

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed:									
<b>3 CANDIDATE / OFFICEHOLDER NAME</b> MS / MRS / MR <u>MR</u> FIRST <u>Jay</u> MI <u>R</u> NICKNAME LAST <u>Womack</u> SUFFIX		<b>OFFICE USE ONLY</b> <div style="border: 1px solid black; padding: 5px; margin: 5px;">                         Date Received <u>06 JAN 13 AM 11:30</u>                          Date Hand-delivered or Date Postmarked                          Receipt # Amount \$                          Date Processed                          Date Imaged                     </div>											
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> ADDRESS / PO BOX: [REDACTED] APT / SUITE #: CITY: <u>TEXARKANA TX</u> STATE: <u>TX</u> ZIP CODE <u>75503</u> <input type="checkbox"/> Change of Address													
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b> AREA CODE PHONE NUMBER EXTENSION [REDACTED]													
<b>6 CAMPAIGN TREASURER NAME</b> MS / MRS / MR <u>MR</u> FIRST <u>Jay</u> MI <u>R</u> NICKNAME LAST <u>Womack</u> SUFFIX		<b>OFFICE USE ONLY</b> <div style="border: 1px solid black; padding: 5px; margin: 5px;">                         Date Received <u>06 JAN 13 AM 11:30</u>                          Date Hand-delivered or Date Postmarked                          Receipt # Amount \$                          Date Processed                          Date Imaged                     </div>											
<b>7 CAMPAIGN TREASURER ADDRESS</b> STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: <u>TEXARKANA TX</u> STATE: <u>TX</u> ZIP CODE <u>75503</u> (Residence or Business)													
<b>8 CAMPAIGN TREASURER PHONE</b> AREA CODE PHONE NUMBER EXTENSION [REDACTED]													
<b>9 REPORT TYPE</b> <input checked="" type="checkbox"/> January 15 <input 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)													
<b>10 PERIOD COVERED</b> Month Day Year <u>12 / 05 / 2015</u> THROUGH <u>01 / 15 / 2016</u>													
<b>11 ELECTION</b> ELECTION DATE: Month Day Year <u>03 / 03 / 2016</u> ELECTION TYPE: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special													
<b>12 OFFICE</b> OFFICE HELD (if any) <u>Bowie County Justice of Peace 1/2</u>													
<b>13 OFFICE SOUGHT</b> (if known)													
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b> 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.													
<input type="checkbox"/> Additional Pages		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>				COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME												
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	COMMITTEE CAMPAIGN TREASURER ADDRESS												

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
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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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

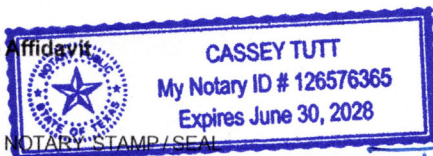
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*[Signature]*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by Jay Womack this the 13 day of January 2024, to certify which, witness my hand and seal of office.

*[Signature]* Cassey Tutt  
Signature of officer administering oath Printed name of officer administering oath

*[Signature]*  
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)