

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: 12

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mrs.

Jenifer

L.

NICKNAME

LAST

SUFFIX

O'Kane

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P.O. Box 1845

San Marcos TX 78666

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

216-3450

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr

Doug

A.

NICKNAME

LAST

SUFFIX

Olson

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

312 lacey oak loop

San Marcos, TX 78666

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(361)

771-5662

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

7 / 1 / 2020

THROUGH

Month

Day

Year

9 / 24 / 2020

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 3 / 20

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

Tax Assessor -
Collector

13 OFFICE SOUGHT (if known)

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.

COMMITTEE TYPE

☒ GENERAL

☐ SPECIFIC

COMMITTEE NAME

Hays County Republican Party

COMMITTEE ADDRESS

6000 W. FM 150
Kyle, TX 78640

COMMITTEE CAMPAIGN TREASURER NAME

Mary Pat Paul

COMMITTEE CAMPAIGN TREASURER ADDRESS

310 Springwood Rd.
Dripping Springs, TX 78620

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. 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)

\$ 8,005

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 112.44

4. TOTAL POLITICAL EXPENDITURES

\$ 1280.56

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 8,652.42

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

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 5th day of October, 2020, to certify which, witness my hand and seal of office.

M. Munoz

Signature of officer administering oath

Melanie Muñoz

Printed name of officer administering oath

Notary

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Jennifer 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	\$ 8,005 ⁰⁰
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	\$ 1,280.50
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 checked="" type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.29

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7

2 FILER NAME

Jennifer O'Kane

3 Filer ID (Ethics Commission Filers)

4 Date

9-24-20

5 Full name of contributor

☐ out-of-state PAC (ID#)

Matthew Tepper

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City;

State; Zip Code

5803 Link Ave

Austin

TX 78752

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8-12-20

Full name of contributor

☐ out-of-state PAC (ID#)

Brian Olson

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State; Zip Code

421 W. San Antonio St
Apt F6

San Marcos TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-12-20

Full name of contributor

☐ out-of-state PAC (ID#)

Ivan Olson

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State; Zip Code

3009 Colorado Dr

College Station TX 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-22-20

Full name of contributor

☐ out-of-state PAC (ID#)

Sally Wilson

Amount of contribution (\$)

\$1,000

Contributor address;

City;

State; Zip Code

3000 Lark Ave.
McAllen, TX 78504

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Jenifer O'Kane

3 Filer ID (Ethics Commission Filers)

4 Date

9-24-20

5 Full name of contributor

☐ out-of-state PAC (ID#:

Luanne Caraway + Jack Caraway

6 Contributor address;

City;

State; Zip Code

301 Bebee Rd. Hyle TX 78640

7 Amount of contribution (\$)

\$ 50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-24-20

Full name of contributor

☐ out-of-state PAC (ID#:

L. D. + R.R. Buckley

Contributor address;

City;

State; Zip Code

361 Southriver Wimberley TX 78676

Amount of contribution (\$)

\$ 25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-24-20

Full name of contributor

☐ out-of-state PAC (ID#:

Lance Spruiell

Contributor address;

City;

State; Zip Code

1105 Tate Trl San Marcos TX 78666

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-24-20

Full name of contributor

☐ out-of-state PAC (ID#:

Ben Kuant:

Contributor address;

City;

State; Zip Code

602 I-35 San Marcos TX 78660

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Jennifer O'Kump

3 Filer ID (Ethics Commission Filers)

4 Date

9-24-20

5 Full name of contributor

Walt Smith

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City;

State;

Zip Code

167 Vincas Shadow Driftwood TX 78619

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8-27-20

Full name of contributor

Allen Bridges

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

6304 Northham Lane

Austin TX 78739

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-11-20

Full name of contributor

Delores Suarez Scott

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

11030 Mt Sharp Rd

Wichita Falls TX 78676

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-13-20

Full name of contributor

Susan Wilson

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$2500.00
~~\$1000.00~~

Contributor address;

City;

State;

Zip Code

101 Spring Rd

Fredericksburg TX 78624

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Jennifer O'Kane

3 Filer ID (Ethics Commission Filers)

4 Date

9-16-20

5 Full name of contributor

☐ out-of-state PAC (ID#:

Mary Pat Paul

6 Contributor address;

City;

State;

Zip Code

310 Springwood Rd. Deering Springs TX 78620

7 Amount of contribution (\$)

\$50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-17-20

Full name of contributor

☐ out-of-state PAC (ID#:

Laura Simon

Contributor address;

City;

State;

Zip Code

723 Kayton Ave

San Antonio TX 78210

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-18-20

Full name of contributor

☐ out-of-state PAC (ID#:

Christopher Dupont

Contributor address;

City;

State;

Zip Code

1114 W Hopkins St

San Marcos TX 78666

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-19-20

Full name of contributor

☐ out-of-state PAC (ID#:

Jane Jones

Contributor address;

City;

State;

Zip Code

P.O. Box 463

San Marcos TX 78667

Amount of contribution (\$)

\$30.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Jennifer O'Kane

3 Filer ID (Ethics Commission Filers)

4 Date

9-18-20

5 Full name of contributor

☐ out-of-state PAC (ID#:

Gerhardt + Lorelle Schulte

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City;

State;

Zip Code

132 Pinto Lane San Marcos TX 78666

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-24-20

Full name of contributor

☐ out-of-state PAC (ID#:

Brian Olson

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

421 W San Antonio ST Apt F6 TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-24-20

Full name of contributor

☐ out-of-state PAC (ID#:

Vicki + Chris Alford

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

8 Canyon Dr. Wimberly TX 78676

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-24-20

Full name of contributor

☐ out-of-state PAC (ID#:

Ronnie + Christine Strain

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

P.O. Box 2532 Wimberly TX 78676

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Jennifer O'Hane

3 Filer ID (Ethics Commission Filers)

4 Date

9-20-20

5 Full name of contributor

☐ out-of-state PAC (ID#:

Paulette Brown

7 Amount of contribution (\$)

\$150.00

6 Contributor address;

City;

State;

Zip Code

921 Hawk Rd Murchison TX 78652

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-20-20

Full name of contributor

☐ out-of-state PAC (ID#:

Merry O'Hane

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

P.O. Box 411
225 S. Fork Ave. Dayton WY 82836

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-22-20

Full name of contributor

☐ out-of-state PAC (ID#:

Nidia Sanchez

Amount of contribution (\$)

\$200.00

Contributor address;

City;

State;

Zip Code

3808 W. Country Rd. 140 Midland TX 79791

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-22-20

Full name of contributor

☐ out-of-state PAC (ID#:

Jim Chiles

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

115 Monte Vista Circle
Wimberley TX 78676

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Janifer O'Kane

3 Filer ID (Ethics Commission Filers)

4 Date

8-26-20

5 Full name of contributor

☐ out-of-state PAC (ID#:

David & Jamie Case

7 Amount of contribution (\$)

\$200-

6 Contributor address;

City;

State;

Zip Code

440 Stagecoach Trl.
San Marcos, TX 78666

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-4-20

Full name of contributor

☐ out-of-state PAC (ID#:

Britney Richy

Amount of contribution (\$)

\$250-

Contributor address;

City;

State;

Zip Code

P.O. Box 1533
San Marcos, TX 78667

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-15-20

Full name of contributor

☐ out-of-state PAC (ID#:

Tom Keyser

Amount of contribution (\$)

\$100-

Contributor address;

City;

State;

Zip Code

341 Thomas Oaks Dr.
Wimberly, TX 78076

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

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.

1 Total pages Schedule F1: 1		2 FILER NAME Jennifer O'Kane		3 Filer ID (Ethics Commission Filers)	
4 Date 7-11-20		5 Payee name RBFCU			
6 Amount (\$) 17.00		7 Payee address; City; State; Zip Code San Marcos TX 78666			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Check copy fee		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 9-7-2020		Payee name Patterson and Company			
Amount (\$) \$599.04		Payee address; City; State; Zip Code 166 Hargraves Dr. C-400 Austin TX 78737			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Accounting/Banking		Description Push cards Push cards shipping		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date 8-10-20		Payee name Kelly Smith Photography			
Amount (\$) 552.08		Payee address; City; State; Zip Code 101 Hays St Dripping Springs TX 78620			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description Photography		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1

2 FILER NAME

Jenifer O'Kane

3 Filer ID (Ethics Commission Filers)

4 Date

9-24-20

5 Name of person from whom amount is received

RBFCU

8 Amount (\$)

\$0.29

6 Address of person from whom amount is received; City; State; Zip Code

1 IKEA - RBFCU PKwy.
Live Oak, TX 78233

7 Purpose for which amount is received

☐ Check if political contribution returned to filer

Interest

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED