

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

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: \_\_\_\_\_ FIRST: Jed MI: C  
 NICKNAME: \_\_\_\_\_ LAST: Hefner SUFFIX: \_\_\_\_\_

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**  
 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
3558 FM 3384 P. Hsburg TX 75686  
 Change of Address

**5 CANDIDATE / OFFICEHOLDER PHONE**  
 AREA CODE PHONE NUMBER EXTENSION  
(903) 855-2900

**6 CAMPAIGN TREASURER NAME**  
 MS / MRS / MR: \_\_\_\_\_ FIRST: Same MI: \_\_\_\_\_  
 NICKNAME: \_\_\_\_\_ LAST: \_\_\_\_\_ SUFFIX: \_\_\_\_\_

**7 CAMPAIGN TREASURER ADDRESS**  
 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
 (Residence or Business) SAME

**8 CAMPAIGN TREASURER PHONE**  
 AREA CODE PHONE NUMBER EXTENSION  
( ) SAME

**9 REPORT TYPE**  
 January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  
 July 15  8th day before election  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)

**10 PERIOD COVERED**  
 Month Day Year Month Day Year  
7 / 1 / 2024 THROUGH 12 / 31 / 2024

**11 ELECTION**  
 ELECTION DATE: Month Day Year 11 / 5 / 24  
 ELECTION TYPE:  Primary  Runoff  Other Description  
 General  Special

**12 OFFICE** OFFICE HELD (if any) Commissioner Pct. 1 **13 OFFICE SOUGHT** (if known)

**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.  
 Additional Pages  
 COMMITTEE TYPE:  GENERAL  SPECIFIC  
 COMMITTEE NAME: \_\_\_\_\_  
 COMMITTEE ADDRESS: \_\_\_\_\_  
 COMMITTEE CAMPAIGN TREASURER NAME: \_\_\_\_\_  
 COMMITTEE CAMPAIGN TREASURER ADDRESS: \_\_\_\_\_

**OFFICE USE ONLY**  
 Date Received  
**FILED FOR RECORD**  
 at 9:13 o'clock A m  
**JAN 15 2025**  
**SANDRA KNIGHT**  
 County Clerk, Camp County, Texas  
 By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Receipt # \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Date Processed \_\_\_\_\_  
 Date Imaged \_\_\_\_\_

**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)

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 0

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

18 SIGNATURE

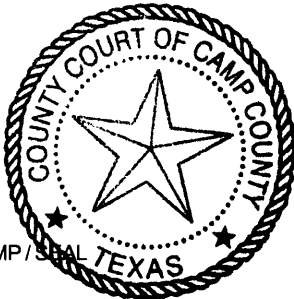
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

**Please complete either option below:**

(1) Affidavit



NOTARY STAMP/SEAL TEXAS

Sworn to and subscribed before me by Jed Hejner this the 15th day of January,

20 25 to certify which, witness my hand and seal of office.

Sandra Knight SANDRA KNIGHT County Clerk  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)