

# STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH  
COVER SHEET PG 1

|                                                                          |                                                                                                                                                                                                                                                                                                           |                                                             |                                      |                                                  |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------|--------------------------------------------------|
| <b>The SC C/OH Instruction Guide explains how to complete this form.</b> |                                                                                                                                                                                                                                                                                                           | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00068208 | <b>2</b> Total pages filed:<br><br>5 |                                                  |
| <b>3</b> CANDIDATE NAME                                                  | MS / MRS / MR<br>Mr.                                                                                                                                                                                                                                                                                      | FIRST<br>Jared H.                                           | MI                                   | <b>OFFICE USE ONLY</b>                           |
|                                                                          | NICKNAME                                                                                                                                                                                                                                                                                                  | LAST<br>Hockema                                             | SUFFIX                               |                                                  |
| Date Received<br><b>ELECTRONICALLY FILED</b><br>07/15/2025               |                                                                                                                                                                                                                                                                                                           |                                                             |                                      |                                                  |
| Date Hand-delivered or Date Postmarked                                   |                                                                                                                                                                                                                                                                                                           |                                                             |                                      |                                                  |
| <b>4</b> CANDIDATE ADDRESS                                               | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE                                                                                                                                                                                                                                                    |                                                             |                                      |                                                  |
|                                                                          | P.O. Box 533909<br><br>Harlingen, TX 78553                                                                                                                                                                                                                                                                |                                                             |                                      |                                                  |
| <input type="checkbox"/> Change of Address                               |                                                                                                                                                                                                                                                                                                           |                                                             |                                      |                                                  |
| <b>5</b> CAMPAIGN TREASURER NAME                                         | MS / MRS / MR<br>Mr.                                                                                                                                                                                                                                                                                      | FIRST<br>Jared H.                                           | MI                                   |                                                  |
|                                                                          | NICKNAME                                                                                                                                                                                                                                                                                                  | LAST<br>Hockema                                             | SUFFIX                               |                                                  |
| <b>6</b> CAMPAIGN TREASURER ADDRESS                                      | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE                                                                                                                                                                                                                                   |                                                             |                                      |                                                  |
|                                                                          | 1411 N. Stuart Place Rd. Ste. C<br><br>Harlingen, TX 78552                                                                                                                                                                                                                                                |                                                             |                                      |                                                  |
| <b>7</b> CAMPAIGN TREASURER PHONE                                        | AREA CODE                                                                                                                                                                                                                                                                                                 | PHONE NUMBER                                                | EXTENSION                            |                                                  |
|                                                                          | (956) 465-0902                                                                                                                                                                                                                                                                                            |                                                             |                                      |                                                  |
| <b>8</b> REPORT TYPE                                                     | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before convention / election <input type="checkbox"/> Runoff<br><input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before convention / election <input type="checkbox"/> Final report (Attach SC C/OH-FR) |                                                             |                                      |                                                  |
|                                                                          |                                                                                                                                                                                                                                                                                                           |                                                             |                                      |                                                  |
| <b>9</b> PERIOD COVERED                                                  | Month    Day    Year                                                                                                                                                                                                                                                                                      |                                                             | Month    Day    Year                 |                                                  |
|                                                                          | 01/01/2025                                                                                                                                                                                                                                                                                                |                                                             | THROUGH<br>06/30/2025                |                                                  |
| <b>10</b> CONVENTION / ELECTION DATE                                     | Month    Day    Year                                                                                                                                                                                                                                                                                      |                                                             | <b>11</b> OFFICE SOUGHT              | <input type="checkbox"/> STATE CHAIR             |
|                                                                          |                                                                                                                                                                                                                                                                                                           |                                                             |                                      | <input checked="" type="checkbox"/> COUNTY CHAIR |
| <b>12</b> POLITICAL PARTY                                                | Democrat                                                                                                                                                                                                                                                                                                  |                                                             |                                      |                                                  |
|                                                                          | COUNTY (If Applicable)<br>Cameron                                                                                                                                                                                                                                                                         |                                                             |                                      |                                                  |

**GO TO PAGE 2**

**STATE / COUNTY CHAIR  
CAMPAIGN FINANCE REPORT:  
SUPPORT & TOTALS**

**FORM SC C/OH  
COVER SHEET PG 2**

2 of 5

|                                                  |                                                           |
|--------------------------------------------------|-----------------------------------------------------------|
| <b>13 CANDIDATE NAME</b> Hockema, Jared H. (Mr.) | <b>14 Filer ID</b> (Ethics Commission Filers)<br>00068208 |
|--------------------------------------------------|-----------------------------------------------------------|

|                                              |                                                                                                                                                                                                                                                                                                    |                          |  |
|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--|
| <b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b> | This box is for notice of political expenditures by political committees to support the candidate. <i>These expenditures may have been made without the candidate's knowledge or consent.</i> Candidates are required to report this information only if they receive notice of such expenditures. |                          |  |
| <input type="checkbox"/> Additional Pages    | <b>COMMITTEE TYPE</b>                                                                                                                                                                                                                                                                              | <b>COMMITTEE NAME</b>    |  |
|                                              | <input type="checkbox"/> GENERAL                                                                                                                                                                                                                                                                   | <b>COMMITTEE ADDRESS</b> |  |
|                                              | <input type="checkbox"/> SPECIFIC                                                                                                                                                                                                                                                                  |                          |  |
|                                              | <b>COMMITTEE CAMPAIGN TREASURER NAME</b>                                                                                                                                                                                                                                                           |                          |  |
| <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>  |                                                                                                                                                                                                                                                                                                    |                          |  |

|                                |                                                                                                                                       |    |           |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----|-----------|
| <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. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                                  | \$ | 0.00      |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES                                                                                            | \$ | 0.00      |
|                                | 4. TOTAL POLITICAL EXPENDITURES                                                                                                       | \$ | 4,872.30  |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD                                                | \$ | 0.00      |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                         | \$ | 57,509.62 |

**17 AFFADAVIT**

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. Jared H. Hockema  
 Signature of Candidate

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 - SC C/OH**

|                                                     |                                |                            |
|-----------------------------------------------------|--------------------------------|----------------------------|
| <b>18 CANDIDATE NAME</b><br>Hockema, Jared H. (Mr.) | <b>19 Filer ID</b><br>00068208 | (Ethics Commission Filers) |
|-----------------------------------------------------|--------------------------------|----------------------------|

| <b>20 SCHEDULE SUBTOTALS</b>           |                                                                                    | <b>SUBTOTAL AMOUNT</b> |
|----------------------------------------|------------------------------------------------------------------------------------|------------------------|
| <b>NAME OF SCHEDULE</b>                |                                                                                    |                        |
| 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                                                                  | \$ 4,872.30            |
| 5. <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | \$ 4,872.30            |
| 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: 4/5                                                                             |
| <b>2</b> FILER NAME<br>Hockema, Jared H. (Mr.)                                            |                                                                                                  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00068208                                                                          |
| <b>4</b> TOTAL OF UNITEMIZED LOANS                                                        |                                                                                                  | <b>\$</b>                                                                                                                         |
| <b>5</b> Date of loan<br>04/21/2025                                                       | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hockema, Jared | <b>9</b> Loan Amount (\$)<br>\$4,872.30                                                                                           |
| <b>6</b> Is lender a financial institution?<br>No                                         | <b>8</b> Lender address; City; State; Zip Code<br><br>Harlingen, TX 78552                        | <b>10</b> Interest Rate                                                                                                           |
|                                                                                           |                                                                                                  | <b>11</b> Maturity Date<br>12/31/2030                                                                                             |
| <b>12</b> Principal occupation / Job title (See Instructions)<br>Consultant               |                                                                                                  | <b>13</b> Employer (See Instructions)<br>Frontera Consultants RGV                                                                 |
| <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 checked="" 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)                                                                                             |

# 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: 1/1 Rpt: 5/5              | <b>2</b> FILER NAME<br>Hockema, Jared H. (Mr.)                                                  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00068208                                                                                                                                                     |             |
| <b>4</b> Date<br>04/21/2025                                         | <b>5</b> Payee name<br>RGV Media Group                                                          |                                                                                                                                                                                                              |             |
| <b>6</b> Amount (\$)<br>\$4,872.30                                  | <b>7</b> Payee address; City; State; Zip Code<br>2100 Central Blvd<br><br>Brownsville, TX 78520 |                                                                                                                                                                                                              |             |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing 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>Mother's Day Cards |             |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                     | Office sought                                                                                                                                                                                                | Office held |