

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Jared	MI W	OFFICE USE ONLY
	NICKNAME	LAST Sessum	SUFFIX	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE
	[Redacted] Seabrook, TX 77586				

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
	[Redacted]			

6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs	FIRST Jennifer	MI F	Receipt # NA	Amount \$ 0
	NICKNAME	LAST Sessum	SUFFIX	Date Processed 4/25/2025	Date Imaged 4/25/2025

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE)		APT / SUITE #	CITY	STATE	ZIP CODE
	[Redacted]			Seabrook	TX	77586

8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(281)	704-5734	

9 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 type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)

10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	01	/	01	/	25	THROUGH	4 / 25 / 25

11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
			<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		

12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
		Position 2

14 NOTICE FROM POLITICAL COMMITTEE(S)	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.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

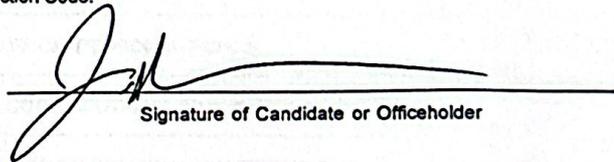


**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**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)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1331.27</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1110.97</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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

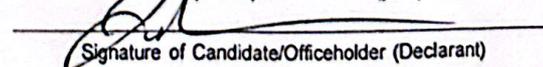
OR

(2) Unsworn Declaration

My name is Jared Sessum, and my date of birth is 02/13/1979.

My address is _____, Seabrook, TX, 77586, USA.
(street) (city) (state) (zip code) (country)

Executed in Harris County, State of TX, on the 5 day of April, 20 22.
(month) (year)


Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1331.27
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	\$ 1331.27
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
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 <u>Jared Sessum</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/26</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Alba Williams</u>	7 Amount of contribution (\$) <u>25.00</u>
6 Contributor address, City, State, Zip Code <u>Sedro, TX, 77580</u>		
8 Principal occupation / Job title (See Instructions) <u>Loguer</u>		9 Employer (See Instructions)
Date <u>2/27</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Ann Wacker</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address, City, State, Zip Code <u>Sedro TX, 77580</u>		
Principal occupation / Job title (See Instructions) <u>Deband</u>		Employer (See Instructions)
Date <u>3/4</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Nancy Heim</u>	Amount of contribution (\$) <u>50.00</u>
Contributor address, City, State, Zip Code <u>Sedro TX, 77580</u>		
Principal occupation / Job title (See Instructions) <u>Deband</u>		Employer (See Instructions)
Date <u>3/6</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Alba Pather</u>	Amount of contribution (\$) <u>50.00</u>
Contributor address, City, State, Zip Code <u>Baker, LA, 70801</u>		
Principal occupation / Job title (See Instructions) <u>Public Relations</u>		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

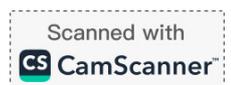
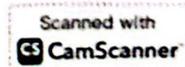
MONETARY POLITICAL CONTRIBUTIONS

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>David Sassum</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 Imrie</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>Robert Mitcham</u>	Amount of contribution (\$) <u>25.00</u>
Contributor address, City, State, Zip Code <u>Kenneth, TX, 77599</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>Chyle Corae, III</u>	Amount of contribution (\$) <u>25.01</u>
Contributor address, City, State, Zip Code <u>Deer Park, TX, 77570</u>		
Principal occupation / Job title (See Instructions) <u>Paramedic</u>		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.

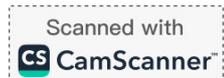
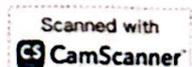


MONETARY POLITICAL CONTRIBUTIONS

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 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# _____) Kaillyn Rucjadot	7 Amount of contribution (\$) 25.00
6 Contributor address; City: State; Zip Code Bryan, TX 77811		
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 Texa 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 Scott	Amount of contribution (\$) 25.00
Contributor address; City: State; Zip Code Repton, TX, 77584		
Principal occupation / Job title (See Instructions) Sand Eisner		Employer (See Instructions)
Date 3/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Wilkie	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)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



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 Phasuead</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City, State; Zip Code <i>Selena, TX, 77566</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 77573</i>		
Principal occupation / Job title (See Instructions) <i>Plight Medic</i>		Employer (See Instructions)
Date <i>3/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Brendi Talbot</i>	Amount of contribution (\$) <i>125.00</i> <i>100.00</i>
Contributor address; City, State; Zip Code <i>Selena TX, 77566</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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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 Sessum</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 (OR _____) <i>Jesse Gubberman</i>	7 Amount of contribution (\$) <i>25.00</i>
6 Contributor address: City, State, Zip Code <i>Allen, TX, 77014</i>		
8 Principal occupation / Job title (See Instructions) <i>FF Retiree</i>		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR _____)	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 (OR _____)	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 (OR _____)	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.

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 Sessum		3 Filer ID (Ethics Commission Filers)
4 Date 4/7	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gary Renola ----- 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 4/7	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Waindel ----- Contributor address; City; State; Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) EMS Captain		Employer (See Instructions)
Date 4/7	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Christopher Kuhlmas ----- Contributor address; City; State; Zip Code	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Videographer		Employer (See Instructions)
Date 4/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Darrell Fales ----- Contributor address; City; State; Zip Code	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Paramedic		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.

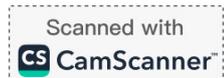
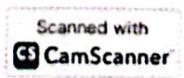
EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|--------------------------------|-------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Renting | Fees | Office Overhead/Reimbursement | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Printing Expense | Travel In District |
| Contributions/Donations Made By | Gifts/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | | 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>4/14/22</i>	5 Payee name <i>Jared Sassum</i>	
6 Amount (\$) <i>329.70</i> <input 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	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address, City, State, Zip Code	
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	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address, City, State, Zip Code	
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	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 4/8/15	5 Payee name David Searun	
6 Amount (\$) 400.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) A	(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 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/3	Payee name	
Amount (\$) 1040.67	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) A	Description
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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

Jared Sessum

2 Filer ID (Ethics Commission Filers)

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.

Jared Sessum

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.

Jared Sessum

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