

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00084534	2 Total pages filed: 9	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Oscar M.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 02/04/2024	
	NICKNAME LAST Telfair	SUFFIX III		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 7011 Harwin Drive Ste 220 Houston, TX 77036		Date Hand-delivered or Date Postmarked	
			Receipt #	Amount
			Date Processed	
			Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Michael K.	MI	
	NICKNAME	LAST Stewart	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 320 E. 24th St. Houston, TX 77008			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 622-8053			
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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)			
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01/01/2024 01/31/2024			
10 ELECTION	ELECTION DATE Month Day Year 03/05/2024		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) District Judge District 387	

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
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13 C / OH NAME Telfair III, Oscar M.	14 Filer ID (Ethics Commission Filers) 00084534
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.			
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME		
		COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
16 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	361.47
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,056.30
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	1,747.53
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	873.41
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

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.

Oscar M. Telfair III

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - JC/OH

FORM JC/OH
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18 FILER NAME Telfair III, Oscar M.		19 Filer ID (Ethics Commission Filers) 00084534
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 2,056.30
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,747.53
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/3 Rpt: 4/9
2 FILER NAME Telfair III, Oscar M.		3 Filer ID (Ethics Commission Filers) 00084534
4 Date 01/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gautier, Byron (Mr.) 6 Contributor address; City; State; Zip Code Missouri City, TX 77459	7 Amount of Contribution (\$) \$312.16
8 Contributor's Principal Occupation sales		9 Contributor's Job Title mgr
10 Contributor's employer/law firm none		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Roderick (Mr.) Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$104.39
Contributor's Principal Occupation Oil and Gas		Contributor's Job Title Staff
Contributor's employer/law firm none		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Harry Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation legal		Contributor's Job Title attorney
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/3 Rpt: 5/9
2 FILER NAME Telfair III, Oscar M.		3 Filer ID (Ethics Commission Filers) 00084534
4 Date 01/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Labbe, Tammy (Ms.) 6 Contributor address; City; State; Zip Code Missouri City, TX 77459	7 Amount of Contribution (\$) \$120.00
8 Contributor's Principal Occupation retired		9 Contributor's Job Title retired
10 Contributor's employer/law firm none		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miles, Boris (Mr.) Contributor address; City; State; Zip Code Houston, TX 77004	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Government		Contributor's Job Title Legislator
Contributor's employer/law firm none		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norman, Terence (Mr.) Contributor address; City; State; Zip Code Pearland, TX 77581	Amount of Contribution (\$) \$200.00
Contributor's Principal Occupation legal		Contributor's Job Title attorney
Contributor's employer/law firm Norman Law Group		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/3 Rpt: 6/9
2 FILER NAME Telfair III, Oscar M.		3 Filer ID (Ethics Commission Filers) 00084534
4 Date 01/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Neal, Byron	7 Amount of Contribution (\$) \$208.28
	6 Contributor address; City; State; Zip Code Houston, TX 77042	
8 Contributor's Principal Occupation legal		9 Contributor's Job Title attorney
10 Contributor's employer/law firm self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Telfair, Oscar	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Missiouri City, TX 77489	
Contributor's Principal Occupation Legal		Contributor's Job Title Attorney
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/3 Rpt: 7/9	2 FILER NAME Telfair III, Oscar M.	3 Filer ID (Ethics Commission Filers) 00084534
4 Date 01/17/2024	5 Payee name A Media Marketing	
6 Amount (\$) \$325.00	7 Payee address; City; State; Zip Code 14415 Castlemaine Ct Sugar Land, TX 77498	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push Cards
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/25/2024	Payee name Amegy Bank	
Amount (\$) \$2.00	Payee address; City; State; Zip Code P. O. Box 27459 Houston, TX 77227	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/17/2024	Payee name Johnson, Andrea (Ms.)	
Amount (\$) \$155.00	Payee address; City; State; Zip Code 15611 Brookwood Lake Pl Sugar Lad, TX 77498	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Blockwalking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Blockwalking
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/3 Rpt: 8/9	2 FILER NAME Telfair III, Oscar M.	3 Filer ID (Ethics Commission Filers) 00084534
4 Date 01/25/2024	5 Payee name Johnson, Andrea (Ms.)	
6 Amount (\$) \$400.00	7 Payee address; City; State; Zip Code 15611 Brookwood Lake Pl Sugar Land, TX 77498	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Blockwalking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Blockwalkig
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/10/2024	Payee name NYCE Graphics & Printing	
Amount (\$) \$356.14	Payee address; City; State; Zip Code 2616 South Loop West Suite 215 Houston, TX 77054	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/22/2024	Payee name NYCE Graphics & Printing	
Amount (\$) \$103.00	Payee address; City; State; Zip Code 2616 South Loop West Suite 215 Houston, TX 77054	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs/Cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/3 Rpt: 9/9	2 FILER NAME Telfair III, Oscar M.	3 Filer ID (Ethics Commission Filers) 00084534
4 Date 01/25/2024	5 Payee name NYCE Graphics & Printing	
6 Amount (\$) \$356.14	7 Payee address; City; State; Zip Code 2616 South Loop West Suite 215 Houston, TX 77054	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/25/2024	Payee name PayPal	
Amount (\$) \$50.25	Payee address; City; State; Zip Code 12312 Port Grace Boulevard La Vista, NE 68128	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held