# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how t	o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	Ms/Ms/Ms Mrs.	FIRST Jennifer	MI	OFFICE USE ONLY
NAME	NICKNAME	McCall	SUFFIX	Pg. 2
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: 412 W. San A		city; state; zip code oerne TX 78006	mm 01/12/2024
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	364-1291	EXTENSION	Date Hand-delivered or Date Postmarked  Receipt #   Amount \$
6 CAMPAIGN TREASURER NAME	Ms/Mrs/Mr Mrs.	FIRST Carol	MI 	Date Processed
	NICKNAME	Fuentes	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	161 Balcones		suite#; city; Boerne	STATE: ZIP CODE TX 78006
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	( 830 )	PHONE NUMBER 446-0608	EXTENSION	
9 REPORT TYPE	January 15	30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
uniculari cancionari ni mancapari consecuta no cario materia de decembro (1960 e 1960 e 1960 e 1960 e 1960 e 1	July 15	8th day before et	lection Exceeded Modified Reporting Limit	Final Report (Atlach C/OH - FR)
10 PERIOD COVERED	Month 8	7	THROUGH 1	
11 ELECTION	ELECTION DAT	English Sandari da sandari da s Sandari	ELECTION TYP	aparajimpinaganga arakan na ananan arakan na ananan karakan na marakan na marakan na anan marakan na marakan m PE
The transfer was a fund of		Primary	Runoff Other	
	Month Day	Year	Description	
	3 / 5	24 General	Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if kno Kendall Co. Co	ommissioner PCT.1
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	EHOLDER. THESE EXPENDITURE	ES MAY HAVE BEEN MADE WITHOUT THE CA	MADE BY POLITICAL COMMITTEES TO SUPPORT INDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR F THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
Parameter and the second secon	SPECIFIC	COMMITTEE CAMPAIGN TR	REASURER NAME	
		COMMITTEE CAMPAIGN TI	REASURER ADDRESS	
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## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME Jennifer McCall	16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,750.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,955.89
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D OF REPORTING PERIOD	s 2,794.91
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LAST DAY OF THE REPORTING PERIOD	\$ 0.00
18 SIGNATURE I S	wear, or affirm, under penalty of perjury, that the accompanying report is true ar	nd correct and includes all information
<b>{</b>	quired to be reported by me under Title 15, Election Code.	
	Signature of Candi	date or Officeholder
Sir que de la constanta de la	Please complete either option below:	
	riodo outipioto ottior option anione	
(1) And Notary	RAH LISA CRONEN Public, State of Texas The Expires 10-13-2026 Early ID 134014886	
NOTARY STAMP/SEA	T. D. 100 100 00 11	146
Sworn to and subscribed	VIAN EPLAMI AM GAIL	12 day of Jan.
1 Kua Cu	which, witness my hand and seal of office.  NOTON USA CHONEN	Jotan Public
Signature of officer administr	ering oath Printed name of officer administering oath	Title of difficer administering oath
	OR Control of the Con	
(2) Unsworn Declarati	on	
763 X		ebruary 16 1968.
My address is <u>ゴはい</u>		provinces of the second contraction of the s
Executed in Kerda		
salt minimal files of the salt	Signature of Candidate	/Officeholder (Declarant)

## SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

	FILER NAME  20 Filer ID (Ethics Co  I ennifer McCall			on Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	9,750.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	Andrew de l'andre de l	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4:	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	6,392.99
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	to and the control of	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUR	NDS	S	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	ggygnig laggenender en benede historier en flysserhendere in general flysser en gebierenden bestjober.
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TONS RETURNED	\$	0.80

## MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

If the reques	sted information is not applicable, DO NOT in	clude this page in the	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 2
2 FILER NAME Jennifer M	1cCall		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Wanda McCarthy	(10#:	7 Amount of contribution (\$)
11/06/2023	6 Contributor address: City; PO Box 26 Boerne	State: Zip Code	250.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAG	(10)	Amount of contribution (\$)
12/04/2023	Contributor address; City: 7475 SW 102nd St. Pinecrest, FL. 3	State; Zip Code	3,000.00
Principal occup <b>Retired</b>	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 12/06/2023	Full name of contributor out-of-state PAG Mike Luckey  Contributor address; City;  110 Walters Rd. Boerne TX 7	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAG	; (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

## MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

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

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The	Instruction Guide explains how to co	omplete this	form.	1 Total pages Schedule A1:
2 FILER NAME Jennifer M	1cCall	digi kan dibumbangan Masak kepulah kan diki berbahan diki berbahan diki berbahan diki berbahan diki berbahan d		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor of Denise Dever	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
08/18/2023	6 Contributor address; 53 Silent Spring Be		State: Zip Code	500.00
8 Principal occu Retired	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date		out-of-state PAC	(ID#:)	Amount of contribution (\$)
08/18/2023	Lance Kyle  Contributor address;	City;	State: Zip Code	1,000.00
	226 Cascade Caverns E	3oerne	TX 78006	.,000.00
Principal occup	vation / Job title (See Instructions)		Employer (See Instruct Self-Employed	tions)
Date	Full name of contributor of Mike Luckey	out-of-state PAC	(ID#:)	Amount of contribution (\$)
10/10/2023	<u> , , , , , , , , , , , , , , , , , , ,</u>	City;	State; Zip Code ne 78006	2,000.00
Principal occup Retired	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date		out-of-state PAC	(ID#:)	Amount of contribution (\$)
11/06/2023	Lance Kyle  Contributor address;	Oity;	State; Zip Code	2,000.00
	226 Cascade Caverns I	Boerne	TX 78006	_,000.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruction Self-Employed	tions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

### 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 Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	***	¥
1 Total pages Schedule F1:	2 FILER NAME Jennifer McCall	n de de la companya d	3 Filer ID (Ethica	Commission Filers)
4 Date 01/09/2024	5 Payee name Circle H Signs			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
562.90	113 South Plant	Boerne	TX	78006
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	anderdischen der Gebeur und Schieber der Gebeur	en er freik er ein er ein gemannte er freik er ein er
PURPOSE OF EXPENDITURE	Advertising Expense	Magnetic Sig	ıns	jahidaja wan haran nasan na samu kasa ista masa sisan hiingi nasan sama si
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Oate	Payee name	ocumen planici lancum necessario i citiga i lancum per garco trapo calenda ante i fore i tilunare	accurage per plant in plant of annu de plant de per plant	in mataka meni silenti dan majaritan ini selah silenti menandarah silenti agawakaka
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
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Amount (\$)	Payee address;	City;	State;	Zip Code
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Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

### 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 Salaries/Wages/Contract Labor

Total pages Schedule F1:	2 FILER NAME Jennifer McCall	3	Filer ID (Ethi	cs Commission Filers)		
4 Date	5 Payee name	<del>ne en la maria de la composició de la comp</del>	elinenti listendeteksiksi senii senenteseteksikaliksi seleksistemi iyek	in Andrick Order, with the description of the second second registration of the second		
01/08/2024	Alamo Mailing					
5 Amount (\$)	7 Payee address;	City;	State:	Zip Code		
108.25	13114 Lookout Run	San Antonio	TX	78233		
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description	meneginakah digitalpada pada mangkapada (agia, pendapanan ang maja, napanah	enteren er er en		
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01/08/2024	Home Depot					
Amount (\$)	Payee address;	City;	State;	Zip Code		
28.59	633 W. Bandera	Boerne	TX	78006		
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PURPOSE OF EXPENDITURE	Advertising Expense	campaign sign s	upplies			
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Date	Payee name		enneterini kirjanin kirjanin kanga kiri kirjana kirjana nama kirjanga kirjanaka kirjanaka kirjanaka kirjanaka	namakan menganan jakan dapan dapan dapan dapan dapan dapan dapan dapan jahan salah jakan salah jakan dapan dap Santan dapan d		
01/08/2024	Alamo Mailing					
Amount (\$)	Payee address;	City;	State;	Zip Code		
2,842.09	13114 Lookout Run	San Antonio	TX	78233		
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PURPOSE OF EXPENDITURE	Advertising Expense	push card printii	ng			
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### 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 Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
Total pages Schedule F1:	2 FILER NAME Jennifer McCall		3 Filer ID (Ethic	s Commission Filers)
1 Date 12/07/2023	5 Payee name Alamo Mailing			
3 Amount (\$)	7 Payee address;	City;	State;	Zip Code
32.48	13114 Lookout Run	San Antonio	TX	78233
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PURPOSE OF EXPENDITURE	Advertising Expense	push card se	t up/ printing	
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Aus	lin, TX, officeholder livin	g expense
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12/11/2023	Circle H Signs			
Amount (\$)	Payee address;	City;	State;	Zip Code
2,960.65	113 South Plant	Boerne	TX	78006
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12/18/2023	Home Depot			
Amount (\$)	Payee address;	City;	State;	Zip Code
54.84	633 W. Bandera	Boerne	TX	78006
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PURPOSE OF EXPENDITURE	Advertising Expense	campaign sigr	supplies	
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## 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 Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Jennifer McCall	3	Filer ID (Ethic	s Commission Filers)
4 Date 11/30/2023	5 Payee name UPS	the first of the f	and the second s	n de la companya de l
6 Amount (\$)	7 Payee address;	[City;]	State;	Zip Code
21.02	215 W. Bandera	Boerne	TX	78006
8.	(a) Category (See Categories listed at the top of this schedule)	(b) Description	ran, mariigita mataala gada sa il Armaninina salah sa sa iliya ata mada sa gara manan aya manan aya ay	anticativa en en en esta en
PURPOSE OF EXPENDITURE	Advertising Expense	copies for walk	ist	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
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12/06/2023	UPS			
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## 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
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

Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundraising Expense

	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Jennifer McCall		3 Filer ID (Ethic	s Commission Filers)	
4 Date 10/18/2023	5 Payee name UPS		kap silan nyaéta na manggi sana sida nasi Arasahan sida nabaha siya una dalam sidangi.	in termenty printer meneral meneral meneral meneral meneral personal personal printer personal personal persona	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
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11/06/2023	UPS				
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38.44	215 W. Bandera	Boerne	TX	78006	
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PURPOSE OF EXPENDITURE	Advertising Expense	push card set	sh card set up/ print		
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Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held	
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11/13/2023	UPS				
Amount (\$)	Payee address;	City:	State;	Zip Code	
102.00	215 W. Bandera	Boerne	TX	78006	
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PURPOSE OF EXPENDITURE	Advertising Expense	notary fee for f	iling docume	nts	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

### 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 Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Jennifer McCall		3 Filer ID (Ethic	s Commission Filers)
4 Date 09/05/2023	5 Payee name The UPS Store			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
21.65	215 W. Bandera	Boerne	TX	78006
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	aireachta an taigean ann air aireachta aireachta an taigean an taigeachta aireachta aireachta aireachta aireac	ungirkenningsgrangeningeningeningsgrangen gegen unmensales selviningensen mensalis privinselm
PURPOSE OF EXPENDITURE	Advertising Expense	push card set	up/print	
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Aust	lin, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name	again ana agusta ann a citir a sa antagain ann an ann tagain an	- edisantaki papa i pampulanki mandangan papaki mandadi di peripi madalaki peripi madalaki di peripi madalaki	anni kanaksia esekin kirina sukurturturturtuktori anni kirinteki kentanya ete melaheseksi keri
10/10/2023	UPS			
Amount (\$)	Payee address;	City;	State;	Zip Code
69.83	215 W. Bandera	Boerne	TX	78006
win-cenin-cenin-medicination gradual entre de la compact d	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	push card set	push card setup/print	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	k if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	untegen-commegatorqui neglision dirinimi passanti emmanunce minintegrane	Office held
Date	Payee name	n met dissambankan kanisasan dissambankan ken nan disabupan sebah ken lain medianakan kanisaban sebah sebah s Kanisaban disagai sebah sebah persima kepis sebah	user (cinseran marinistrate) de processo de signa estaciones e cinseran de sentra de processo de seguina de se Marinistrativa de cinseran de seguina de seguina de seguina de començar de seguina de seguina de seguina de se	et feliale en geleg en geleg Angegende begen de samt en gemen en gemen en geleg en geleg en geleg en geleg en de geleg en de geleg en de ge
10/16/2023	UPS			
Amount (\$)	Payee address;	City;	State;	Zip Code
27.07	215 W. Bandera	Boerne	TX	78006
en vige en en en vige interpresentation en	Category (See Categories listed at the top of this schedule)	Description	en vara mirjaa maran madaalka marinii seedin seeva midha midha midha maran madaa madaa madaa seedin seedin mid	annia inayan nganida da nga apagagan anginda di inayan anda dingin ay da nga aligda anni
PURPOSE OF EXPENDITURE	Advertising Expense	push card set	up/ print	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX. officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••
	NAME fer McCall  2 Filer ID (Ethics Commission Filers)
	ATURE
· •	
de	at expect any further political contributions or political expenditures in connection with my candidacy. I understand that ating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any ign contributions or make any campaign expenditures without a campaign treasurer appointment on file.  Signature of Candidate / Officeholder
	WHO IS NOT AN OFFICEHOLDER  Inplete A & B below only if you are not an officeholder. ••
A.	CAMPAIGN FUNDS
c	ik only one:
Constant	I do not have unexpended contributions or unexpended interest or income earned from political contributions.
>	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254,204.
8.	ASSETS
c	sk only one:
X	I do not retain assets purchased with political contributions or interest or other income from political contributions.
de la constante de la constant	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.  Signature of Candidate
	EHOLDER
****	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.
	Signature of Officeholder