CAMPAIGN FINANCE REPORT			FORM C/OH COVER SHEET PG 1		
The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR	JARED	É.	OFFICEUSE ONLY FILED	
	NICKNAME	SHAW	suffix F	profession of the profession o	20 20
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		C.R. 154	CITY: STATE; ZIP CODE	EVA S MARTINEZ Coun Wilson County Tex	
Change of Address	1/ERS	ANTON, TX	78064	Les Verefor O Hodal	Deputy
5 CANDIDATE/ OFFICEHOLDER PHONE		PHONE NUMBER 085 - 7242	EXTENSION	Date Halfo-delivered or Date Postmarked	<i>yo</i> Deputy
6 CAMPAIGN TREASURER NAME	MS / MRS / MA	JARED E LAST SHAW	SHAW JOB SUFFIX	Receipt # Amount \$ Date Processed Date imaged	
7 CAMPAIGN TREASURER ADDRESS	670	NO PO BOX PLEASE); APT / SI		STATE; ZIP CODE	
(Residence or Business)	PIER	SANTON,	TX 78064		
8 CAMPAIGN TREASURER PHONE	(301)	385- 7242	EXTENSION		
9 REPORT TYPE	January 15	30th day before e		15th day after campaign treasurer appointment (Officeholder Only)	
1	July 15	8th day before ele	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	b7	Day Year / 22 / 21	THROUGH 67	Day Year / 27_ / 2022	
11 ELECTION	ELECTION DA		ELECTION TYPE	,	
	Month Day	Year Primary	Runoff Other Description		
4	03/01/	22 General	Special		
12 OFFICE	OFFICE HELD (If any)		13 OFFICE SOUGHT (If know	e perce. PCT L	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES I	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME JAR	ZD SHAW FOR	JPL	
Additional Pages	GENERAL	COMMITTEE ADDRESS	C.R. 154 Plan	SANTON, TX 78664	
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME ED SHAW		
		COMMITTEE CAMPAIGN TRE	C.R. 154 PLENS	5 ANTON, TX 78564	
	CONTRACTOR OF THE STATE OF THE	GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		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)	\$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3141.22	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 2701.89	
	4. TOTAL POLITICAL EXPENDITURES	\$ 2701.89	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	* 439.33	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	**************************************	
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code. Signature of Car	and correct and includes all information	
Please complete either option below:			
		i a	
(1) Affidavit		*	
NOTARY STAMP/SEAL	·	٠	
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 officer administering oath	
(0) 11	OR		
(2) Unsworn Declaration	on .	1 = 107	
My name is	DI= CONTIN 7	17 April 1911 X 78064 USA	
Executed inS	(street) (city) (Street) (Stre	tate) (zip code) (country) WAM, 20 22. (year)	
	Signature of Candid	late/Officeholder (Declarant)	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Commission Filers)		
JARED SHAW		
21 SCHEDULE SUBTOTALS NAME 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 CO	NTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		. \$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$ 3141.22
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO	TIONS RETURNED	\$
	ÿ.	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Candidate/Officeholder/Polit Credit Card Payment	
1 Total pages Schedule G:	2 FILER NAME JARED SHAW 3 Filer ID (Ethics Commission Filers)
4 Date 9/2/21	5 Payee name 4 imprint
6 Amount (\$) 186.36	7 Payee address; Commerce ST. City; State; Zip Code
Relmbursement from political contributions intended	OSHKOSH, W/ 54901
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISE MENT PENS
	(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 JARED SHAW JUSTICE OF THE PENCE, PCT L
9/17/21	GoDADDY WEBHOSTING SERVICES
Amount (\$) 121.64 Reimbursement from political contributions intended	Payee address: 14455 NURTH HAYDEN RATE: State; Zip Code SUITE 219 SCOTTSDALE, AZ 85260
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING Description WEBSITE HOSTING
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	
9/17/21	Payee name VISTAPRINT
Amount (\$) 69.27 Reimbursement from	Payee address: 275 Wyman ST City; State; Zip Code Woltham, MA 02451
political contributions intended	Woltham, MA 02451
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule) PRINTING EXPENSE BUSINESS/INFO CARDS
LAI LIDIIOIL	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	JACED SHAW JUSTICE OF THE PEACE, PCT L
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 E Candidate/Officeholder/Politic Credit Card Payment	
1 Total pages Schedule G:	2 FILER NAME JARED SHAW 3 Filer ID (Ethics Commission Filers)
9/30/21	5 Payee name WILSON COUNTY NEWS 7 States 2 of Code
6 Amount (\$) 14.52 Relmbursement from political contributions intended	7 Payee address; City; State; Zip Code 1012 C. STREET FloreSvillE, 7X 78114
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description PRINT AD
9 Complete QNLY if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held JACED SHAW JUSTICE OF THE PERCE, PCT L
Date 15/4/21	Payee name 3-D Signs/Screen Printing Payee address: Zin Code
Amount (\$) 11 90. 75 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 8615 W. 2 ^D ST. City; State; Zip Code 50MERSET, TX 78069
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE CAMNIGN SIGNS & STAKES 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/4	Candidate / Officeholder name Office sought) Office held
Date 10/15/21	Payee name Wilson County NEWS
Amount (\$) 37.10 Reimbursement from political contributions intended	Payee address; C. STREET FluxESVIIE, TX 78114
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description PRINT AD
Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held JARED SHAW JUSTICE OF THE PEACE, PCT J.
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
Total pages Schedule G: 2	2 FILER NAME JARZD SHAW 3 Filer ID (Ethics Commission Filers)
1 Date 119/21	WILSON WINTY REPubliCAN PARTY State: Zip Code
375.	7 Payee address; PADDY LANE City: State; Zip Code Floresville, TX 78114
political contributions Intended	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	FEES FILING FEE
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	JARED SHAW JUSTILE OF THE PENCE, PCT I
Date 2/4/22	Payee name Wilson County NEWS
Amount (\$) 6777.85 Reimbursement from political contributions intended	Payee name Wilson County News Payee address; 1012 C. STREET Floresville, TX 78114
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description PRINT AD
	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 / Officenoider name
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
EAFENDITURE	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