

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|   |  |   |                                  |   |                                  |                                |
|---|--|---|----------------------------------|---|----------------------------------|--------------------------------|
| <b>The C/OH Instruction Guide explains how to complete this form.</b>                               |  | <b>1 Filer ID</b><br>(Ethics Commission Filers)<br>00088467 | <b>2 Total pages filed:</b><br>4 |   |                                  |                                |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>  | MS / MRS / MR  | FIRST   | MI                               | <b>OFFICE USE ONLY</b>  |                                  |                                |
|   |  | Jerry   |                                  |   |                                  |                                |
|   | NICKNAME   | LAST  | SUFFIX                           | Date Received   |                                  |                                |
|   |  | Ford  | Sr.                              | ELECTRONICALLY FILED  |                                  |                                |
|   |  |   |                                  | 02/23/2024  |                                  |                                |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY;   |   | ZIP CODE                         | Date Hand-delivered or Date Postmarked                                  |                                  |                                |
|   | PO Box 670233  |   |                                  |   |                                  |                                |
|   | Houston, TX 77067  |   |                                  | Receipt #      Amount   |                                  |                                |
|   |  |   |                                  | Date Processed  |                                  |                                |
|   |  |   |                                  | Date Imaged   |                                  |                                |
| <b>5 CAMPAIGN TREASURER NAME</b>  | MS / MRS / MR  | FIRST   | MI                               |   |                                  |                                |
|   |  | Sandra M.   |                                  |   |                                  |                                |
|   | NICKNAME   | LAST  | SUFFIX                           |   |                                  |                                |
|   |  | Ford  |                                  |   |                                  |                                |
| <b>6 CAMPAIGN TREASURER ADDRESS</b><br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE);   |   | APT / SUITE #;                   | CITY;   | STATE;                           | ZIP CODE                       |
|   | 12627 British Knoll Court  |   |                                  |   |                                  |                                |
|   | Houston, TX 77014  |   |                                  |   |                                  |                                |
| <b>7 CAMPAIGN TREASURER PHONE</b>   | AREA CODE  | PHONE NUMBER  | EXTENSION                        |   |                                  |                                |
|   |  | (713) 819-3762  |                                  |   |                                  |                                |
| <b>8 REPORT TYPE</b>  | <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)   |   |                                  |   |                                  |                                |
| <b>9 PERIOD COVERED</b>   | Month  | Day   | Year                             | Month   | Day                              | Year                           |
|   |  | 01/26/2024  |                                  | THROUGH   |                                  | 02/24/2024                     |
| <b>10 ELECTION</b>  | ELECTION DATE  |   | ELECTION TYPE                    |   |                                  |                                |
|   | Month  | Day   | Year                             | <input checked="" type="checkbox"/> Primary                             | <input type="checkbox"/> Runoff  | <input type="checkbox"/> Other |
|   | 03/05/2024   |   |                                  | <input type="checkbox"/> General  | <input type="checkbox"/> Special |                                |
| <b>11 OFFICE</b>  | OFFICE HELD (if any)   |   |                                  | <b>12 OFFICE SOUGHT (if known)</b><br>State Representative District 139 |                                  |                                |
|   |  |   |                                  |   |                                  |                                |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 4

**13** C / OH NAME Ford Sr., Jerry **14** Filer ID (Ethics Commission Filers)  
00088467

**15** NOTICE FROM POLITICAL COMMITTEE(S)  
 Additional Pages

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"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | COMMITTEE NAME                       |
|   |                | COMMITTEE ADDRESS                    |
|   |                | COMMITTEE CAMPAIGN TREASURER NAME    |
|   |                | COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                               |   |    |           |
|-------------------------------|---|----|-----------|
| <b>16</b> CONTRIBUTION TOTALS | 1. 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)  | \$ | 0.00      |
| EXPENDITURE TOTALS            | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  | \$ | 0.00      |
|                               | 4. TOTAL POLITICAL EXPENDITURES   | \$ | 0.00      |
| CONTRIBUTION BALANCE          | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ | 48,277.98 |
| OUTSTANDING LOAN TOTALS       | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ | 50,000.00 |

**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.

Jerry Ford Sr.  
\_\_\_\_\_  
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      Printed name of officer administering      Title of officer administering oath

**SUBTOTALS - C/OH**

|   |   |
|---|---|
| <b>18 FILER NAME</b><br>Ford Sr., Jerry | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00088467 |
|---|---|

| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE  | SUBTOTAL AMOUNT |
|---|-----------------|
| 1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                       | \$              |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                         | \$              |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$              |
| 4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS  | \$ 1,722.02     |
| 5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                    | \$              |
| 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 | \$              |

# LOANS

# SCHEDULE E

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                          |   | <b>1</b> Total pages Schedule E:<br>Sch: 1/1 Rpt: 4/4  |
| <b>2</b> FILER NAME<br>Ford Sr., Jerry  |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088467   |
| <b>4</b> TOTAL OF UNITEMIZED LOANS  |   | <b>\$</b> 0.00   |
| <b>5</b> Date of loan<br>02/23/2024   | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ford, Jerry | <b>9</b> Loan Amount (\$)<br>\$1,722.02  |
| <b>6</b> Is lender a financial institution?<br>No   | <b>8</b> Lender address; City; State; Zip Code<br><br>Houston, TX 77014                       | <b>10</b> Interest Rate  |
|   |   | <b>11</b> Maturity Date<br>12/31/2024  |
| <b>12</b> Principal occupation / Job title (See Instructions)<br>Owner                    |   | <b>13</b> Employer (See Instructions)<br>Self employed   |
| <b>14</b> Description of Collateral<br><input checked="" type="checkbox"/> None           |   | <b>15</b> Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| <b>16</b> GUARANTOR INFORMATION<br><br><input checked="" type="checkbox"/> not applicable | <b>17</b> Name of guarantor   | <b>19</b> Amount Guaranteed (\$)   |
|   | <b>18</b> Guarantor address; City; State; Zip Code  |  |
| <b>20</b> Principal occupation  |   | <b>21</b> Employer (See Instructions)  |