CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers	2 Total pages fi	led:		
3 CANDIDATE / OFFICEHOLDER	Ms/MRs/MR Mrs	FIRST Jamie	MI S	OFFICE	USEONLY		
NAME	NICKNAME	Clem	SUFFIX		FOR RECORD		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 5010 State H	APT / SUITE #; Hwy. 70, Sweetwa	city; state; zip code ter, TX 79556	JAN 11 2024 SHARLA KEITH NOLAN COUNTY CLERK			
	AREA CODE	PHONE NUMBER	EXTENSION				
5 CANDIDATE/ OFFICEHOLDER PHONE	(325)	235-6288	EXTENSION		d or Date Postmarked		
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$		
TREASURER NAME	Mrs.	Sarah	K	Date Processed			
	NICKNAME	Jones	SUFFIX	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 146 Inkman Springs Rd., Sweetwater, TX 79556						
(Residence or Business)							
8 CAMPAIGN TREASURER PHONE	(325)	236-4200	EXTENSION				
	1 (3 – 3)				and the same of th		
9 REPORT TYPE	January 15	30th day before	election	15th day after campaign treasurer appointment (Officeholder Only)			
	July 15	8th day before e	election Exceeded Modified Reporting Limit	Final Repo	rt (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 6 / 30 / 23 THROUGH 12 / 31 / 23						
11 ELECTION	ELECTION DATE ELECTION TYPE						
	Month Day	Year Primary	Runoff Other Description				
	//	Genera			***************************************		
12 OFFICE	Carrier of the Company	OFFICE HELD (if any) District Clerk 13 OFFICE SOUGHT (if known)					
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE	COMMITTEE NAME					
Additional Pages	GENERAL COMMITTEE ADDRESS						
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TO	REASURER ADDRESS				
GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Jamie S. Clem		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)	\$				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$				
	4. TOTAL POLITICAL EXPENDITURES	\$				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	* 0.00				
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* THE \$				
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.						
	postio	//w				
Signature of Candidate or Officeholder						
Please complete either option below:						
(1) Affidavit						
NOTARY STAMP/SEAL						
Sworn to and subscribed	, 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 OMIC (EM), and my date of birth is 02/02/1969 My address is 5010 3table HWW 10 Su yeetwater, TX, 7956 Notar						
(street) (city) (state) (zip code) (country)						
Executed in NOIAI) County, State of PAS, on the day of Capital 4, 20, 14.						
Signature of Candidate/Officeholder (Declarant)						