		CEHOLDER E REPORT		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: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	Jenifer	мі L .	OFFICE USE ONLY
1 W/ 1101 law	NICKNAME	O'Kane	SUFFIX	Hays Co. Elections
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX P.O. Box San Marc		CITY, STATE; ZIP CODE	JUL 17 2023 RECEIVED
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 216.3450	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. NICKNAME	FIRST Doug LAST Olson	MI SUFFIX	Receipt # Amount \$ Date Processed Date Imáged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		NO PO BOX PLEASE): APT / S Oak Loop - S	SUITE #: CITY;	STATE: ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before d		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 1	Day Year / 1 / 23	Month THROUGH 6	Day Year / 30 / 23
11 ELECTION	ELECTION DA	TE Year Primary General	ELECTION TYP Runoff Other Description Special	Ξ
12 OFFICE	OFFICE HELD (if any)	ssor-Collector	13 OFFICE SOUGHT (if know	(n)
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE CAL IRED TO REPORT THIS INFORMATION ONLY IF	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
				ng a taking

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Jenifer O'Kane	1	6 Filer ID (Ethics	Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES		250.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$	50.21
OUTSTANDING LOAN TOTALS	 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD 	THE \$	300.00
rec	uired to be reported by me under Title 15, Election Code.		
	Signature of Cano	didata as Officaba	Ider
	Places complete either option below:		
	Please complete either option below:		
(1) Affidavit			
NOTARY STAMP/SEA	L		
Sworn to and subscribed	before me by this the	day of	
20, to certify	which, witness my hand and seal of office.		
Signature of officer administe	ring oath Printed name of officer administering oath	Title of offi	cer administering oath
	OR		
(2) Unsworn Declarati	on		
My name is Jenifer	O'Kane, and my date of birth is	August 16	5 1984
My address is P.O.		X 78666	USA
		ate) (zip code)	(country)
Executed in Havs		, 20 23	
		O'Kane	,
	Signature of Candida	ite/Officeholder (D	eclarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	Ifer O'Kane	D (Ethics Commission Filers)
	HEDULE SUBTOTALS ME 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	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIO	s \$ 250.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBU	TIONS \$
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	SOFC/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIO	DNS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RET TO FILER	URNED \$ 0.03

	EXPENDITURES MADE		SCHEDULE F1
If the requested inf	ormation is not applicable, DO NOT include t	his page in the re	eport.
	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Expense y Gift/Awards/Memorials Expense Printing Expense	xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	² FILER NAME Jenifer O'Kane		3 Filer ID (Ethics Commission Filers)
⁴ Date 03/20/2023	5 Payee name HCRW		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
250.00	1450 W. HWY 290 #1697 -	Dripping Sp	orings, TX 78620
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Event Expense	Sponsorsh	nip
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Aust	In, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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 <u>ONLY</u> if direct expenditure to benefit C/OH	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 <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

If the reques	sted information is not applicable, DO NOT include this page in	the report.		
The	Instruction Guide explains how to complete this form.	1 Total pages Scher	dule K: 1	
² FILER NAME		3 Filer ID (Ethics	Commission Filers)	
4 Date	5 Name of person from whom amount is received RBFCU	8 Amount (\$)		
01/31/2(6 Address of person from whom amount is received; City; State 1 IKEA-RBFCU PKWY - Live Oak, TX	0.01		
	7 Purpose for which amount is received Check if political contribution returned to filer Dividend			
Date	Name of person from whom amount is received		Amount (\$)	
02/28/20	Address of person from whom amount is received; City; State; Zip Code 1 IKEA-RBFCU PKWY - Live Oak, TX 78233		0.01	
	Purpose for which amount is received Check if political contribution returned to filer Dividend			
Date	Name of person from whom amount is received		Amount (\$)	
03/31/20	Address of person from whom amount is received; City; State; Zip Code 1 IKEA-RBFCU PKWY - Live Oak, TX 78233		0.01	
	Purpose for which amount is received Check if political contribution returned to filer Dividend			
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; Stat	e; Zip Code		
	The second se	returned to filer		