

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 | 2 Total pages filed: 6 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST Jill | MI |
| | NICKNAME | LAST Palmer | SUFFIX |
| OFFICE USE ONLY | | | |
| Date Received 10/31/22 | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; 121 Live Oak Dr Wylie, TX 75098 | | ZIP CODE |
| | Date (hand-delivered or Date Postmarked) Hand Delivered | | Receipt # Amount |
| Date Processed | | | |
| Date Imaged | | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | MI |
| | NICKNAME | LAST | SUFFIX |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); | | APT / SUITE #; CITY; STATE; ZIP CODE |
| | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | | | |
| 8 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) | | |
| 9 PERIOD COVERED | Month | Day | Year |
| | 10/01/2022 | THROUGH | 10/29/2022 |
| 10 ELECTION | ELECTION DATE Month Day Year 11/08/2022 | | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special |
| | | | |
| 11 OFFICE | OFFICE HELD (if any) | | 12 OFFICE SOUGHT (if known) |
| | | | |

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

2 of 6

| | |
|------------------------------------|--------------------|
| 13 C / OH NAME Palmer, Jill | 14 Filer ID |
|------------------------------------|--------------------|

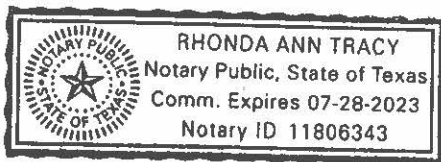
15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

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.

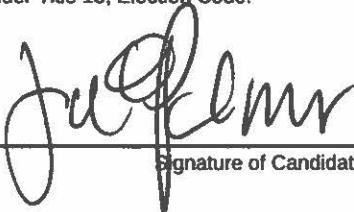
| | |
|---|---|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS |
|---|---|

| | | | |
|--------------------------------|---|----|----------|
| 16 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) | \$ | 375.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 1,701.68 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 303.21 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 0.00 |

17 AFFIDAVIT



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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jill Palmer, this the 31st day of October, 2022, to certify which, witness my hand and seal of office.



Asst to the Supt
 Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH

| | | |
|--|---|------------------------|
| 18 FILER NAME Palmer, Jill | | 19 Filer ID |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 375.00 |
| 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 FROM POLITICAL CONTRIBUTIONS | \$ 1,701.68 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/6 |
| 2 FILER NAME Palmer, Jill | | 3 Filer ID |
| 4 Date 10/05/2022 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butterfield, Bruce | 7 Amount of Contribution (\$) \$300.00 |
| | 6 Contributor address; City; State; Zip Code 1301 Pebble Creek Dr Euless, TX 76040 | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/27/2022 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaney, John | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code 1025 Mockingbird Hill Ct Murphy, TX 75094 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/19/2022 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kemp, David | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code 7714 Element Ave Plano, TX 75024 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 1/2 Rpt: 5/6 | | 2 FILER NAME Palmer, Jill | | 3 Filer ID |
| 4 Date 10/27/2022 | | 5 Payee name Anedot Inc. | | |
| 6 Amount (\$) \$1.30 | | 7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112 | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense transfer fee | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | Office sought | Office held |
| Date 10/19/2022 | | Payee name Anedot Inc. | | |
| Amount (\$) \$2.30 | | Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112 | | |
| PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense transfer fee | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | Office sought | Office held |
| Date 10/05/2022 | | Payee name Anedot Inc. | | |
| Amount (\$) \$12.30 | | Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112 | | |
| PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense transfer fee | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
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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: Sch: 2/2 Rpt: 6/6 | 2 FILER NAME Palmer, Jill | 3 Filer ID |
| 4 Date 10/18/2022 | 5 Payee name First Graphic Services | |
| 6 Amount (\$) \$285.78 | 7 Payee address; City; State; Zip Code 2290 Garvon St Garland, TX 75040 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard sign re-order |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/29/2022 | Payee name We the People WAM | |
| Amount (\$) \$400.00 | Payee address; City; State; Zip Code 20005 highland drive Wylie, TX 75098 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation to PAC |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/24/2022 | Payee name We the People WAM | |
| Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code 20005 highland drive Wylie, TX 75098 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation to PAC |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |