#### 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 FIRST 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** MRS. **JENIFER** NAME Date Received SUFFIX NICKNAME LAST O'KANE Received ADDRESS / PO BOX; APT / SUITE #; STATE: ZIP CODE 4 CANDIDATE / CITY: P.O. BOX 1845 **OFFICEHOLDER** JUL 013 2022 MAILING SAN MARCOS, TX 78667 **ADDRESS Elections** Office Change of Address PHONE NUMBER EXTENSION AREA CODE 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (512)216.3450 PHONE Amount \$ Receipt # MS / MRS / MR FIRST MI 6 CAMPAIGN TREASURER DOUG MR. Date Processed NAME LAST NICKNAME Date Imaged OLSON STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: STATE; ZIP CODE CAMPAIGN TREASURER 312 LACEY OAK LOOP ADDRESS SAN MARCOS, TX 78666 (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE (361 771.5662 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Day Month Day Year COVERED 6 30 / 22 1 1 22 THROUGH **ELECTION DATE** ELECTION TYPE 11 ELECTION Other Description Primary Day Year General 5 24 OFFICE HELD (if any) 13 OFFICE SOUGHT (If known) 12 OFFICE COUNTY TAX ASSESSOR-COLLECTOR COUNTY TAX ASSESSOR-COLLECTOR 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 14 NOTICE FROM **POLITICAL** CONSENT, CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME JENIFER O'KANE		16 File	r ID (Ethics	Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	. UNITEMIZED POLITICAL EXPENDITURE.		
	4. TOTAL POLITICAL EXPENDITURES		\$	200.00
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF T OF REPORTING PERIOD	HE LAST DAY	\$	100.12
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS LAST DAY OF THE REPORTING PERIOD	S AS OF THE	\$	300.00
(1) Affidavit	JESUSA GONZALES Notary Public, State of Taxas Notary ID# 12998107-3 My Commission Expires			
NOTARY STAMP/SEAL Sworn to and subscribed 20 22, to certify	- · · · · · · · · · · · · · · · · · · ·	nis the	day of _	July
- SE SE	Journ Gonzales			
Signature of officer administer	This tail of one of a string out		Title of offic	er administering oat
2) Unsworn Declaration	. OR			
My name is	, and my date of	birth is		
My address is				
executed in	(street) (city) County, State of, on the day of _	(state)	(zip code) , 20 (year)	(country)
	Signature of		,	

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

	JENIFER O'KANE  20 Filer ID (Ethics Com		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		_	SUBTOTAL 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		300.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	200.00
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.	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	\$	0.12

#### LOANS SCHEDULE E

If the requested	I information is not applicable, DO NO	OT include this page in the re	eport.	
The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E: 1	
2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
JENIFER O'K	CANE			
4 TOTAL OF UN	\$			
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)	
06/08/2022	JENIFER O'KANE	300.00		
6 Is lender a financial Institution?	8 Lender address; City; P.O. BOX 1845	10 Interest rate 0.00		
☐ Y ■ N SAN MARCOS, TX 78667			11 Maturity date	
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Coll	ateral	Check if personal funds were deposited into political account (See Instructions)		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
■ not applicable	18 Guarantor address; City;	State; Zip Code		
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)		
Date of loan Name of lender out-of-stat		9 PAC (ID#:)	Loan Amount (\$)	
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate	
Institution?			Maturity date	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	ateral	Check if porconal fun	ade were denocited into political	
none		Check if personal funds were deposited into political account (See Instructions)		
GUARANTOR Name of guarantor INFORMATION			Amount Guaranteed (\$)	
not applicable	Guarantor address; City;	State; Zip Code		
	on (See Instructions)	Employer (See Instructions)		
		, , , , , , , , , , , , , , , , , , , ,		
		PIES OF THIS SCHEDULE AS NE		
If le	nder is out-of-state PAC, please see in	struction guide for additional re	eporting requirements.	

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ment Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment		Nages/Contract Labor	Other (enter a catego	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME JENIFER O'KANE		3 Filer ID (Ethics	Commission Filers)
4 Date 06/08/2022	5 Payee name HYBSA			
6 Amount (\$) 200.00	7 Payee address; 100 HAYS YOUTH DRIVE - BUDA,	City; TX 78610	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRIBUTION	(b) Description SOFTBALL SPONSORSHIP		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			1,000
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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

### SCHEDULE K

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

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule K: 1	
2 FILER NAME JENIFER	P FILER NAME  S FILER NAME  S FILER NAME  3 Filer ID (Ethics)		ars)
4 Date 06/30/2022	5 Name of person from whom amount is received  RBFCU  6 Address of person from whom amount is received; City; St  1 IKEA-RBFCU PKWY  LIVE OAK, TX 78233	8 Amount	
	7 Purpose for which amount is received Check in DIVIDEND	political contribution returned to filer	
Date	Name of person from whom amount is received  Address of person from whom amount is received; City; S	Amount iate; Zip Code	(\$)
	Purpose for which amount is received Check in	political contribution returned to filer	
Date	Name of person from whom amount is received	Amoun	t (\$)
	Address of person from whom amount is received; City; St	ate; Zip Code	
	Purpose for which amount is received Check in	political contribution returned to filer	
Date	Name of person from whom amount is received	Amour	nt (\$)
	Address of person from whom amount is received; City; S	ate; Zip Code	
	Purpose for which amount is received Check in	political contribution returned to filer	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULI	E AS NEEDED	