

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:
10

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST Jamieson	MI R	OFFICE USE ONLY		
	NICKNAME	LAST Mackay	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 18301 Sandy Cv, Houston, TX 77058					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (832)	PHONE NUMBER 788-3935	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Taylor	MI J	Date Received		
	NICKNAME	LAST Hebert	SUFFIX	Date Hand-delivered or Date Postmarked		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5953 Fairmont Pkwy, Pasadena, TX 77505 (Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE (281)	PHONE NUMBER 487-9333	EXTENSION 4142			
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 16 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month Day Year 03 / 06 / 2023		THROUGH	Month Day Year 04 / 28 / 2023		
11 ELECTION	ELECTION DATE Month Day Year 05 / 07 / 2023		ELECTION TYPE <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) CCISD Board Trustee			
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.					
	<input type="checkbox"/> Additional Pages	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 Jamieson Mackay **16 Filer ID (Ethics Commission Filers)**

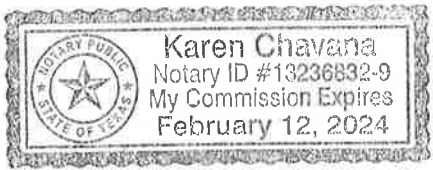
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 4,346
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,346
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,963.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 382.92
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.

[Handwritten Signature]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Jamieson Mackay this the 28 day of April, 2023 to certify which, witness my hand and seal of office.
[Signature] Karen Chavana Universal Rep.
 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)

SUBTOTALS - C/OH

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

19 FILER NAME Jamieson Mackay

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS		SUBTOTAL
NAME OF SCHEDULE		AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,346
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,963.08
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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: 4
2 FILER NAME Jamieson Mackay		3 Filer ID (Ethics Commission Filers)
4 Date 3/7/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eric Stegall <hr/> 6 Contributor address; City; State; Zip Code 1503 Beachcomber Lane Houston TX 77062	7 Amount of contribution (\$) 50
8 Principal occupation / Job title (See Instructions) COO		9 Employer (See Instructions) GCEFCU
Date 3/7/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Smith <hr/> Contributor address; City; State; Zip Code 1544 Viejo Road, League City, Texas 77573	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 3/8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamieson Mackay <hr/> Contributor address; City; State; Zip Code 18301 Sandy Cove Houston TX 77058	Amount of contribution (\$) 1000
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Gulf Coast Educators FCU
Date 3/23/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harvey Hartman <hr/> Contributor address; City; State; Zip Code 18522 Prince William Lane Houston TX 77058	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
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 Jamieson Mackay		3 Filer ID (Ethics Commission Filers)
4 Date 3/29/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert A. Davee <hr/> 6 Contributor address; City; State; Zip Code 4211 Bradshire Taylor Lake Village TX 77586	7 Amount of contribution (\$) 250
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emily McClosky <hr/> Contributor address; City; State; Zip Code 4114 Pebble Beach Drive League City TX 77573	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 3/2/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamieson Mackay <hr/> Contributor address; City; State; Zip Code 18301 Sandy Cove Houston TX 77058	Amount of contribution (\$) 1000
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Gulf Coast Educators FCU
Date 3/23/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carolyn Hartman <hr/> Contributor address; City; State; Zip Code 18522 Prince William Lane Houston TX 77058	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Jamieson Mackay		3 Filer ID (Ethics Commission Filers)
4 Date 3/29/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Rainey	7 Amount of contribution (\$) 250
	6 Contributor address; City; State; Zip Code 457 Brandon Way Austin TX 78733	
8 Principal occupation / Job title (See Instructions) Petrochemical Trader		9 Employer (See Instructions) HRR
Date 3/29/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martha Bowles	Amount of contribution (\$) 250
	Contributor address; City; State; Zip Code 457 Brandon Way Austin TX 78733	
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) ACC
Date 3/31/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Holbrook	Amount of contribution (\$) 250
	Contributor address; City; State; Zip Code 15926 Lake Lodge DR Houston TX 77062	
Principal occupation / Job title (See Instructions) Business Development		Employer (See Instructions) Amoco FCU
Date 4/10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary T Renola	Amount of contribution (\$) 200
	Contributor address; City; State; Zip Code 4530 Tharp Drive Seabrook TX 77586	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Jamieson Mackay		3 Filer ID (Ethics Commission Filers)
4 Date 4/12/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 396
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 3	2 FILER NAME Jamieson Mackay	3 Filer ID (Ethics Commission Filers)
4 Date 3/16/23	5 Payee name SPM Document Solutions	
6 Amount (\$) 730.69	7 Payee address; 9367 Winkler Dr	City; State; Zip Code Houston TX 77017
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Yard 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 Jamieson Mackay	Office sought Office held CCISD Trustee
Date 3/6/23	Payee name Sign Shop	
Amount (\$) 259.80	Payee address; 306 State Hwy 3	City; State; Zip Code League City TX 77573
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Banners
	<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 Jamieson Mackay	Office sought Office held CCISD Trustee
Date 3/20/23	Payee name Democracy Engine	
Amount (\$) 68.29	Payee address; 237 Florida Avenue, NW, Washington, DC 20001	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description fees for electronic donations
	<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

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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: 1	2 FILER NAME Jamieson Mackay	3 Filer ID (Ethics Commission Filers)
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4 Date 4/16/23	5 Payee name SPM Document Solutions
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6 Amount (\$) 1,315.24	7 Payee address; 9367 Winkler Dr	City; Houston	State; TX	Zip Code 77017
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Yard & 4x4 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 Jamieson Mackay	Office sought CCISD Trustee	Office held
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Date 4/12/23	Payee name Lowe's
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Amount (\$) 212.52	Payee address; 19225 Gulf Fwy, Webster, TX 77598	City; Webster	State; TX	Zip Code 77598
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Posts for 4x4 signs
	<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 Jamieson Mackay	Office sought CCISD Trustee	Office held
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Date 4/28/23	Payee name SPM Document Solutions
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Amount (\$) 778.88	Payee address; 9367 Winkler Dr	City; Houston	State; TX	Zip Code 77017
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Postcards
	<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 Jamieson Mackay	Office sought CCISD Trustee	Office held
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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 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 F1	2 FILER NAME Jamieson Mackay		3 Filer ID (Ethics Commission Filers)	
4 Date 4/24/23	5 Payee name Meta Platforms			
6 Amount (\$) 370.13	7 Payee address; 1601 Willow Road	City; Menlo Park	State; CA	Zip Code 94025
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description facebook ads	
	(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 Jamieson Mackay		Office sought CCISD Trustee	Office held
Date 4/25/23	Payee name Meta Platforms			
Amount (\$) 74.45	Payee address; 1601 Willow Road	City; Menlo Park	State; CA	Zip Code 94025
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description facebook ads	
	<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 Jamieson Mackay		Office sought CCISD Trustee	Office held
Date 4/26/23	Payee name Meta Platforms			
Amount (\$) 40.87	Payee address; 1601 Willow Road	City; Menlo Park	State; CA	Zip Code 94025
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description facebook ads	
	<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 Jamieson Mackay		Office sought CCISD Trustee	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED