

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:

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR Mr. JEFFERY
NICKNAME NICKNAME SULLIVAN
LAST LAST SULLIVAN
SUFFIX SUFFIX

OFFICE USE ONLY

Date Received FILED
at 2:40 o'clock P M
FEB 05 2024
ANNA SPOONER
COUNTY CLERK BURNET COUNTY TEXAS
By [Signature]
Date Hand-delivered or Date Postmarked

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
Change of Address
ADDRESS / PO BOX: P.O. Box 612
APT / SUITE #: Snook, Texas 77878
CITY: STATE: ZIP CODE

5 CANDIDATE / OFFICEHOLDER PHONE
AREA CODE (903) PHONE NUMBER 570-3421 EXTENSION

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)
112 Windmill Road
Somerville, Texas 77879
STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: ZIP CODE

STATE: ZIP CODE

8 CAMPAIGN TREASURER PHONE
AREA CODE (682) PHONE NUMBER 888-8361 EXTENSION

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 1 / 1 / 24 THROUGH Month Day Year 1 / 25 / 24

11 ELECTION
ELECTION DATE
Month Day Year 3 / 5 / 24
ELECTION TYPE
 Primary Runoff Other Description
 General Special

12 OFFICE OFFICE HELD (if any) OFFICE SOUGHT (if known) Sheriff

14 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 CANDIDATES OR OFFICEHOLDERS KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

Additional Pages
COMMITTEE TYPE
 GENERAL
 SPECIFIC
COMMITTEE NAME
COMMITTEE ADDRESS
COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

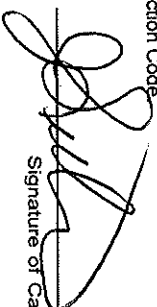
**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME
Jeffery Jake Sullivan

16 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.	\$ 705.60
	4. TOTAL POLITICAL EXPENDITURES	\$ 705.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,820.96
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 SIGNATURE 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.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

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 administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Jeffery Jake Sullivan, and my date of birth is 12/18/1972

My address is P.O. Box 612, Somerville TX 77878 Burleson

Executed in Burleson County, State of Texas, on the 5 day of February, 2024



Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Jeffery Jake Sullivan

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. SCHEDULE E: LOANS	\$ 0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 705.60
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F-1:	2 FILER NAME Jeffery Jake Sullivan	3 Filer ID (Ethics Commission Filers)
4 Date 01/05/2024	5 Payee name Post Card Mainia	
6 Amount (\$) 705.60	7 Payee address: 2145 Sunnydale BLVD, Building 102 Clearwater FL 33765	City: State: Zip Code

8 PURPOSE OF EXPENDITURE Advertising Expense	(a) Category (See Categories listed at the top of this schedule)	(b) Description post card mailer
	(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/OH	Candidate / Officeholder name Office sought Office held	

Date	Payee name	City: State: Zip Code
Amount (\$)	Payee address:	
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/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name	City: State: Zip Code
Amount (\$)	Payee address:	
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/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED