CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

	and the second section of the section o			
The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Jason	MI D	OFFICE USE ONLY Date leger of CT
	NICKNAME	Ohrt	SUFFIX	TO TO
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3246 Berger Road Victoria, TX 77905			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (361)	PHONE NUMBER 648-4592	EXTENSION	Date Nantid Wind or Date Natharied
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	_{FIRST} Marigayle	MI	Date rocesseJAN 1 8 2022
	NICKNAME	Ohrt	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3246 Berger Road Victoria, TX 77905 Residence			
8 CAMPAIGN TREASURER PHONE	(361)	PHONE NUMBER 648-4591	EXTENSION	(
9 REPORT TYPE	January 15 July 15	30th day before el		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 7	Day Year / 1 / 21	THROUGH 12	Day Year / 31 / 21
11 ELECTION	Month Day 3	Year Primary 22 General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if ar y)		13 OFFICE SOUGHT (if know County Commis	ssioner Precinct 2
14 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEE OF POLITICAL COMMITTEE OF SUCCESSION OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEE OF SUCCESSION OF POLITICAL COMMITTEE OF POLITICAL C			IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
,	COMMITTEE TYPE COMMITTEE NAME			
Additional Pages COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME			
	COMMITTEE CAMPAIGN TREASURER ADDRESS			
		GO ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Jason D. Ohrt		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)	\$ 10,150.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,781.02
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 3,373.78
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 0.00
18 SIGNATURE I	swear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information
(1) Affidavit NOTARY STAMP SE	Please complete either option below LORI L LONGORIA Notary Public, State of Texas Comm. Expires 02-13-2022 Notary ID 12806354-8	10th
77.	y which, witness my hand and seal of office.	day of OKITUWID,
Signature of officer administ	Moria Lon Longona	Title of officer administering oath
	OR	
(2) Unsworn Declarat	ion	
My name is	, and my date of birth is	
My address is	(cite of the control	hata) (ring and a) (remain)
Executed in	(street) (city) (signature) (city), (signature) (city) (signature)	tate) (zip code) (country) , 20(year)
	Signature of Candida	ate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	son D. Ohrt	20 Filer ID (Ethics Cor	mmiss	sion Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	10,150.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			0.00
4.	4. SCHEDULE E: LOANS			0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$	6,781.02
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			0.00
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			0.00
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			0.00
11.	11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			0.00
12.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			0.00

SCHEDULE A1

1 Total pages Schedule A1:	
3 Filer ID (Ethics Commission Filers)	
7 Amount of contribution (\$)	
5,000.00	
ons)	
Amount of contribution (\$)	
200.00	
ons)	
Amount of contribution (\$)	
100.00	
ons)	
Amount of contribution (\$)	
250.00	
ons)	
EDED	

SCHEDULE A1

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
Jason D.	Ohrt		3 Filer ID (Ethics Commission Filers)
Lee Swearingen		C (ID#:)	7 Amount of contribution (\$)
12/07/2021 6 Contributor address; City; State; Zip Code 203 Leisure Lane Victoria, TX 77904			500.00
8 Principal occu Realtor	pation / Job title (See Instructions)	9 Employer (See Instruct Coldwell Banker / R	
Date	Full name of contributor out-of-state PA William Blanchard	C (ID#:)	Amount of contribution (\$)
12/09/2021		State; Zip Code	500.00
Principal occup Retired	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
12/09/2021		State; Zip Code	1,000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
12/10/2021	Contributor address; City;	State; Zip Code	200.00
	PO BOX 1878 Victoria,	IX 77902	
Principal occup Homemaker	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst		

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
² FILER NAME Jason D.	Ohrt		3 Filer ID (Ethics Commission Filers)
4 Date	Date 5 Full name of contributor out-of-state PAC (ID#:) SF Ruschhaupt III		7 Amount of contribution (\$)
12/09/2021 6 Contributor address; City; State; Zip Code 6028 Country Club Drive Victoria, TX 77904		250.00	
8 Principal occu Rancher	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
12/06/2021	Contributor address; City; 207 Turtle Rock Victoria	State; Zip Code	100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)
12/19/2021	Contributor address; City; 3076 Berger Road Victoria, TX	State; Zip Code	700.00
Principal occu Architect	pation / Job title (See Instructions)	Employer (See Instruct Rawley McCoy & As	
Date	Date Full name of contributor out-of-state PAC (ID#:) An Jess B. Williams Jr.		Amount of contribution (\$)
12/20/2021	Contributor address; City;	State; Zip Code	1,000.00
	102 Turtle Rock Dr Victoria, TX	(77904	
Principal occu Insurance	pation / Job title (See Instructions)	Employer (See Instruct Jess Williams Insur	·
	ATTACH ADDITIONAL COPIES Of the contributor is out-of-state PAC, please see Instru		

SCHEDULE A1

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
² FILER NAME Jason D.	Ohrt		3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#: John Morris Roberts		AC (ID#:)	7 Amount of contribution (\$)
12/20/2021	6 Contributor address; City;	State; Zip Code	350.00
	301 Champions Row Victoria	, TX 77904	000.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state Pa	AC (ID#:)	Amount of contribution (\$)
	Contributor address; City;		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state Pa	AC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state Pa	AC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Ins		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	, intuing t	Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Jason D. Ohrt		3 Filer ID (Ethics Commission Filers)
4 Date 12/10/2021	5 Payee name Rapid Printing		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
81.19	1708 N. Navarro, Ste 300 Victoria,	TX 77901	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Solicitation / Fundraising Expense	Contribution E	nvelopes
	(c) Ch∈ck if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/10/2021	Victoria Country Club		
Amount (\$)	Payee addr∈ss;	City;	State; Zip Code
438.84	14 Spring Creek Road Victoria, TX 7	77904	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event Expense	Fundraising E	vent / Meet & Greet
	$Ch\varepsilonck$ if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/17/2021	KC Strategies, LLC		
Amount (\$)	Payee addr∈ss;	City;	State; Zip Code
5,313.50	3571 Far West Blvd # 196 Austin, T	X 78731	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Consulting Expense	Consulting Exp	ense / Signs
	Che :k if travel outside of Texas. Complete Schedule T.	Check if Austir	n, 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 NEE	:DED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Consulting Expense Transportation Equipment & Related Expense Fcod/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jason D. Ohrt 4 Date 5 Payee name 11/28/2021 Pat Mercer Photography 6 Amount (\$) 7 Payee address; City: State: Zip Code 1197 Benbow Road Inez, TX 77968 197.49 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Advertising Expense **PURPOSE** Campaign Photographs **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/29/2021 Victoria County Republican Party Amount (\$) Payee address; City; State: Zip Code 115 S. Main Street Victoria, TX 77901 750.00 Category (Seg Categories listed at the top of this schedule) Description Fees **PURPOSE** Filing Fee OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH