CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1 FORM C/OH

The C/OH Instruction G	uide explains how to complete this fo		thics Commission Filers)	2 Total pages file	ed:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	To said to war and the	MI		OFFICE USE ONLY	
NAME	NICKNAME LAST SUFFIX			Date Received		
ži	McCahan			FILED FOR	RECORD / QPM	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE # CITY: STATE: ZIP CODE 3044 JAMACA DR Copus TX APT # 30 Christ, 78418			JAN 3	0 2020	
Change of Address				CLERK, COUNTY COURT,	NUECES COUNTY, TEXAS DEPUTY	
5 CANDIDATE/ OFFICEHOLDER PHONE	(36) 726-33		TENSION	Date Hand-delivered		
6 CAMPAIGN TREASURER NAME	MS) MRS / MR FIRST WATAS	ha	MI Y	Receipt # Date Processed	Amount \$	
	NICKNAME LAST Holmbe	79	SUFFIX	Date Imaged	1 15	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #;	city: rpos Christi	STATE:	7848	
(Residence or Business)			-		,	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (36) 290 3		TENSION			
	<u>n</u>	1,4 1				
9 REPORT TYPE	January 15 30th day	y before election	Runoff	15th day aft treasurer ap (Officeholder		
	July 15 8th day	before election	Exceeded Modified Reporting Limit	Final Report	(Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 01 / 01 / 202		Month /	Day Year 23 / 20	20	
11 ELECTION	Month Day Year A	Primary Runoff General Special	ELECTION TYPE Other Description			
12 OFFICE	OFFICE HELD (if any)	13 OFF	rice sought (if known) veces Cove ecinct #	2 Cons	table	
	GC	O TO PAGE 2	300			
Forms provided by Texas Et	thics Commission ww	ww.ethics.state.tx.us	- 202	20-003	9 020	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME JASON M MCCAhan 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 I 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	COMMITTEE NAME	85		
My Constant	GENERAL				
5505 X 58.43		COMMITTEE ADDRESS			
AME I I 2020	SPECIFIC		Pro- 1 a		
and the state of					
		COMMITTEE CAMPAIGN TREASURER NAME	42		
Additional Pages			.1		
	-	COMMITTEE CAMPAIGN TREASURER ADDRESS	11 No. 14		
		2 4. 6-6 × 6.	7/40 (w		
8	90 to 10				
17 CONTRIBUTION TOTALS	PLEDG	. UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN IES, LOANS, OR GUARANTEES OF LOANS, OR RIBUTIONS MADE ELECTRONICALLY)	\$ 175.00		
155 ESS 1965	The state of the s	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 175.00		
EXPENDITURE TOTALS	I 3 TOTAL UNITEMIZED POLITICAL EXPENDITURE				
4. TOTAL POLITICAL EXPENDITURES \$ 660.3			\$ 660.33		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 215.				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$				
18 AFFIDAVIT	· Fin				
S/ My N	ANDRA VASQUEZ lotary ID # 12832643 pires July 15, 2022	true and correct and includes all in	perjury, that the accompanying report is information required to be reported by me		
AFFIX NOTARY STAM	P/SEALABOVE	Signature of Ca	ndidate or Officeholder		
()0.0	ribed before me,	by the said Octon Inclaha			
day of, 20, to certify which, witness my hand and seal of office.					
Sandia L	asgus	Sandra Vasquez	Motary		
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	JASON M MCCAhAN 20 FI	ler ID (Ethics Comr	mission Filers)
21	1 SCHEDULE SUBTOTALS NAME OF SCHEDULE	* *	SUBTOTAL
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 175.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ O
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	7 Con. 3	\$ O
4.	SCHEDULE E: LOANS		\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU	JTIONS	\$ 0
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	34	\$ O
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTR	BUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 660.33
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSIN	ESS OF C/OH	\$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU	UTIONS	\$ <i>O</i>
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$ O

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) JASON MCCAhan 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructions) Retired 9 Employer (See Instructions) out-of-state PAC (ID#:_ OI)15/2020 Contributor address; City; S 210 Seco Dr Portland Tx Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor JAMES PAHLERSON Contributor address; City; State: Zip Code Copus Christ: Tx 78411 Amount of contribution (\$) \$ 100.00 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ State; Zip Code Contributor address; 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 PERSONAL FUNDS

SCHEDULE G

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
Giff/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out off District
Other (enter a category not listed above)

Candidate/Officeholder/Politi		/Wages/Contract Labor Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explains how to			
1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
1	JASON M MCCAHAN	The production prove Continues and transcription of the second of the second		
4 Date	5 Payee name			
1/10/2020	Acrow Display Sign	s Inc.		
Amount (\$) (60.33 Reimbursement from political contributions intended	2 FILER NAME JASON M MCCAHAN 5 Payee name ACOW Display Sign. 7 Payee address: 1343 5. Staples	Corpus Christ. Tx 78404		
8 BURDOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Campaign Signs		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 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		
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
Amount (\$)	Payee address;	City; State; Zip Code		
Reimbursement from political contributions intended				
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense 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 F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City: State: Zip Code TYPE OF Political Non-Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description 10 **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State: Zip Code TYPE OF Non-Political Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED