# 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:					ed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs	FIRST <b>Jacci</b>	MI	OFFICE USE ONLY		
NAME	NICKNAME	LAST <b>Hotzel</b>	SUFFIX	RECEIVED		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  Sugar Land, TX 77479  APR 28 2023  LAMAR CISD  SUPERINTENDENT'S OFFICE				AR CISD	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR Mrs.	FIRST  Jackie	МІ	Receipt #	Receipt # Amount \$	
NAME	NICKNAME	LAST	OUEEN	Date Processed		
	INICKNAME	Graves	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  Sugar Land, TX 77479					
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281 ) 468-8998					
9 REPORT TYPE	January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  July 15  8th day before election  Exceeded Modified  Final Report (Attach C/OH - FR)					
40 DEDIOD	-	1	Reporting Limit			
10 PERIOD COVERED	Month Day Year  1 / 20 / 23 THROUGH 4 / 28 / 23					
11 ELECTION	ELECTION DATE ELECTION TYPE					
	Month Day	Year Primary	Runoff Other			
	,,		Description			
	5 / 6 /	23 General	l Special			
12 OFFICE	OFFICE HELD (if any)  13 OFFICE SOUGHT (if known)  LCISD District 4 Trustee					
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER: KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME			
		COMMITTEE CAMPAIGN TF	REASURER ADDRESS			
GO TO PAGE 2						

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME Jacci Hotzel			16 Filer	ID (Ethics C	ommission Filers)
17 CONTRIBUTION 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)				\$ 1	,700.00
	2. TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS, O			\$ 1	,700.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXI	PENDITURE.		\$ 3	,818.44
	4. TOTAL POLITICAL EXPENDITUR	ES		\$ 3	,818.44
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS OF REPORTING PERIOD	MAINTAINED AS OF THE LAS	ST DAY	\$	923.66
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL LAST DAY OF THE REPORTING PER		THE	\$	
	wear, or affirm, under penalty of perjury, that th		e and cor	rect and inc	ludes all information
rec	quired to be reported by me under Title 15, Electio	n Code.			
	_	Signature of Ca	ndidate d	or Officeholo	der
		•			
	Please complete	either option below	<b>/</b> :		
(1) Affidavit					
(1)/11114411					
NOTARY STAMP/SEA	l				
	_				
Sworn to and subscribed		this the	*	day of	,
20, to certify	which, witness my hand and seal of office.				
Signature of officer administe	ering oath Printed name of officer ac	ministering oath		Title of office	er administering oath
18 3 3 Car 13 A 19 8	OR	<b>经货货</b>	April 1		# 19 No. 3 N
(2) Unsworn Declarati	on				
My name is Jacci Hot	zel	, and my date of birth is			
My address is		Sugar Land T		7479	USA
	(street)	(city) (s	state)	(zip code)	(country)
Executed in Fort Bend	County, State of Texas , o	n the 5 day of April (month	1)	_, <sub>20</sub> 23 (year)	_
			·		
		Signature of Candid	date/Office	eholder (De	clarant)

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19 FILE	19 FILER NAME 20 Filer ID (Ethics Com			on Filers)
Jacci	i Hotzel			
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			1,700.00
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.	4. SCHEDULE E: LOANS			
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	648.34
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	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		\$	3,170.10
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	
12.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			

#### **MONETARY POLITICAL CONTRIBUTIONS**

### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.					
The	The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:				
2 FILER NAME Jacci Hotze	ol .		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC Fort Bend Business Coalition	(ID#:)	7 Amount of contribution (\$)		
04/26/2023	6 Contributor address; City; Sugar Lan	State; Zip Code ad, TX 77496	1,000.00		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)		
Date		(ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
Date	Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (		Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
	ATTACH ADDITIONAL COPIES (				

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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)

Cledit Cald Payment	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics C	ommission Filers)	
	Jacci Hotzel				
4 Date	5 Payee name		-		
04/14/2023	Houston Sign Company				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
181.86  Reimbursement from political contributions intended	5801 Chimney Rock Rd Houston, TX 77081				
8 BURBOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising expense	Banners			
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held	
Date	Payee name			and the state of t	
Amount (\$)	Payee address;	City;	State;	Zip Code	
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Office sought  Office held			Office held	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living ex	pense	
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		

## PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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.		
Total pages Schedule H:	2 FILER NAME Jacci Hotzel		3 Filer ID (Ethics	Commission Filers)
Date	5 Business name Triple Threat Strategies LLC			
Amount (\$)	7 Business address;	City;	State;	Zip Code
224.00	5801 Chimney Rock Rd Houston, T	X 77081		
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising expense	Texting service	es	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living exp	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	C	Office held
Date	Business name			
Amount (\$)	Business 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			pense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	(	Office held
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	⇒T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	(	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED	

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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	The Instruction Guide explains how to complete this form.				
		•• Complete only if "Report Type" on page 1 is marked "Final Report" ••			
١	C/OH N				
	acci	Hotzel			
3	SIGNA	TURE			
	I do not	expect any further political contributions or political expenditures in connection with my candidacy. I understand that			
	_	ting a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any			
	campaig	n contributions or make any campaign expenditures without a campaign treasurer appointment on file.			
		A MANAGER TO THE RESIDENCE OF THE PARTY OF T			
		\$ignature of Candidate / Officeholder			
		· ·			
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••			
	A.	CAMPAIGN FUNDS			
	Chec	conly one:			
		I do not have unexpended contributions or unexpended interest or income earned from political contributions.			
	<b>V</b>	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.			
	B.	ASSETS			
	Chec	k only one:			
	1	I do not retain assets purchased with political contributions or interest or other income from political contributions.			
		I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.  Signature of Candidate			
5		EHOLDER plete this section <i>only</i> if you are an officeholder ••			
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.			
		Signature of Officeholder			