CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

				Y
The C/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
2 CANDIDATE /	MS / MRS / MR	FIRST	MI	CHION
3 CANDIDATE/	WIG / WING / WIN	FIRST	MI	OFFICE HISE ONLY
OFFICEHOLDER	Mr.	Jason	D	THE OF S
NAME		***************************************		Date Negeria
	NICKNAME	LAST	SUFFIX	130 SINGH
1		Ohrt		
4 CANDIDATE/	ADDRESS / PO BOX		CITY; STATE; ZIP CODE	
OFFICEHOLDER	3246 Berger	Road Victoria, Te	xas 77905	
MAILING				
ADDRESS				YOF
Change of Address				77
Change of Address				WIS'T'
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
OFFICEHOLDER	(261)	C40 4500		
PHONE	(361)	648-4592		FEB 2 2 2022
				Receipt # Amount \$
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	
TREASURER	Mrs.	Marigayle	M	Date Processed
NAME				Date Processed
	NICKNAME	LAST	SUFFIX	B
		Ohrt		Date Imaged
				The state of the s
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / SU	JITE #; CITY;	STATE; ZIP CODE
TREASURER	3246 Berger	Road Victoria, Te	vas 77005	
ADDRESS	3240 Delgel	Modu Victoria, re	5X43 11303	
(Residence or Business)				
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	
TREASURER				
PHONE	(361)	648-4591		
1110112	(361)	040-4591		
9 REPORT TYPE	January 15	30th day before el	ection Runoff	15th day after campaign
				treasurer appointment
				(Officeholder Only)
	July 15	8th day before elec	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year
COVERED	1	/ 21 / 22	THROUGH 2	/ 19 / 22
	' /	/ 21 / 22	THROUGH -	/ / ==
11 ELECTION	ELECTION DA	ATE I	ELECTION TYPE	
II LEECTION				
	Month Day	Year Primary	Runoff Other	
		/	Description	
	3 / 1	/ 22 General	Special	
12 OFFICE	OFFICE HELD (if any)	1	13 OFFICE SOUGHT (if known)
- 011102				,
			County Commis	ssioner Precinct #2
14 NOTICE FROM	THIS BOY IS FOR NOTIC	CE OF POLITICAL CONTRIBUTIONS A	ACCEPTED OF DOLLTICAL EXPENDITURES M	ADE BY POLITICAL COMMITTEES TO SUPPORT
POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CANI	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	CONSENT. CANDIDATES	S AND OFFICEHOLDERS ARE REQUIR	ED TO REPORT THIS INFORMATION ONLY IF T	HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
		TREPAC / Texas Asso	ociation of REALTORS Politic	cal Action Committee
GENERAL COMMITTEE ADDRESS				
Additional Pages		PO Box 2246 Aus	tin, Texas 78768-2246	
SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
Leslie Cantu				
		Lesile Caritu		
COMMITTEE CAMPAIGN TREASURER ADDRESS				
		PO Box 2246 A	ustin, Texas 78768-	2246
		1 0 DOX 2270 A		<u> </u>
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIG	N FINANCE REPORT	OOVER SHEET 1 G Z
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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,175.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,764.34
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	\$ 3,264.31
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THI LAST DAY OF THE REPORTING PERIOD	\$ 0.00
18 SIGNATURE I s	swear, or affirm, under penalty of perjury, that the accompanying report is true and	d correct and includes all information
ree	quired to be reported by me under Title 15, Election Code.	
	120)
	Signature of Candida	ate or Officeholder
	Please complete either option below:	
(1) Affidavit	CANDACE REYES Notary Public, State of Texas Comm. Expires 03-11-2024 Notary ID 128560966	
NOTARY STAMP/SEA Sworn to and subscribed	before me by <u>Tason Ohrt</u> this the 22	And day of February.
00	which, witness my hand and seal of office.	day of
Chul	1 Wess Chandre Ruses	notara public
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
	(street) (city) (state)	, , , , , , , , , , , , , , , , , , , ,
Executed in	County, State of , on the day of(month)	, 20 (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	son D. Ohrt	20 Filer ID (Ethics Con	nmis	sion Filers)
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	12,175.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	692.80
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	4. SCHEDULE E: LOANS			0.00
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	10,764.34
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			0.00
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$	0.00
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$	0.00
10.	0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	0.00
12.	. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			0.00

SCHEDULE A1

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

The	Instruction Guide explains how to complete this	s 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 June Stone	C (ID#:)	7 Amount of contribution (\$)	
01/19/2022	6 Contributor address; City; 107 Ridge View Victoria	State; Zip Code a, TX 77904	250.00	
8 Principal occu Business Ow	pation / Job title (See Instructions) Ner	9 Employer (See Instruct Stone Services	tions)	
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
01/21/2022			200.00	
Principal occup Mortgage Re	pation / Job title (See Instructions)	Employer (See Instruct City Mortgage	lions)	
Date	Full name of contributor out-of-state PAC Jim & Jennifer Hartman	C (ID#:)	Amount of contribution (\$)	
01/22/2022	Contributor address; City; 310 Creekridge victoria,	State; Zip Code Tx 77904	350.00	
Principal occupation / Job title (See Instructions) Self Employed Employer (See Instructions) VCS Services			tions)	
Date		C (ID#:)	Amount of contribution (\$)	
01/22/2022	Ross & Jacquelyn Mansker Contributor address; City; 602 Colony Creek Dr Victoria,	State; Zip Code Tx 77904	125.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi Excel Home Health	,	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

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

·			•
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
Jason D.	Ohrt		3 Filer ID (Ethics Commission Filers)
4 Date 01/25/2022	Mrs. James P. McHaney		7 Amount of contribution (\$) 200.00
8 Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instructi /ictoria Advocate	ons)
Date 01/26/2022	Clifton & Cathy Thomas Contributor address; City; Contributor address City; City; Contributor address City; City; Contributor address City; City; Contributor address City; Contributor City; Con	State; Zip Code	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Owner Employer (See Instructions) CL Thomas petroleum			•
Date 01/26/2022	Full name of contributor out-of-state PAC (Bernard & Laura Klimist Contributor address; City; 204 E. Santa Rosa Victoria, Tx	State; Zip Code 77901	Amount of contribution (\$) 1,000.00
Principal occup Attorney	ation / Job title (See Instructions)	Employer (See Instruction Bernard Klimist Attor	
Date 01/27/2022	Full name of contributor out-of-state PAC (Steve and Joan Klein Contributor address; City; 404 Ball Airport Rd Victoria, Tx	State; Zip Code	Amount of contribution (\$) 5,000.00
Principal occup Home Builde	ation / Job title (See Instructions)	Employer (See Instruction Steve Klein Homes	ons)
	ATTACH ADDITIONAL COPIES Of If contributor is out-of-state PAC, please see Instruc		

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
Jason D.	Ohrt	3 Filer ID (Ethics Commission Filers)		
4 Date 02/04/2022	5 Full name of contributor out-of-state PAC (ID#:	250 00		
8 Principal occu Banker	pation / Job title (See Instructions) 9			
Date 01/31/2022	Full name of contributor out-of-state PAC (ID#:	500.00		
Principal occup Attorney	eation / Job title (See Instructions) Employer (See Mike Crain At			
Date 01/25/2022	Full name of contributor out-of-state PAC (ID#:	1 000 00		
Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired				
Date 02/02/2022	Full name of contributor Mark Zafereo Contributor address; City; State; Zip Code 125 Kreekview Dr Victoria, TX 77904	250.00		
Principal occup Banker	eation / Job title (See Instructions) Employer (See Prosperity Ba	,		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	COLUMN AND AND AND AND AND AND AND AND AND AN		

SCHEDULE A1

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

in the requested information to het applicable, 50 NOT molade this page in the report.				
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	5 Full name of contributor out-of-state PAC (ID#:) Joe L. or Cathy Whitley		7 Amount of contribution (\$)	
02/03/2022	6 Contributor address; City; 108 Woodcreek Circle Victoria,	State; Zip Code	200.00	
8 Principal occu Retired		9 Employer (See Instruct Retired	ions)	
Date 02/10/2022	Jason & April Butler	State; Zip Code TX 77904	Amount of contribution (\$) 350.00	
Principal occup Owner	ation / Job title (See Instructions)	Employer (See Instruct Woodhouse Day Sp	,	
Date	Full name of contributor out-of-state PAC (ID#:) TREPAC / Texas Association of REALTORS Political Action Committee		Amount of contribution (\$)	
02/10/2022	Contributor address; City; PO Box 2246 Austin,	State; Zip Code Tx 78768	1,500.00	
Principal occup	ation / Job title (See Instructions) PAC	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
	ATTACH ADDITIONAL COPIES O			
	If contributor is out-of-state PAC, please see Instruc	ction guide for additional re	eporting requirements.	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Jason D. Ohrt		,			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 692.80			
5 Date	Date 6 Full name of contributor		8 Amount of 9 In-kind contribution		
Steve Klein			Contribution \$ description		
02/11/2022			692.80 Food for meet & greet event		
	404 Ball Airport Road Victoria, Tx 7	7904	I Check if travel outside of Texas. Complete Schedule T.		
	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)		
Home Bu			eve Klein Homes		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Date Full name of contributor		Amount of In-kind contribution Contribution \$ description		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employe	Employer (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS MEEDED					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District 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 5 Payee name 4 Date 01/31/2022 KC Strategies 6 Amount (\$) 7 Pavee address: City: State: Zip Code 3571 Far West Blvd #196 Austin, Texas 78731 5,059.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Ballot by Mail Tri-Fold mailers Advertising Expense **PURPOSE** OF **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 Payee name Date 02/17/2022 KC Strategies Amount (\$) Payee address; City; State: Zip Code 3571 Far West Blvd #196 Austin, Texas 78731 3,535.21 Category (See Categories listed at the top of this schedule) Description Advertising Expense County-Wide mailer PURPOSE **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin TX officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 02/17/2022 **KC Strategies** Amount (\$) Payee address; City; State: Zip Code 3571 Far West Blvd #196 Austin, Texas 78731 2,170.13 Description Category (See Categories listed at the top of this schedule) **PURPOSE** Adertising Expense 4x6 Signs (25) OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH