## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT



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

The C/OH Instruction	Guide explains how	w to complete this form.	1 Filer ID (Ethics Commission Filers	2 Total pages filed:	6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS MR	JARED	Ë.	OFFICE US	E ONLY
	NICKNAME	SHAW	suffix re	ord in my office	20 2
4 CANDIDATE / OFFICEHOLDER MAILING		C.R. 154		AS MARTINEZ (	o'clock_X County Clerk
ADDRESS  Change of Address		ANTON, TX		Wilson County	Texas
5 CANDIDATE/ OFFICEHOLDER PHONE	(301)	385-7242	EXTENSION BY	Date Hand-delivered deb	ate Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	JARED	MI E.	Date Processed	mount \$
NAME	NICKNAME	SHAW	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	670	(NO PO BOX PLEASE): APT / SU C.R. 154 SANTON T		STATE; ZI	P CODE
(Residence or Business)			, , , ,		
8 CAMPAIGN TREASURER PHONE	(36)	385-7242	EXTENSION		
9 REPORT TYPE	January 15	30th day before ele	ection Runoff	15th day after can treasurer appointn (Officeholder Only	nent
	July 15	8th day before elec	tion Exceeded Modified Reporting Limit	Final Report (Attac	
10 PERIOD	Month	Day Year	Month	Day Year	
COVERED	07	/22 / 21	THROUGH OI	/15/22	
11 ELECTION	ELECTION DA	N Briman	ELECTION TYPI	Ē	
`	Month Day	rear	Description		
	03/01	/ 22 General	Special		
12 OFFICE	OFFICE HELD (If any)		13 OFFICE SOUGHT (If know JUSTICE OF	THE PEACE	PCTL
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE ! OFTH	THESE EVERNITIBES	CCEPTED OR POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN ED TO REPORT THIS INFORMATION ONLY IF	IDIDATE'S OR OFFICEHOLDER'S	WAGASTEDGE OV
CONNINT TEE(C)	COMMITTEE TYPE	COMMITTEE NAME JAR	ED SHAW FOR	JPL	
Additional Pages	GENERAL		C.R. 154 PLEPS	ANTON, TX 7	8064
*	SPECIFIC	COMMITTEE CAMPAIGN TREA	D SHAW		
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS PLEASA	NTON, TX 79	3064
		GO TO F	PAGE 2		

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

OAIMII AIOI		
15 C/OH NAME	ARED SHAW 1	6 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	<ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol>	\$ 3/41.22
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3141.22
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 2024.04
	4. TOTAL POLITICAL EXPENDITURES	\$ 2024.04
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ 1117.18
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	*HE \$ -
(1) Affidavit  NOTARY STAMP/SEAL	Please complete either option below:	idate or Officeholder
Sworn to and subscribed		day of,
20, to certify v	vhich, witness my hand and seal of office.	
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	1
My name is	5 C.R. 154 PLEASANTON TO	17 April 1971 X 78064 USA
Executed in Wils	(street) (state of ASS), on the 18 day of (month)	(zip code) (country)  (year)  (country)  (year)  (perpendicular (Declarant)

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19	JARED SHAW 20 Filer ID (Ethics Con				
21		JLE SUBTOTALS F 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.	X	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	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	NTRIBUTIONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	

## 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/Politic	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Printing Expense Printing Expense Printing Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.
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; 10 Commerce ST City; State; Zip Code
Reimbursement from political contributions intended	0shkosh, W 54961
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  ADVERTISING PENS
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9	Eandidate / Officeholder name Office Sought Office held
Complete <u>ONLY</u> If direct expenditure to benefit C/OH	JARED SHAW JUSTICE OF THE PEACE, POT L
Pate 9/17/21	GoDADDY WEBHOSTING SERVICES
Amount (\$)  121.04  Reimbursement from political contributions intended	Payee address: 14455 North Hayden Styl 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/0	Candidate Office holder name Office Sought Office held  OH JARED SHAW JUSTICZ OF THE PEACE, PCT L
Date 9/17/24	Payee name VISTAPRINT
Amount (\$)	Payee address; 275 WYMAN ST City; State; Zip Code
Reimbursement from political contributions intended	Waltham, MA 02451
PURPOSE OF	Category (See Categories listed at the top of this schedule)  PRINTING EXPENSE  BUSINESS/INFO CARDS
EXPENDITURE	Check if travel outside of Texes. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY If direct expenditure to benefit C/OH	Office held  Office held  Office held
	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	Event Expense Fees Food/Beverage Expense By Glft/Awards/Memorials Expense Al Committee  Event Expense Food/Beverage Expense Frinting Expense Frinting Expense Sataries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.
1 Total pages Schedule G:	2 FILER NAME JARED SHAW 3 Filer ID (Ethics Commission Filers)
4 Date 9/30/21	5 Payee name Wilson County News
6 Amount (\$) 44.52 Reimbursement from political contributions intended	7 Payee address; 1012 C. STREET City: State: Zip Code Floresville, TX 78114
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  ADV5RTISING  PRINT AD
9 Complete ONLY 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 Edught Office held  JARED SHAW JUSTICE OF THE PEACE, PCT L
Date LO[4/2]	Payee name 3-D Signs/SCREEN PRINTING
Amount (\$) 95.75	Payee address; 8015 W. 2ND St. City; State; Zip Code
Reimbursement from political contributions intended	Somerset, TX 78069
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  PRINTING EXPENSE COMPAIGN 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/C	Candidate / Office holder name Office sought Office held
Date (0/15/2)	Payee name Wilson County NEWS
Amount (\$)	Payee address; 6/2 C. STRSST City; State; Zip Code
Reimbursement from political contributions intended	Floresville, TX 78114
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  ADVERTISING  PRINT AD
EXI ERMITORE	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	SILON LUSTICE OF THE DENIE AT 1
	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.

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	EXPEN	IDITURE CATE	GORIES FO	R BOX 8(a			
divertising Expense accounting/Banking consulting Expense contributions/Donations Made B Candidate/Officeholder/Politica redit Card Payment	Committee Legal Services	e Expense emonals Expense	Office Overhe Polling Exper Printing Expe Salaries/Wag	ense ges/Contract La	ense	Travel In District Travel Out Of Distri	pment & Related Expense
	THE HISTORY	TION CUITO CAPTA				) File ID (Ethic	es Commission Filers)
Total pages Schedule G:	2 FILER NAME	SD SHA	N/			Filer ID (Ethic	cs Commission Fliers/
7-4-	5 Payee name						
11/19/21	WIL SON	COUNTY	NEPUB	LICAN	PAI	294	7i- Codo
Amount (\$) 375,	7 Payee address; 860 Pr	ADDY	LANE	, Ci	ty;	State;	Zip Code
Reimbursement from political contributions intended		the same of the sa					
	(a) Category (See Categories	listed at the top of this	schedule) (1	b) Descripti			-
PURPOSE OF EXPENDITURE	FEES	>				G PEE	
	(c) Check if travel outs	side of Texas. Complete	Schedule T.	Chec	k if Austin, T	X, officeholder living	
	Gandidate / Officeh	older name	0	ffice sough	>		Office held
omplete <u>ONLY</u> if direct xpenditure to benefit C/OH	JAKED SHA	IW JUST	TCE OF	THE PE	ALE,	PCTL	
Date	Payee name	3					
Amount (\$)	Payee address;			C	city;	State	; Zíp Code
Reimbursement from political contributions intended							
PURPOSE OF	Category (See Categorie	s listed at the top of the	ils schedule)	Descrip	tion		
EXPENDITURE				Ch	ak if Austin	TX, officeholder livi	ng expense
	Check if travel ou	itside of Texas. Complete					Office held
Complete ONLY if direct expenditure to benefit C.	Candidate / Office	holder name	C	Office sough	11		
	Payee name						
Date	T ayou manne						
Date	ayouthan					Charte.	Zin Code
Amount (\$)	Payee address;			Cì	ty;	State;	Zip Code
	Payee address;					State;	Zip Code
Amount (\$)  Reimbursement from political contributions intended  PURPOSE		ries listed at the top of	this schedule)	Ci		State;	Zip Code
Amount (\$)  Reimbursement from political contributions intended	Payee address;  Category (See Category	97		Descri	ption	State; n, TX, officeholder lin	ving expense
Amount (\$)  Reimbursement from political contributions intended  PURPOSE OF	Payee address;  Category (See Category)  Check if travel of	outside of Texes. Comple		Descri	ption heck if Austin		
Amount (\$)  Reimbursement from political contributions intended  PURPOSE OF	Payee address;  Category (See Category  Check if travelor  Candidate / Office	outside of Texes. Comple		Descri	ption heck if Austin		ving expense
Amount (\$)  Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee address;  Category (See Category Check If travelor Candidate / Office	outside of Texes. Comple	ete Schedule T.	Descri	ption heck if Austin	n, TX. officeholder lin	ving expense