH

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

19 FILER NAME

*Jenifer O'Kane*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>850<sup>-</sup></i>
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>750<sup>-</sup></i>
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1

2 FILER NAME

Jenifer O'Kane

3 Filer ID (Ethics Commission Filers)

4 Date

11.14.19

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

O'Kane Lawn + Landscape

6 Contributor address; City; State; Zip Code

P.O. Box 599 San Marcos, TX 78667

7 Amount of contribution (\$)

750<sup>-</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11.16.19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

O'Kane Lawn + Landscape

Contributor address; City; State; Zip Code

P.O. Box 599 San Marcos, TX 78667

Amount of contribution (\$)

100<sup>-</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

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Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>1</u>	<b>2</b> FILER NAME <u>Jenifer O'Kane</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>11.15.19</u>	<b>5</b> Payee name <u>Hays County Republican Party</u>	
<b>6</b> Amount (\$) <u>750-</u>	<b>7</b> Payee address; City; State; Zip Code <u>900 Bugg Ln. #111 San Marcos, TX 78666</u>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Fees</u>	<b>(b)</b> Description <u>Candidate filing fee</u>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	Office held
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED