



CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

Form fields including: 1 Filer ID, 2 Total pages filed, 3 CANDIDATE / OFFICEHOLDER NAME, 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS, 5 CANDIDATE / OFFICEHOLDER PHONE, 6 CAMPAIGN TREASURER NAME, 7 CAMPAIGN TREASURER ADDRESS, 8 CAMPAIGN TREASURER PHONE, 9 REPORT TYPE, 10 PERIOD COVERED, 11 ELECTION, 12 OFFICE, 13 OFFICE SOUGHT, 14 NOTICE FROM POLITICAL COMMITTEE(S)

GO TO PAGE 2

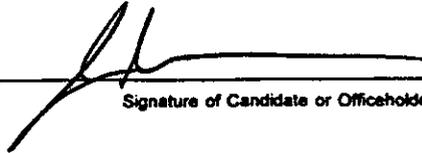


**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$781.27
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$1110.97
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE 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.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ 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

OR

(2) Unsworn Declaration

My name is Dave Sessum and my date of birth is June 13, 1979
 My address is _____ Seabrook TX 77586 USA
(street) (city) (state) (zip code) (country)
 Executed in Harris County, State of TX, on the 3rd day of April, 2025.
(month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME

Jared Sessum

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 781.27
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 781.27
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 329.70 (5)
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 329.70
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Jared Sessum</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/26</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Allen Williams</i>	7 Amount of contribution (\$) <i>25.00</i>
6 Contributor address: City: State: Zip Code <i>Sedrook, TX, 77580</i>		
8 Principal occupation / Job title (See Instructions) <i>Teacher</i>		9 Employer (See Instructions)
Date <i>2/27</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Ann Wacker</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address: City: State: Zip Code <i>Sedrook TX, 77580</i>		
Principal occupation / Job title (See Instructions) <i>Debarred</i>		Employer (See Instructions)
Date <i>3/4</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Nancy Kern</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address: City: State: Zip Code <i>Sedrook TX, 77580</i>		
Principal occupation / Job title (See Instructions) <i>Debarred</i>		Employer (See Instructions)
Date <i>3/6</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Alana Pather</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address: City: State: Zip Code <i>Baton Rouge, LA, 70801</i>		
Principal occupation / Job title (See Instructions) <i>Public Relations</i>		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1.
2 FILER NAME <u>Joel Sessum</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/6</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Austin Wood</u>	7 Amount of contribution (\$) <u>26.50</u>
6 Contributor address; City; State; Zip Code <u>Lamarque, TX, 77568</u>		
Principal occupation / Job title (See Instructions) <u>Paramedic</u>		9 Employer (See Instructions)
Date <u>3/8</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>David Intrie</u>	Amount of contribution (\$) <u>50.00</u>
Contributor address; City; State; Zip Code <u>Seabrook, TX, 77586</u>		
Principal occupation / Job title (See Instructions) <u>Paramedic</u>		Employer (See Instructions)
Date <u>3/8</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Berton Mitcham</u>	Amount of contribution (\$) <u>25.00</u>
Contributor address; City; State; Zip Code <u>Kemah, TX, 77564</u>		
Principal occupation / Job title (See Instructions) <u>Paramedic</u>		Employer (See Instructions)
Date <u>3/8</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Clyde Coxie, III</u>	Amount of contribution (\$) <u>25.01</u>
Contributor address; City; State; Zip Code <u>Deer Park, TX, 77576</u>		
Principal occupation / Job title (See Instructions) <u>Paramedic</u>		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Jared Sassum		3 Filer ID (Ethics Commission Filers)
4 Date 3/8	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kathlyn Neujack	7 Amount of contribution (\$) 25.00
6 Contributor address; City; State; Zip Code Bağlan, TX 77521		
8 Principal occupation / Job title (See Instructions) Marketing		9 Employer (See Instructions)
Date 3/9	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Pace	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code Texas City, TX, 77590		
Principal occupation / Job title (See Instructions) Paramedic		Employer (See Instructions)
Date 3/9	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aidan Brack	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code Pearton, TX, 77584		
Principal occupation / Job title (See Instructions) Sound Engineer		Employer (See Instructions)
Date 3/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Wilk	Amount of contribution (\$) 28.75
Contributor address; City; State; Zip Code League City, TX, 77573		
Principal occupation / Job title (See Instructions) Paramedic		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME <i>Joseph Sagan</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Thao Phasual</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City: State: Zip Code <i>Selena TX, 77506</i>		
8 Principal occupation / Job title (See Instructions) <i>Small Business Owner</i>		9 Employer (See Instructions)
Date <i>3/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>William Miller</i>	Amount of contribution (\$) <i>26.01</i>
Contributor address; City: State: Zip Code <i>League City, TX 77508</i>		
Principal occupation / Job title (See Instructions) <i>Flight Medic</i>		Employer (See Instructions)
Date <i>3/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Brendi Tallady</i>	Amount of contribution (\$) <i>125.00</i> <i>100.00</i>
Contributor address; City: State: Zip Code <i>Selena TX, 77506</i>		
Principal occupation / Job title (See Instructions) <i>Paramedic</i>		Employer (See Instructions)
Date <i>3/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Tammy Wolfe</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City: State: Zip Code <i>Crosby TX 77532</i>		
Principal occupation / Job title (See Instructions) <i>Paramedic</i>		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Jared Gosum</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/27</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Jesse Gribben</i>	7 Amount of contribution (\$) <i>25.00</i>
6 Contributor address; City; State; Zip Code <i>Alton, TX, 7754</i>		
8 Principal occupation / Job title (See Instructions) <i>FF/Recruiter</i>		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Jared Sassum</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/1/22</i>	5 Payee name <i>Jared Sassum</i>	
6 Amount (\$) <i>329.70</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>[REDACTED] Seaman TX 77580</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>A</i>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Candidate / Officeholder name Office sought Office held		
Complete ONLY if direct expenditure to benefit C/OH		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		
Complete ONLY if direct expenditure to benefit C/OH		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		
Complete ONLY if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

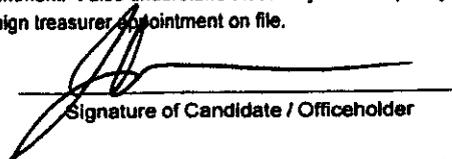
1 C/OH NAME



2 Filer ID (Ethics Commission Filer)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below only if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.


Signature of Candidate

5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder