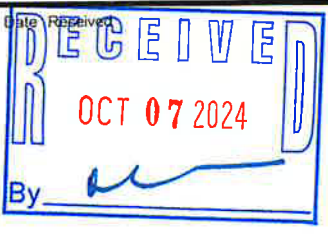


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed:								
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI <b>Mrs.</b> <b>Jackie</b> <b>T.</b> <small>NICKNAME      LAST      SUFFIX</small> <b>Williams</b>		<b>OFFICE USE ONLY</b>  								
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <b>Magnolia TX</b> <b>77354</b>										
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div>										
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI <b>Mr.</b> <b>Craig</b> <b></b> <small>NICKNAME      LAST      SUFFIX</small> <b>Williams</b>										
<b>7</b> CAMPAIGN TREASURER ADDRESS  <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <b>Magnolia</b> <b>TX</b> <b>77354</b>										
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div>										
<b>9</b> REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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 Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
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<b>10</b> PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year <b>7 / 1 / 2024</b> <b>9 / 26 / 2024</b>										
<b>11</b> ELECTION	<table style="width:100%; border: none;"> <tr> <td style="width:40%;">                     ELECTION DATE                      Month      Day      Year  <b>11 / 5 / 2024</b> </td> <td style="width:60%;">                     ELECTION TYPE  <input type="checkbox"/> Primary      <input type="checkbox"/> Runoff      <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General      <input type="checkbox"/> Special                 </td> </tr> </table>			ELECTION DATE Month      Day      Year <b>11 / 5 / 2024</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special						
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<b>12</b> OFFICE	OFFICE HELD (if any) <b>13</b> OFFICE SOUGHT (if known) <b>Montgomery County Hospital District (MCHD), Precinct 2</b>										
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	<p style="font-size: small;">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.</p> <table style="width:100%; border: none;"> <tr> <td style="width:20%; border: 1px solid black; vertical-align: top;">                     COMMITTEE TYPE   <input type="checkbox"/> GENERAL   <input type="checkbox"/> SPECIFIC                 </td> <td style="border: 1px solid black; vertical-align: top;">                     COMMITTEE NAME                       COMMITTEE ADDRESS                       COMMITTEE CAMPAIGN TREASURER NAME                       COMMITTEE CAMPAIGN TREASURER ADDRESS                 </td> </tr> </table>			COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS						
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**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**

**1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR  
CONTRIBUTIONS MADE ELECTRONICALLY)**

**\$ 255.23**

**2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)**

**\$ 255.23**

**EXPENDITURE  
TOTALS**

**3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.**

**\$ 255.23**

**4. TOTAL POLITICAL EXPENDITURES**

**\$ 255.23**

**CONTRIBUTION  
BALANCE**

**5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD**

**\$ 0.00**

**OUTSTANDING  
LOAN TOTALS**

**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.

*Jackie Williams*

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 Jackie T. Williams \_\_\_\_\_, and my date of birth is November 25, 1957 \_\_\_\_\_.

My address is 33222 Katy Lee Lane \_\_\_\_\_, Magnolia \_\_\_\_\_, TX \_\_\_\_\_, 77354 \_\_\_\_\_,  
(street) (city) (state) (zip code) (country)

Executed in Montgomery \_\_\_\_\_ County, State of Texas \_\_\_\_\_, on the 6th \_\_\_\_\_ day of October \_\_\_\_\_, 2024 \_\_\_\_\_.  
(month) (year)

*Jackie Williams*

Signature of Candidate/Officeholder (Declarant)