

# 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      FIRST: Jerry      MI: L NICKNAME: Jay      LAST: Talley      SUFFIX: Jr. 3	<b>OFFICE USE ONLY</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 8138 Fm 1107 Stockdale, TX 78160	Date Received: FILED For record in my office day of Feb 20 2020 10:40 o'clock A M EVA S. MARTINEZ, County Clerk Wilson County, Texas By: [Signature] Deputy	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (830)      PHONE NUMBER: 321 - 1102      EXTENSION:	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: mrs      FIRST: veslie      MI: H NICKNAME: J-      LAST: Jasker      SUFFIX: -	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 5902 Heather Blossom Lane Kingwood TX 77345	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE: (512)      PHONE NUMBER: 796 - 4408      EXTENSION:	Date Imaged	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year      THROUGH      Month Day Year 01 / 16 / 2020      THROUGH      02 / 03 / 2020		
11 ELECTION	ELECTION DATE: Month Day Year 03 / 03 / 2020	ELECTION TYPE: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Wilson County Constable Pct 4	13 OFFICE SOUGHT (if known) Wilson County Constable Pct 4	

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**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

**14 C/OH NAME** Jerry L. Talley Jr. **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 / 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:  GENERAL  SPECIFIC

COMMITTEE NAME: NONE

COMMITTEE ADDRESS:

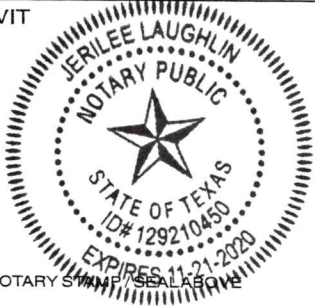
COMMITTEE CAMPAIGN TREASURER NAME:

COMMITTEE CAMPAIGN TREASURER ADDRESS:

Additional Pages

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	<u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	<u>0</u>
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	<u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$	<u>3,108.<sup>78</sup></u>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	<u>0</u>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	<u>0</u>

**18 AFFIDAVIT**



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.

Jerry L. Talley Jr.  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jerry Talley Jr., this the 3<sup>rd</sup> day of Feb., 20 20, to certify which, witness my hand and seal of office.

Jerilee Laughlin Jerilee Laughlin Clerk  
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 FILER NAME <b>Jerry Talley Jr.</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3,108.78
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1

2 FILER NAME

Jerry B. Talley Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

NONE

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>1</b>	
2 FILER NAME <b>Jerry L. Talley Jr.</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0</b>	
5 Date <b>—</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>—</b>	8 Amount of Contribution \$	9 In-kind contribution description <b>NONE</b>
7 Contributor address; City; State; Zip Code <b>—</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>—</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <b>—</b>	
12 Contributor's principal occupation (FOR JUDICIAL) <b>—</b>		13 Contributor's job title (FOR JUDICIAL) (See Instructions) <b>—</b>	
14 Contributor's employer/law firm (FOR JUDICIAL) <b>—</b>		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) <b>—</b>	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) <b>—</b>			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
Contributor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**PLEGGED CONTRIBUTIONS**

**SCHEDULE B**

The Instruction Guide explains how to complete this form. **1** Total pages Schedule B: 1

**2** FILER NAME Jerry L. Talley Jr. **3** Filer ID (Ethics Commission Filers)

**4** TOTAL OF UNITEMIZED PLEDGES \$

**5** Date            **6** Full name of pledgor             out-of-state PAC (ID#:           ) **8** Amount of Pledge \$ **9** In-kind contribution description NONE  
**7** Pledgor address;            City; State; Zip Code             
 Check if travel outside of Texas. Complete Schedule T.

**10** Principal occupation / Job title (See Instructions)            **11** Employer (See Instructions)           

~~Date            Full name of pledgor             out-of-state PAC (ID#:           ) Amount of Pledge \$ In-kind contribution description  
           Pledgor address;            City; State; Zip Code             
 Check if travel outside of Texas. Complete Schedule T.~~

~~Principal occupation / Job title (See Instructions)            Employer (See Instructions)~~

~~Date            Full name of pledgor             out-of-state PAC (ID#:           ) Amount of Pledge \$ In-kind contribution description  
           Pledgor address;            City; State; Zip Code             
 Check if travel outside of Texas. Complete Schedule T.~~

~~Principal occupation / Job title (See Instructions)            Employer (See Instructions)~~

~~Date            Full name of pledgor             out-of-state PAC (ID#:           ) Amount of Pledge \$ In-kind contribution description  
           Pledgor address;            City; State; Zip Code             
 Check if travel outside of Texas. Complete Schedule T.~~

~~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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

## 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

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 F1: 1 2 FILER NAME Jerry B. Talley Jr 3 Filer ID (Ethics Commission Filers)

4 Date — 5 Payee name NONE

6 Amount (\$) 0 7 Payee address; City; State; Zip Code —

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) — (b) Description  
 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~~

~~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/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 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



# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(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         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1      2 FILER NAME: Jerry L. Talla, Jr.      3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS      \$ 0

5 Date: \_\_\_\_\_      6 Payee name: \_\_\_\_\_

7 Amount (\$): \_\_\_\_\_      8 Payee address; City; State; Zip Code: \_\_\_\_\_

9 TYPE OF EXPENDITURE:  Political  Non-Political

10 PURPOSE OF EXPENDITURE: (a) Category (See Categories listed at the top of this schedule): \_\_\_\_\_ (b) Description:  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: \_\_\_\_\_ Office sought: \_\_\_\_\_ Office held: \_\_\_\_\_

~~Date: \_\_\_\_\_ Payee name: \_\_\_\_\_~~

~~Amount (\$): \_\_\_\_\_ Payee address; City; State; Zip Code: \_\_\_\_\_~~

~~TYPE OF EXPENDITURE:  Political  Non-Political~~

~~PURPOSE OF EXPENDITURE: (a) Category (See Categories listed at the top of this schedule): \_\_\_\_\_ (b) 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

**PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F3**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:

1

2 FILER NAME

Jerry L. Talley Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

NONE

6 Address of person from whom investment is purchased; City; State; Zip Code

\_\_\_\_\_

7 Description of investment

\_\_\_\_\_

8 Amount of investment (\$)

\_\_\_\_\_

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED







# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: <u>1</u>	<b>2</b> FILER NAME <u>Jerry L. Talley Jr.</u>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <u>—</u>	<b>5</b> Payee name <u>NONE</u>
---------------------------	------------------------------------

<b>6</b> Amount (\$) <u>0</u>	<b>7</b> Payee address; City; State; Zip Code <u>_____</u>
----------------------------------	---

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.) <u>_____</u>	<b>(b)</b> Description (See instructions regarding type of information required.) <u>_____</u>
---	---	---

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
-------------------------------	--	--

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
-------------------------------	--	--

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
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