

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| 1 Filer ID (Ethics Commission Filers)<br>00088138 |   | 2 Total pages filed:<br>13   |  | <b>OFFICE USE ONLY</b>                                     |  |
| 3 CANDIDATE / OFFICEHOLDER NAME                   | MS / MRS / MR<br>Mr.  | FIRST<br>Jaye K.   | MI<br>MI                                 | Date Received<br><b>ELECTRONICALLY FILED</b><br>02/25/2024 |  |
|   | NICKNAME  | LAST<br>Curtis   | SUFFIX                                   |  |  |
| 4 ORIGINAL REPORT TYPE                            | <input type="checkbox"/> January 15                         | <input type="checkbox"/> Runoff  | <input type="checkbox"/> Other (specify) |  |  |
|   | <input type="checkbox"/> July 15                            | <input type="checkbox"/> Exceeded modified reporting limit _____                           |  |  |  |
|   | <input type="checkbox"/> 30th day before election           | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) |  |  |  |
|   | <input checked="" type="checkbox"/> 8th day before election | <input type="checkbox"/> Final Report (Attach C/OH-FR)                                     |  |  |  |
|   | Date Hand-delivered or Date Postmarked                      |  |  |  |  |
| Receipt #   |   |  | Amount                                   |  |  |
| Date Processed                                    |   |  |  |  |  |
| Date Imaged                                       |   |  |  |  |  |
| 5 ORIGINAL PERIOD COVERED                         |   | Month Day Year<br>01/26/2024   | THROUGH                                  | Month Day Year<br>02/24/2024                               |  |

6 EXPLANATION OF CORRECTION  
No errors

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

**Semiannual reports:** I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Mr. Jaye K. Curtis  
\_\_\_\_\_  
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

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# 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</b> Filer ID<br>(Ethics Commission Filers)<br>00088138 | <b>2</b> Total pages filed:<br>13   |   |  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br>Mr.   | FIRST<br>Jaye K.  | MI  | <b>OFFICE USE ONLY</b>                      |  |
|   | NICKNAME   | LAST<br>Curtis  | SUFFIX  |   | Date Received<br><b>ELECTRONICALLY FILED</b><br>02/25/2024 |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY;<br>1009 N. Perry St.<br><br>Palestine, TX 75801   |   | ZIP CODE  | Date Hand-delivered or Date Postmarked      |  |
|   |  |   |   | Receipt #                                   |  |
|   |  |   |   | Amount                                      |  |
|   |  |   |   | Date Processed                              |  |
|   |  |   |   | Date Imaged                                 |  |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR<br>Mrs.  | FIRST<br>Kimberly S.  | MI  |   |  |
|   | NICKNAME   | LAST<br>Curtis  | SUFFIX  |   |  |
| <b>6</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE);<br>1009 N. Perry St.<br><br>Palestine, TX 75801   |   | APT / SUITE #;  | CITY; STATE; ZIP CODE                       |  |
|   |  |   |   |   |  |
| <b>7</b> CAMPAIGN TREASURER PHONE   | AREA CODE  | PHONE NUMBER  | EXTENSION   |   |  |
| (214) 903-7474  |  |   |   |   |  |
| <b>8</b> REPORT TYPE  | <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</b> PERIOD COVERED   | Month  | Day   | Year  | Month                                       |  |
| 01/26/2024  |  | THROUGH   |   | 02/24/2024                                  |  |
| <b>10</b> ELECTION  | ELECTION DATE  |   | ELECTION TYPE   |   |  |
|   | Month  | Day   | Year  | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> Runoff                            |
| 03/05/2024  |  |   | <input type="checkbox"/> General  | <input type="checkbox"/> Special            | <input type="checkbox"/> Other                             |
| <b>11</b> OFFICE  | OFFICE HELD (if any)<br>State Representative   |   | <b>12</b> OFFICE SOUGHT (if known)<br>State Representative Place Palestine District 8 |   |  |
|   |  |   |   |   |  |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

3 of 13

|   |   |
|---|---|
| <b>13 C / OH NAME</b> Curtis, Jaye K. (Mr.) | <b>14 Filer ID</b> (Ethics Commission Filers)<br>00088138 |
|---|---|

|   |  |   |
|---|--|---|
| <b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><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. |   |
|   | <b>COMMITTEE TYPE</b><br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC   | <b>COMMITTEE NAME</b><br><br><hr/> <b>COMMITTEE ADDRESS</b><br><br><hr/> <b>COMMITTEE CAMPAIGN TREASURER NAME</b><br><br><hr/> <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b><br><br><hr/> |

|                                |   |              |
|--------------------------------|---|--------------|
| <b>16 CONTRIBUTION TOTALS</b>  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00      |
|                                | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ 18,848.06 |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  | \$ 0.00      |
|                                | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  | \$ 12,526.66 |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ 3,332.18  |
| <b>OUTSTANDING LOAN TOTALS</b> | 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.

\_\_\_\_\_  
 Mr. Jaye K. Curtis  
 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****FORM C/OH  
COVER SHEET PG 3**

4 of 13

|  |   |   |
|--|---|---|
| <b>18 FILER NAME</b><br>Curtis, Jaye K. (Mr.)    |   | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00088138 |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE |   | SUBTOTAL AMOUNT   |
| 1.   | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 17,218.06  |
| 2.   | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS             | \$ 1,630.00   |
| 3.   | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$  |
| 4.   | <input type="checkbox"/> SCHEDULE E: LOANS  | \$  |
| 5.   | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$ 12,526.66  |
| 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 A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b> |   | <b>1</b> Total pages Schedule A1:<br>Sch: 1/3 Rpt: 5/13  |
| <b>2</b> FILER NAME<br>Curtis, Jaye K. (Mr.)                     |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088138 |
| <b>4</b> Date<br>02/06/2024                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Anonymous Cash contributions at meet & greet<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Palestine, TX 75801 | <b>7</b> Amount of Contribution (\$)<br><br>\$571.00     |
| <b>8</b> Principal occupation / Job title (See Instructions)     |   | <b>9</b> Employer (See Instructions)                     |
| Date<br>02/09/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Bass, Vicki (Mrs.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Brownsboro, TX 75756  | Amount of Contribution (\$)<br><br>\$4,803.00            |
| Principal occupation / Job title (See Instructions)<br>Retired   |   | Employer (See Instructions)<br>Retired                   |
| Date<br>02/17/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Bass, Vicki (Mrs.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Brownsboro, TX 75756  | Amount of Contribution (\$)<br><br>\$80.00               |
| Principal occupation / Job title (See Instructions)<br>Retired   |   | Employer (See Instructions)<br>Retired                   |
| Date<br>02/01/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Bobbie Kim , Brooks (Mrs.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Palestine, TX 75803                                     | Amount of Contribution (\$)<br><br>\$5,000.00            |
| Principal occupation / Job title (See Instructions)<br>Retired   |   | Employer (See Instructions)<br>Retired                   |
| Date<br>02/12/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Cherokee County Forum<br><hr/> Contributor address; City; State; Zip Code<br><br>Jacksonville, TX 75766                                       | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>             |  | <b>1</b> Total pages Schedule A1:<br>Sch: 2/3 Rpt: 6/13  |
| <b>2</b> FILER NAME<br>Curtis, Jaye K. (Mr.)                                 |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088138 |
| <b>4</b> Date<br>02/08/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Fundraiser Jar, Henderson County Forum<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Athens, TX 75751 | <b>7</b> Amount of Contribution (\$)<br><br>\$40.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>             |  | <b>9</b> Employer (See Instructions)                     |
| Date<br>02/10/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Jackson, Delma (Mr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Murchison , TX 75778                                 | Amount of Contribution (\$)<br><br>\$1,000.00            |
| Principal occupation / Job title (See Instructions)<br>Retired               |  | Employer (See Instructions)<br>Retired                   |
| Date<br>02/19/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>King, Jaqueline (Ms.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Purdon, TX 76679                                    | Amount of Contribution (\$)<br><br>\$400.00              |
| Principal occupation / Job title (See Instructions)<br>Owner Pop Acres Ranch |  | Employer (See Instructions)<br>Self employed             |
| Date<br>02/17/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Morphew, Brenda (Ms.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Palestine, TX 75801                                 | Amount of Contribution (\$)<br><br>\$50.00               |
| Principal occupation / Job title (See Instructions)<br>Retired               |  | Employer (See Instructions)<br>Retired                   |
| Date<br>02/20/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Nichols, John (Mr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Palestine, TX 75803                                   | Amount of Contribution (\$)<br><br>\$50.00               |
| Principal occupation / Job title (See Instructions)<br>Unknown               |  | Employer (See Instructions)<br>Unknown                   |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>            |   | <b>1</b> Total pages Schedule A1:<br>Sch: 3/3 Rpt: 7/13  |
| <b>2</b> FILER NAME<br>Curtis, Jaye K. (Mr.)                                |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088138 |
| <b>4</b> Date<br>02/05/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ogden, James (Mr.) | <b>7</b> Amount of Contribution (\$)                     |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Athens, TX 75752                                     |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Pathologist |   | <b>9</b> Employer (See Instructions)<br>Unknown          |
| Date<br>02/02/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Spinhirne, Dustin (Mr.)     | Amount of Contribution (\$)                              |
|   | Contributor address; City; State; Zip Code<br><br>Frankston, TX 75763   |  |
| Principal occupation / Job title (See Instructions)<br>Engineer             |   | Employer (See Instructions)<br>Aviatrix                  |
| Date<br>01/26/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Thistlethwaite, Barry (Mr.) | Amount of Contribution (\$)                              |
|   | Contributor address; City; State; Zip Code<br><br>Dallas, TX 75238  |  |
| Principal occupation / Job title (See Instructions)<br>Technical Writer     |   | Employer (See Instructions)<br>GXO                       |
| Date<br>02/02/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Vicki, Bass (Mrs.)          | Amount of Contribution (\$)                              |
|   | Contributor address; City; State; Zip Code<br><br>Brownsboro, TX 75756  |  |
| Principal occupation / Job title (See Instructions)<br>Retired              |   | Employer (See Instructions)<br>Retired                   |
| Date<br>02/06/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Votti, Virginia (Ms.)       | Amount of Contribution (\$)                              |
|   | Contributor address; City; State; Zip Code<br><br>Frankston, TX 75763   |  |
| Principal occupation / Job title (See Instructions)<br>Retired              |   | Employer (See Instructions)<br>Retired                   |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

|  |   |   |  |
|--|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                         |   | 1 Total pages Schedule A2:<br>Sch: 1/1 Rpt: 8/13                                |  |
| 2 FILER NAME<br>Curtis, Jaye K. (Mr.)  |   | 3 Filer ID (Ethics Commission Filers)<br>00088138                               |  |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                                    |   | \$  |  |
| 5 Date<br>02/01/2024   | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bobbie Kim , Brooks (Mrs.) | 8 Amount of contribution (\$)<br>\$430.00                                       | 9 In-kind contribution description<br>Printing of Posters for meet & greet |
|  | 7 Contributor address; City; State; Zip Code<br><br>Palestine, TX 75803   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)<br>Retirec     |   | 11 Employer (FOR NON-JUDICIAL) (See instructions)                               |  |
| 12 Contributor's principal occupation (FOR JUDICIAL)                                     |   | 13 Contributor's job title (FOR JUDICIAL) (See instructions)                    |  |
| 14 Contributor's employer/law firm (FOR JUDICIAL)  |   | 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)              |   |   |  |
| Date<br>02/06/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Paxton, Martha (Ms.)         | Amount of contribution (\$)<br>\$400.00   | In-kind contribution description<br>Payment for food at meet & greet       |
|  | Contributor address; City; State; Zip Code<br><br>Elkhart, TX 75839   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)<br>Realtor        |   | Employer (FOR NON-JUDICIAL) (See instructions)<br>Self employed                 |  |
| 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)                 |   |   |  |
| Date<br>02/06/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Virani, Sumair (Mr.)         | Amount of contribution (\$)<br>\$800.00   | In-kind contribution description<br>800.00 for a band for Meet & Greet     |
|  | Contributor address; City; State; Zip Code<br><br>The Colony, TX 75056  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)<br>Property Owner |   | Employer (FOR NON-JUDICIAL) (See instructions)<br>Self Employed                 |  |
| 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)                 |   |   |  |



# 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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/5 Rpt: 9/13 | <b>2</b> FILER NAME<br>Curtis, Jaye K. (Mr.) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088138 |
|---|--|--|

|                             |                                    |
|-----------------------------|------------------------------------|
| <b>4</b> Date<br>02/13/2024 | <b>5</b> Payee name<br>Alpha Media |
|-----------------------------|------------------------------------|

|                                  |  |
|----------------------------------|--|
| <b>6</b> Amount (\$)<br>\$720.00 | <b>7</b> Payee address; City; State; Zip Code<br>1211 SW 5th Ave<br>Suite 600<br>Portland , OR 97204 |
|----------------------------------|--|

|                                 |  |  |
|---------------------------------|--|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>KKUS 104.1 |
|---------------------------------|--|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                           |
|--------------------|---------------------------|
| Date<br>02/20/2024 | Payee name<br>Alpha Media |
|--------------------|---------------------------|

|                         |   |
|-------------------------|---|
| Amount (\$)<br>\$720.00 | Payee address; City; State; Zip Code<br>1211 SW 5th Ave<br>Suite 600<br>Portland , OR 97204 |
|-------------------------|---|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Radio Spots |
|------------------------|---|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                                 |
|--------------------|---------------------------------|
| Date<br>02/14/2024 | Payee name<br>Cherokeean Herald |
|--------------------|---------------------------------|

|                         |   |
|-------------------------|---|
| Amount (\$)<br>\$440.00 | Payee address; City; State; Zip Code<br>595 N Main St<br><br>Rusk, TX 75785 |
|-------------------------|---|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Newspaper Ads |
|------------------------|---|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|  |  |
|--|--|
|  |  |
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# 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.

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| <b>1</b> Total pages Schedule F1:<br>Sch: 2/5 Rpt: 10/13 | <b>2</b> FILER NAME<br>Curtis, Jaye K. (Mr.) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088138 |
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| <b>4</b> Date<br>02/14/2024 | <b>5</b> Payee name<br>Jacksonville Daily Progress |
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| <b>6</b> Amount (\$)<br>\$1,255.25 | <b>7</b> Payee address; City; State; Zip Code<br>525 E Commerce St<br><br>Jacksonville, TX 75766 |
|------------------------------------|--|

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| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Newspaper Ads for Jacksonville, Palestine, Athens |
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| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date<br>02/14/2024 | Payee name<br>Jacksonville Daily Progress |
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|-------------------------|---|
| Amount (\$)<br>\$745.00 | Payee address; City; State; Zip Code<br>525 E Commerce St<br><br>Jacksonville, TX 75766 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Newspaper Ads |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date<br>02/15/2024 | Payee name<br>KRVF The Ranch |
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| Amount (\$)<br>\$591.00 | Payee address; City; State; Zip Code<br>214 N Main St<br><br>Corsicana, TX 75110 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Advertising Spots |
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| 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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/5 Rpt: 11/13            | <b>2</b> FILER NAME<br>Curtis, Jaye K. (Mr.)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088138   |
| <b>4</b> Date<br>02/19/2024   | <b>5</b> Payee name<br>KRVF The Ranch  |  |
| <b>6</b> Amount (\$)<br>\$417.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>214 N Main St<br><br>Corsicana, TX 75110      |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Radio Spots                  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>02/12/2024  | Payee name<br>Ledesma, Javier (Mr.)  |  |
| Amount (\$)<br>\$450.00   | Payee address; City; State; Zip Code<br>101<br>Daisy Ln<br>Palestine , TX 75801                |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Pay to put up campaign signs |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>02/02/2024  | Payee name<br>NavCo Chronicle  |  |
| Amount (\$)<br>\$700.00   | Payee address; City; State; Zip Code<br>3002<br>W. 4th St<br>Corsicana, TX 75110               |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Newspaper ads                |
| 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.

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|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 4/5 Rpt: 12/13 | <b>2</b> FILER NAME<br>Curtis, Jaye K. (Mr.) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088138 |
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| <b>4</b> Date<br>02/14/2024 | <b>5</b> Payee name<br>NavCo Chronicle |
|-----------------------------|--|

|                                  |   |
|----------------------------------|---|
| <b>6</b> Amount (\$)<br>\$800.00 | <b>7</b> Payee address; City; State; Zip Code<br>3002<br>W. 4th St<br>Corsicana, TX 75110 |
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| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Newspaper Ads |
|---------------------------------|--|---|

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|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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| Date<br>02/02/2024 | Payee name<br>Palestine Herald Press |
|--------------------|--------------------------------------|

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| Amount (\$)<br>\$650.00 | Payee address; City; State; Zip Code<br>519 Elm St<br><br>Palestine, TX 75801 |
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| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Newspaper ads |
|-------------------------------|--|---|

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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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|--------------------|---------------------------------|
| Date<br>02/07/2024 | Payee name<br>Quickstrike Media |
|--------------------|---------------------------------|

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|-------------------------|--|
| Amount (\$)<br>\$900.00 | Payee address; City; State; Zip Code<br>4820<br>TX 19<br>Palestine, TX 75801 |
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| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas Pump Ads |
|-------------------------------|--|--|

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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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# 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.

|   |  |  |
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| <b>1</b> Total pages Schedule F1:<br>Sch: 5/5 Rpt: 13/13            | <b>2</b> FILER NAME<br>Curtis, Jaye K. (Mr.)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088138   |
| <b>4</b> Date<br>02/06/2024   | <b>5</b> Payee name<br>Signage Systems   |  |
| <b>6</b> Amount (\$)<br>\$556.16                                    | <b>7</b> Payee address; City; State; Zip Code<br>7900<br>Ferguson Rd<br>Dallas, TX 75228       |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Signs             |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>02/19/2024  | Payee name<br>Texting for less   |  |
| Amount (\$)<br>\$1,282.25   | Payee address; City; State; Zip Code<br>354 State Street<br>#104<br>Hackensack, NJ 07601       |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Mass texting               |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>02/12/2024  | Payee name<br>Zula Com   |  |
| Amount (\$)<br>\$2,300.00   | Payee address; City; State; Zip Code<br>800<br>W Palestine Ave<br>Palestine, TX 75801          |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Radio Spots thru March 5th |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |