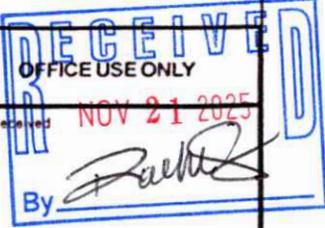


CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Jared	MI W	
	NICKNAME	LAST Sessum	SUFFIX	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election	<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	<input type="checkbox"/> Final report Other (specify) _____	Date Hand-delivered or Date Postmarked Receipt # N/A Amount \$ N/A Date Processed 11/21/2025 Date Imaged 11/21/2025
5 ORIGINAL PERIOD COVERED	Month Day Year	THROUGH	Month Day Year	
	01 / 01 / 2025		03 / 24 / 2025	

6 EXPLANATION OF CORRECTION
Correction of political expenditures

7. SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.
 Check ONLY if applicable: Text

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.


 Signature of Candidate/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

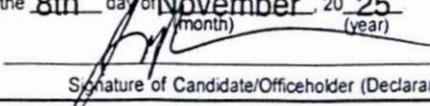
OR

(2) Unsworn Declaration

My name is Jared Sessum, and my date of birth is

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

Executed in Harris County, State of TX, on the 8th day of November, 2025
(month) (year)


 Signature of Candidate/Officeholder (Declarant)

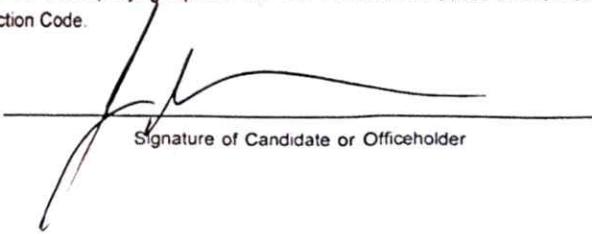
Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 781.27
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,042.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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 .
My address is , Seabrook, TX, 77586, USA.
(street) (city) (state) (zip code) (country)
Executed in Harris County, State of Texas, on the 8 day of November, 2025.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME

Ivred 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	\$ 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	\$ 1,261.23
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 Jared Sessum		3 Filer ID (Ethics Commission Filers)
4 Date 2/26/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen Williams	7 Amount of contribution (\$) \$ 25.00
6 Contributor address; City; State; Zip Code [Redacted] Sedbrook TX 77586		
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions)
Date 2/27/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann Wacker	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code [Redacted] Sedbrook TX 77586		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/4/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy Heim	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code [Redacted] Sedbrook, TX, 77586		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/6/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alisha Deather	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code [Redacted] Baton Rouge, LA, 70801		
Principal occupation / Job title (See Instructions) Public Relations		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

3/6/25

5 Full name of contributor

Austin Wood

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$26.50

6 Contributor address;

City;

State;

Zip Code

[Redacted] Lalorque TX 77568

8 Principal occupation / Job title (See Instructions)

Paramedic

9 Employer (See Instructions)

Date

3/8/25

Full name of contributor

David Intrie

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 50.00

Contributor address;

City;

State;

Zip Code

[Redacted] Sedrook TX 77586

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

3/8/25

Full name of contributor

Resten Mitcham

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 25.00

Contributor address;

City;

State;

Zip Code

[Redacted] Kemah TX 77567

Principal occupation / Job title (See Instructions)

Paramedic

Employer (See Instructions)

Date

3/8/25

Full name of contributor

Clyde Coxie, III

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 25.01

Contributor address;

City;

State;

Zip Code

[Redacted] Dear Park, TX, 77536

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.

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>3/8/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kaitlyn Bluejacket</i>	7 Amount of contribution (\$) <i>\$25.00</i>
6 Contributor address; City; State; Zip Code [Redacted] <i>Baytown TX 77521</i>		
8 Principal occupation / Job title (See Instructions) <i>Marketing</i>		9 Employer (See Instructions)
Date <i>3/9/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James Pace</i>	Amount of contribution (\$) <i>\$25.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>Texas City, TX 77590</i>		
Principal occupation / Job title (See Instructions) <i>Paramedic</i>		Employer (See Instructions)
Date <i>3/9/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Aidann Brooks</i>	Amount of contribution (\$) <i>\$25.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>Peabody TX 77581</i>		
Principal occupation / Job title (See Instructions) <i>Paramedic</i>		Employer (See Instructions)
Date <i>3/10/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James Wilkre</i>	Amount of contribution (\$) <i>\$28.75</i>
Contributor address; City; State; Zip Code [Redacted] <i>League City TX 77573</i>		
Principal occupation / Job title (See Instructions) <i>Paramedic</i>		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

Jared Sessum

3 Filer ID (Ethics Commission Filers)

4 Date

3/17/25

5 Full name of contributor

Theo Roswood

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City;

State;

Zip Code

[Redacted] Seabrook, TX, 77586

8 Principal occupation / Job title (See Instructions)

Lawn Care Business Owner

9 Employer (See Instructions)

Date

3/17/25

Full name of contributor

William Miller

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$26.01

Contributor address;

City;

State;

Zip Code

[Redacted] League City TX 77573

Principal occupation / Job title (See Instructions)

Flight Medic

Employer (See Instructions)

Date

3/17/25

Full name of contributor

Brandi Tallady

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$125.00

Contributor address;

City;

State;

Zip Code

[Redacted] Seabrook, TX, 77586

Principal occupation / Job title (See Instructions)

Paramedic

Employer (See Instructions)

Date

3/27/25

Full name of contributor

Tammy Wolfe

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

[Redacted] Crosby TX 77532

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 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 | 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 F1:	2 FILER NAME <i>Jared Sessum</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/24/25</i>	5 Payee name <i>Jared Sessum</i>	
6 Amount (\$) <i>781.27</i>	7 Payee address; <div style="background-color: black; width: 150px; height: 20px;"></div>	City: <i>Seabrook TX</i> State: <i>TX</i> Zip Code: <i>77586</i>
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Reimbursement</i>	(b) Description <i>Numerous Campaign related expenses</i>
	(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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> 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 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:		2 FILER NAME Jared Sessum		3 Filer ID (Ethics Commission Filers)	
4 Date 2/14/25		5 Payee name Signs on the Cheap			
6 Amount (\$) \$684.58 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; 11525 Stonehollow Dr 8220		City: Austin	State: TX Zip Code: 78758
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Campaign Signs		
	(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 2/15/25		Payee name GoDaddy.com VistaPrint			
6 Amount (\$) \$150.26 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; 275 Wyman St.		City: Waltham	State: MA Zip Code: 02451
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Shirts + Campaign Stickers		
	(c) <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 2/19/25		Payee name GoDaddy.com			
6 Amount (\$) \$126.39 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; 100 S. Mill Ave Suite 1600		City: Tempe	State: AZ Zip Code: 85281
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Campaign Website		
	(c) <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

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 Sesum</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/6/25</i>	5 Payee name <i>Minute Man Press</i>	
6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended <i>\$300.00</i>	7 Payee address; City; State; Zip Code <i>1100 Hercules St 230 Houston TX 77058</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Subscription/Fundraising</i>	
	(b) Description <i>Campaign Shirts for fundraising</i>	
(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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED