#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST MI 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** Mrs. Jennifer Α NAME Onla Received 1/45 NICKNAME SUFFIX Justie APT / SUITE #: ZIP CODE ADDRESS / PO BOX; 4 CANDIDATE/ OFFICEHOLDER 1206 Apollo Rd. #853037, Richardson, TX 75085 MAILING **ADDRESS** CITY OF RICHARDSON City Secretary's Office Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER **EXTENSION OFFICEHOLDER** (213)447-2953 PHONE Amount \$ Receipt # MS / MRS / MR FIRST М 6 CAMPAIGN **TREASURER** Mary Mrs. Date Processed NAME NICKNAME LAST SUFFIX Date Imaged 2024-01-08 Posted to web **Bedosky** S'IREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: ZIP CODE 7 CAMPAIGN **TREASURER** 1805 Park Meadown Lane, Richardson, TX 75081 **ADDRESS** (Residence or Business) EXTENSION 8 CAMPAIGN AREA CODE PHONE NUMBER **TREASURER** PHONE 768-0226 <sub>(</sub> 972 9 REPORT TYPE 15th day after campaign Runoff January 15 30th day before election treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit Year Dav 10 PERIOD Month COVERED 12 / 31 / 23 / 1 / 23 **THROUGH** ELECTION TYPE **ELECTION DATE** 11 ELECTION Other Description Primary Runoff Year General Special 23 6 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Richardson City Council - Place 2 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUICH EXPENDITURES. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2 CAMPAIGN FINANCE REPORT** 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) Jennifer Justice 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2 TOTAL POLITICAL CONTRIBUTIONS 100.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. **TOTALS** 4. **TOTAL POLITICAL EXPENDITURES** S CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 3,241.13 BALANCE OF REPORTING PERIOD **OUTSTANDING** TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 2,200.00 **LOAN TOTALS** LAST DAY OF THE REPORTING PERIOD 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. Signature of Candidate or Officeholder Please complete either option below: AIMEE NEMER **NOTARY PUBLIC** STATE OF TEXAS MY COMM. EXP. 08/26/27 (1) Affidavit NOTARY ID 11712088 NOTARY STAMP/SEAL Sworn to and subscribed before me by Jenifer Justice this the 4th day of January to certify which, witness my hand and seal of office. Almanker Signature of officer administering oath Printed name of officer administering oath (2) Unsworn Declaration \_\_\_\_\_ and my date of birth is \_\_\_\_ My name is \_\_\_ My address is \_\_\_\_ (street) (city) (state) (zip code) (country) Executed in \_\_\_\_\_ County, State of \_\_\_\_\_ , on the \_\_\_\_\_ day of \_

Signature of Candidate/Officeholder (Declarant)

## **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

	19 FILER NAME 20 Filer ID (Ethics Cor			mmission Filers)	
Je	nnifer Justice				
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT		
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$	100.00	
2.	SCHEDULEA2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.	SCHEDULE E: LOANS		\$		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$		
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 FUNDS		\$		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH				
11-	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	CONTRIBUTIONS \$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			\$	

## **MONETARY POLITICAL CONTRIBUTIONS**

### SCHEDULE A1

If the requested information is not applicable, <b>DO NOT include this page in the report.</b>							
The	Instruction Guide explains how to complete this	1 Total pages Schedule A1: 1					
2 FILER NAME Jennifer J	ustice	3 Filer ID (Ethics Commission Filers)					
4 Date	5 Full name of contributor out-of-state PAC (ID#:)  LaRuth Morrow		7 Amount of contribution (\$)				
07/13/2023	6 Contributor address; City;	State; Zip Code on, TX 75082	100.00				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)				
Date	Full name of contributor out-of-state PA	C (ID4:)	Amount of contribution (\$)				
	Contributor address; Clty;	State; Zip Code					
Principal occup	pation / Job title (See Instructions)	tions)					
Date	Full name of contributor out-of-state PA	C (ID#:	Amount of contribution (\$)				
54	Contributor address; City;	State; Zip Code					
Principal occupation / Job title (See Instructions)  Employer (See Instructions)							
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)				
	Contributor address; City;	State; Zip Code					
Principal occup	pation / Job title (See Instructions)	ctions)					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.							