CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MS MRS / MR 3 CANDIDATE / Jenny OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME Morace APT / SUITE #; CITY; 4 CANDIDATE / ADDRESS / PO BOX; OFFICEHOLDER 6526 Clawson MAILING **ADDRESS** Houston, Tx 77055 Change of Address PHONE NUMBER EXTENSION 5 CANDIDATE/ AREA CODE Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (28)) 216-2941 PHONE Ashley LAST Receipt # Amount \$ MS) MRS / MR 6 CAMPAIGN **TREASURER** Date Processed NAME NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE 7 CAMPAIGN TREASURER 8511 Cedarbrake **ADDRESS** Houston, TX 77055 (Residence or Business) AREA CODE 8 CAMPAIGN **TREASURER** PHONE (713) 397-9489 15th day after campaign 9 REPORT TYPE January 15 30th day before election treasurer appointment (Officeholder Only) July 15 Exceeded Modified Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD COVERED 07/08/2072 04 / 28 / 2022 THROUGH ELECTION DATE **ELECTION TYPE** 11 ELECTION Primary Runoff Other Description Day 05/07/2012 General Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE BOT #7 SBISD 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 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**

FORM C/OH CANDIDATE / OFFICEHOLDER **COVER SHEET PG 2 CAMPAIGN FINANCE REPORT** 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) Jenny Morace TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 17 CONTRIBUTION **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. **TOTALS TOTAL POLITICAL EXPENDITURES** CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 6. LOAN TOTALS LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE required to be reported by me under Title 15, Election Code. Please complete either option below: Expires April 30, 2024 (1) Affidavit My Notary ID # 126475713 STEPHANIE BROWN NOTARY STAMP/SEAL 101906 this the $\frac{18}{18}$ day of $\frac{3}{18}$ Sworn to and subscribed before me by ___ to certify which, witness my hand and seal of office. Signature of officer administering oath Title of officer administering oath Printed name of officer administering oath (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 _ (month)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 | FILERNAME Jenny Morace 20 Filer ID (Ethi | 20 Filer ID (Ethics Commission Filers) | |
|-----|------------------------------------------------------------------------------------|----------------------------------------|--|
| 21 | SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT | |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ \$\mathcal{B}\$ | |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 22,000 | |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ \$ | |
| 4. | SCHEDULE E: LOANS | \$ Ø | |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ Ø | |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ Ø | |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ Ø | |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ Ø | |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ Ø | |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF CA | voн \$ Ø | |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ \$ | |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 9 | |
| | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

| 1 Total pages Schedule A2: 2 | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 3 Filer ID (Ethics Commission Filers) | | | |
| TIONS \$ | | | |
| 8 Amount of 9 In-kind contribution description Contribution \$ description Code for Andy Taylor Check if travel outside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL)(See Instructions) | | | |
| 3 Contributor's job title (FOR JUDICIAL) (See Instructions) | | | |
| 5 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | | | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Amount of Contribution \$ In-kind contribution description Code Legal Fees Check if travel outside of Texas. Complete Schedule T. | | | |
| Employer (FOR NON-JUDICIAL)(See Instructions) | | | |
| Contributor's job title (FOR JUDICIAL) (See Instructions) | | | |
| Law firm of contributor's spouse (if any) (FOR JUDICIAL) | | | |
| | | | |
| SCHEDULE AS NEEDED | | | |
| | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

| 1 Total pages Schedule A2: | | | |
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| 3 Filer ID (Ethics Commission Filers) | | | |
| UTIONS \$ | | | |
| 8 Amount of Contribution \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | |
| 13 Contributor's job title (FOR JUDICIAL) (See Instructions) | | | |
| 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | | | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Amount of Contribution \$\frac{10,000}{2} \text{Legal Fees for Amount taylor 4 Asset} Check if travel outside of Texas. Complete Schedule T. | | | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (FOR NON-JUDICIAL) (See Instructions) | | | |
| Contributor's job title (FOR JUDICIAL) (See Instructions) | | | |
| Law firm of contributor's spouse (if any) (FOR JUDICIAL) | | | |
| | | | |
| S SCHEDULE AS NEEDED | | | |
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