CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

				1	
The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
NAME	NICKNAME Jiwy	LAST	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #:	CITY; STATE; ZIP CODE	RECEIVED JUN 04 2021 10:22pm W	
Change of Address		GrANBURY, TX	C 76040	10.22 NAVE 00	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 219-6765	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$	
6 CAMPAIGN TREASURER	MS/ MRS / MR	Jennife Jennife	MI L	Date Processed	
NAME	NICKNAME	LUKER	SUFFIX CFA	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	800 1	NO PO BOX PLEASE); APT / S DIRGINIA PLACE	SUITE #; CITY;	STATE; ZIP CODE	
(Residence or Business)	1-0	et worth, Tx	(16(07		
8 CAMPAIGN TREASURER PHONE	(940)	745 -1125	EXTENSION		
9 REPORT TYPE	January 15	30th day before		15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before el	lection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month 05	Day Year / 19 / 21	THROUGH 0.5	Day Year / ≥ 7 / ≥ 1	
11 ELECTION	Month Day	Year Primary	Description	E	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If KNOW	1 7	
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS				
	I	GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	JAMES "JIM" T. JARRATT 16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ &
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ &
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,931.81
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA' OF REPORTING PERIOD	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ \(\Q \)
18 SIGNATURE I SI	wear, or affirm, under penalty of perjury, that the accompanying report is true and	correct and includes all information
req	uired to be reported by me under Title 15, Election Code.	correct and includes all informatio
	2 junes T.	Vanual
	Signature of Candidat	e or Officeholder
	Please complete either option below:	
	. iodoc complete ettrer option below:	
) Affidavit		
NOTARY STAMP/SEAL		
vorn to and subscribed b	efore me by this the	day of
, to certify w	hich, witness my hand and seal of office.	
nature of officer administerin	ng oath Printed name of officer administering oath	Title of off
ALSO PARTIES	OR	Title of officer administering oath
Unsworn Declaration		
name is Am.	Pearl St # 4203 Grandury TX Hy 37 (street) 110-278 Grandury (state)	124 11944
address is 401 E	Pearl St # 4203 Gransum Tx	76048 Hood 97
nail 1030 E	Huy 37 (street) 110 - 278 Grave) (city) (state)	(zip code) (country) FA
cuted in Hood	County, State of TCXAS, on the Ob day of Ol	20 3. 1
	(month)	
	- () anul	7
	Signature of Candidate/Office	ceholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co	
	JAMES [Jim JARPATT 20 Filer ID (Ethics Co	ommission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ &
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	s 🚫
4.	SCHEDULE E: LOANS	\$ 🛇
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 🚫
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ \(\infty \)
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 🚫
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 6,931.81
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 6.931.81
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ &
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ \(\omega \)
		· · · · · · · · · · · · · · · · · · ·

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

•	
	EXPENDITURE CATEGORIES FOR BOX 10(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	
1 Total pages Schedule F4:	2 FILER NAME JAMES T. Jim JAMAH 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 6931.81
5 Date 5 /27/21	6 Payee name 1 Hood County Nows
7 Amount (\$)	8 Payee address; City; State; Zip Code
1178.00	1501 S. Morgan GranBy TX >6048
9 TYPE OF EXPENDITURE	Political Non-Political
10	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	Advatising Expense Ads
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder fiving expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Office holder name Office sought Office held JAMES JAMATT Mayor GRANBU: Y. TX
Date 5/26/21	Payee name FAST SignS
Amount (\$)	Payee address; City; State; Zip Code
1818.94	2116 E. US Huy 377 GrANBURY, TX 76048
TYPE OF EXPENDITURE	Political Non-Political
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF EXPENDITURE	Advertising Signs / Brochuses
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
	JAMES JARRATT Mayor of Grabury

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B: Candidate/Officeholder/Politica					
	The instruction during explains now to complete this form.				
1 Total pages Schedule F4:	2 FILERNAME JAMES T. Jim JARRATT 3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 6931.81				
5 Date 5/20/21	Blue Shark Media				
7 Amount (\$)	8 Payee address; City; State; Zip Code				
1244.87	SAN FRANCISCO CA				
9 TYPE OF EXPENDITURE	Non-Political Non-Political				
10	(a) Category (See Categories listed at the top of this schedule) (b) Description				
PURPOSE OF EXPENDITURE	Media Exposure Video & Ad Placement				
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
11 Complete ONLY if direct	Candidate / Officeholder name Office sought Office held				
expenditure to benefit C/OH	JAMES T. JIM " JARRATT Mayor				
Date 5 24 20	Hood County News				
Amount (\$)	Payee address; City; State; Zip Code				
2690.00	1501 S. Morgan GranBury TX 76048				
TYPE OF EXPENDITURE	Political Non-Political				
	Category (See Categories listed at the top of this schedule) Description				
PURPOSE	11 100 5 11 15				
OF EXPENDITURE	Adoutising Expense Ads				
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate / Officeholder name Office sought Office held				
expenditure to benefit C/OH	James T. Jim Farratt Mayor				
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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule G:	
2	JAMES T. Jim JARRATT
4 Date	5 Payee name
5/27/21	Houd County News
6 Amount (\$)	7 Payee address; City; State; Zip Code
Reimbursement from	State, Zip Gode
political contributions intended	1501 S. Morgan GranBury TX >6048
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Adrutising Expense Ads
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name Office sought Office held
expenditure to benefit C/OH	JAMES T. "Jim JARRAH Mayor & GrANSURY
Date	Payee name O
5/26/21	FAST SIGNS
Amount (\$)	Payee address; City; State; Zip Code
1818,94	
political contributions intended	2116 E.U.S. Huy 377 GranBURY TX 76049
PURPOSE	Category (See Categories listed at the top of this schedule) Description
OF EXPENDITURE	Advertising Signs / Brochuren
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name Office sought Office held
expenditure to benefit C/OI	DAMES T. 'Jim' JARRATT MAYOR of GranBury
Date	r ayee name
5/26/21	Blue Shark Medin
Amount (\$) 1244_87	Payee address; City; State; Zip Code
Reimbursement from	
political contributions intended	SAN FRANCISCO CA
PURPOSE	Category (See Categories listed at the top of this schedule) Description
OF EXPENDITURE	Media Exposure Video & Ad Placement
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name Office sought Office held
expenditure to benefit C/OH	James T. Jim " JARRAH Mayor GrANBURY
	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 CATEG	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	cal Committee 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	s how to complete this form.	
1 Total pages Schedule G:	2 FILER NAME 2) AVNCS I. Jim	JARRATT	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
5/24/20	Hood Count	y Neeus	
6 Amount (\$) 2690.00	7 Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	1501 S. Mor		3URy, TX 76048
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Admitisty Expension	(b) Description Se Ads	
	(c) Check if travel outside of Texas. Complete Sche	dule T. Check if Austin	, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name James T. "Jim"	Office sought JAMAH Mo	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			cata, Ep code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this school	edule) Description	
	Check if travel outside of Texas. Complete Scher	dule T. Check if Austin,	. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	dule) Description	
	Check if travel outside of Texas. Complete Schedu	ule T. 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 T	HIS SCHEDULE AS MEEDE	in .