


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

|   |   |  |   |   |  |          |
|---|---|--|---|---|--|----------|
| <b>The C/OH Instruction Guide explains how to complete this form.</b>                               |   | <b>1</b> Filer ID (Ethics Commission Filers) | <b>2</b> Total pages filed:                 |   |  |          |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR   | FIRST<br>JACLYN                              | MI  | <div style="border: 1px solid black; padding: 5px;"><b>OFFICE USE ONLY</b></div> <div style="border: 1px solid black; padding: 5px;">Date Received</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">  </div> <div style="border: 1px solid black; padding: 5px;">Date Hand-delivered or Date Postmarked</div> <div style="border: 1px solid black; padding: 5px;">Receipt #      Amount \$</div> <div style="border: 1px solid black; padding: 5px;">Date Processed</div> <div style="border: 1px solid black; padding: 5px;">Date Imaged</div> |  |          |
|   | NICKNAME  | LAST<br>SUSTAITA                             | SUFFIX                                      |   |  |          |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX;   | APT / SUITE #;                               | CITY;                                       |   | STATE;                                     | ZIP CODE |
|   | PO BOX 446  |  | WESLACO, TX                                 |   |  | 78599    |
| <b>5</b> CANDIDATE/ OFFICEHOLDER PHONE  | AREA CODE   | PHONE NUMBER                                 | EXTENSION                                   |   |  |          |
|   | ( 956 )   | 532-6028                                     |   |   |  |          |
| <b>6</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR   | FIRST<br>JACLYN                              | MI  |   |  |          |
|   | NICKNAME  | LAST<br>SUSTAITA                             | SUFFIX                                      |   |  |          |
| <b>7</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE);  | APT / SUITE #;                               | CITY;                                       | STATE;  | ZIP CODE                                   |          |
|   | PO BOX 446  |  | WESLACO, TX                                 |   | 78599                                      |          |
| <b>8</b> CAMPAIGN TREASURER PHONE   | AREA CODE   | PHONE NUMBER                                 | EXTENSION                                   |   |  |          |
|   | ( 956 )   | 532-6028                                     |   |   |  |          |
| <b>9</b> REPORT TYPE  | <input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)   |  |   |   |  |          |
| <b>10</b> PERIOD COVERED  | Month   | Day  | Year  | THROUGH   | Month                                      |          |
|   | /   | /  |   |   | 10 / 7 / 2024                              |          |
| <b>11</b> ELECTION  | ELECTION DATE   |  |   | ELECTION TYPE   |  |          |
|   | Month   | Day  | Year  | <input type="checkbox"/> Primary  | <input type="checkbox"/> Runoff            |          |
|   |   |  | <input checked="" type="checkbox"/> General | <input type="checkbox"/> Special  | <input type="checkbox"/> Other Description |          |
|   |   |  | 11 / 05 / 2024                              |   |  |          |
| <b>12</b> OFFICE  | OFFICE HELD (if any)  |  | OFFICE SOUGHT (if known)                    |   |  |          |
|   | SCHOOL BOARD TRUSTEE PLACE 3  |  | SCHOOL BOARD TRUSTEE PLACE 3                |   |  |          |
| <b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)<br><br><input type="checkbox"/> 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. |  |   |   |  |          |
|   | 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**

|  |   |   |
|--|---|---|
| <b>15 C/OH NAME</b><br>JACLYN SUSTAITA |   | <b>16 Filer ID (Ethics Commission Filers)</b> |
| <b>17 CONTRIBUTION TOTALS</b>          | 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)  | \$ 3,244.76                                   |
| <b>EXPENDITURE TOTALS</b>              | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 0  |
|  | 4. TOTAL POLITICAL EXPENDITURES   | \$ 3,244.76                                   |
| <b>CONTRIBUTION BALANCE</b>            | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 0  |
| <b>OUTSTANDING LOAN TOTALS</b>         | 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

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

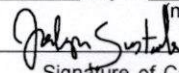
OR

**(2) Unsworn Declaration**

My name is JACLYN SUSTAITA, and my date of birth is 03/24/1983

My address is PO BOX 446, WESLACO, TX, 78599, USA  
(street) (city) (state) (zip code) (country)

Executed in HIDALGO County, State of TX, on the 7TH day of OCTOBER, 20 24  
(year)



Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

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

|   |   |
|---|---|
| <b>19 FILER NAME</b><br>JACLYN SUSTAITA | <b>20 Filer ID (Ethics Commission Filers)</b> |
|---|---|

| <b>21 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE  | SUBTOTAL<br>AMOUNT |
|---|--------------------|
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                            | \$ 2,000           |
| 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    | \$ 3,244.76        |
| 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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS              | \$ 1,244.76        |
| 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:   |
| 2 FILER NAME<br>JACLYN SUSTAITA   |  | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date<br>09/01/2024  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>JOE OLIVARES<br>6 Contributor address; City; State; Zip Code<br>WESLACO, TX 78596 | 7 Amount of contribution (\$)<br>2,000                                       |
| 8 Principal occupation / Job title (See Instructions)<br>REAL ESTATE  |  | 9 Employer (See Instructions)<br>L-N-R APARTMENTS LLC                        |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code  | Amount of contribution (\$)  |
| Principal occupation / Job title (See Instructions)<br>TEACHER/ FINANCIAL OFFICER   |  | Employer (See Instructions)<br>PROGRESO ISD/ MUNOZ FOUNDATION DRILLING, INC. |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>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#: _____)<br>Contributor address; City; State; Zip Code  | Amount of contribution (\$)  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |  |  |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

|  |  |   |   |
|--|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>                   |  | <b>1</b> Total pages Schedule A2: _____                             |   |
| <b>2</b> FILER NAME  |  | <b>3</b> Filer ID (Ethics Commission Filers)                        |   |
| <b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                       |  | \$ _____  |   |
| <b>5</b> Date  | <b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | <b>8</b> Amount of Contribution \$                                  | <b>9</b> In-kind contribution description |
|  | <b>7</b> Contributor address; City; State; Zip Code                                      |   |   |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.    |  |   |   |
| <b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)   |  | <b>11</b> Employer (FOR NON-JUDICIAL) (See Instructions)            |   |
| <b>12</b> Contributor's principal occupation (FOR JUDICIAL)                        |  | <b>13</b> Contributor's job title (FOR JUDICIAL) (See Instructions) |   |
| <b>14</b> Contributor's employer/law firm (FOR JUDICIAL)                           |  | <b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)  |   |
| <b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |  |   |   |
| <b>Date</b>  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)   | <b>Amount of Contribution \$</b>                                    | <b>In-kind contribution description</b>   |
|  | <b>Contributor address;</b> City; State; Zip Code  |   |   |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.    |  |   |   |
| <b>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</b>      |  | <b>Employer (FOR NON-JUDICIAL) (See Instructions)</b>               |   |
| <b>Contributor's principal occupation (FOR JUDICIAL)</b>                           |  | <b>Contributor's job title (FOR JUDICIAL) (See Instructions)</b>    |   |
| <b>Contributor's employer/law firm (FOR JUDICIAL)</b>                              |  | <b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>     |   |
| <b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>    |  |   |   |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

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

|  |  |  |   |   |
|--|--|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Total pages Schedule B:             |   |   |
| <b>2</b> FILER NAME  |  | <b>3</b> Filer ID (Ethics Commission Filers) |   |   |
| <b>4</b> TOTAL OF UNITEMIZED PLEDGES                             |  | \$   |   |   |
| <b>5</b> Date  | <b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) |  | <b>8</b> Amount of Pledge \$  | <b>9</b> In-kind contribution description |
|  | <b>7</b> Pledgor address; City; State; Zip Code                                      |  |   |   |
|  |  |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |
| <b>10</b> Principal occupation / Job title (See Instructions)    |  |  | <b>11</b> Employer (See Instructions)   |   |

|   |   |  |   |                                  |
|---|---|--|---|----------------------------------|
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) |  | Amount of Pledge \$   | In-kind contribution description |
|   | Pledgor address; City; State; Zip Code                                      |  |   |                                  |
|   |   |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                  |
| Principal occupation / Job title (See Instructions) |   |  | Employer (See Instructions)   |                                  |

|   |   |  |   |                                  |
|---|---|--|---|----------------------------------|
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) |  | Amount of Pledge \$   | In-kind contribution description |
|   | Pledgor address; City; State; Zip Code                                      |  |   |                                  |
|   |   |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                  |
| Principal occupation / Job title (See Instructions) |   |  | Employer (See Instructions)   |                                  |

|   |   |  |   |                                  |
|---|---|--|---|----------------------------------|
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) |  | Amount of Pledge \$   | In-kind contribution description |
|   | Pledgor address; City; State; Zip Code                                      |  |   |                                  |
|   |   |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                  |
| Principal occupation / Job title (See Instructions) |   |  | 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.

# LOANS

# SCHEDULE E

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 E:  |
| 2 FILER NAME  |  | 3 Filer ID (Ethics Commission Filers)  |
| 4 TOTAL OF UNITEMIZED LOANS   |  | \$   |
| 5 Date of loan  | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) | 9 Loan Amount (\$)   |
| 6 Is lender a financial Institution?<br><br>Y N                         | 8 Lender address; City; State; Zip Code                                  | 10 Interest rate   |
|   |  | 11 Maturity date   |
| 12 Principal occupation / Job title (See Instructions)                  |  | 13 Employer (See Instructions)   |
| 14 Description of Collateral<br><input type="checkbox"/> none           |  | 15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable | 17 Name of guarantor   | 19 Amount Guaranteed (\$)  |
|   | 18 Guarantor address; City; State; Zip Code                              |  |
| 20 Principal Occupation (See Instructions)                              |  | 21 Employer (See Instructions)   |
| Date of loan  | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )   | Loan Amount (\$)   |
| Is lender a financial Institution?<br><br>Y N                           | Lender address; City; State; Zip Code                                    | Interest rate  |
|   |  | Maturity date  |
| Principal occupation / Job title (See Instructions)                     |  | Employer (See Instructions)  |
| Description of Collateral<br><input type="checkbox"/> none              |  | <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)    |
| GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable    | Name of guarantor  | Amount Guaranteed (\$)   |
|   | Guarantor address; City; State; Zip Code                                 |  |
| Principal Occupation (See Instructions)                                 |  | Employer (See Instructions)  |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender 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.

|                                   |  |  |
|-----------------------------------|--|--|
| <b>1</b> Total pages Schedule F1: | <b>2</b> FILER NAME<br>JACLYN SUSTAITA | <b>3</b> Filer ID (Ethics Commission Filers) |
|-----------------------------------|--|--|

|                             |  |
|-----------------------------|--|
| <b>4</b> Date<br>09/01/2024 | <b>5</b> Payee name<br>4 SIGNS DIGITAL PRINT |
|-----------------------------|--|

|                               |  |                           |                     |                          |
|-------------------------------|--|---------------------------|---------------------|--------------------------|
| <b>6</b> Amount (\$)<br>2,000 | <b>7</b> Payee address;<br>4306 N. RAUL LONGORIA RD., STE. 2 | <b>City;</b><br>SAN JUAN, | <b>State;</b><br>TX | <b>Zip Code</b><br>78589 |
|-------------------------------|--|---------------------------|---------------------|--------------------------|

|   |  |  |
|---|--|--|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a) Category</b> (See Categories listed at the top of this schedule)<br>ADVERTISING EXPENSE   | <b>(b) Description</b><br>CAMPAIGN SIGNS |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |

|   |   |  |  |
|---|---|--|--|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | <b>Candidate / Officeholder name</b><br>JACLYN SUSTAITA | <b>Office sought</b><br>SCHOOL BOARD PLACE 3 | <b>Office held</b><br>SCHOOL BOARD PLACE 3 |
|---|---|--|--|

|                           |                                 |
|---------------------------|---------------------------------|
| <b>Date</b><br>09/01/2024 | <b>Payee name</b><br>V&M PRINTS |
|---------------------------|---------------------------------|

|                              |   |                          |                     |                          |
|------------------------------|---|--------------------------|---------------------|--------------------------|
| <b>Amount (\$)</b><br>600.00 | <b>Payee address;</b><br>401 S. IOWA AVE. | <b>City;</b><br>WESLACO, | <b>State;</b><br>TX | <b>Zip Code</b><br>78596 |
|------------------------------|---|--------------------------|---------------------|--------------------------|

|                               |   |                                       |
|-------------------------------|---|---------------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | <b>Category</b> (See Categories listed at the top of this schedule)<br>ADVERTISING EXPENSE  | <b>Description</b><br>CAMPAIGN SHIRTS |
|                               | <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 | <b>Candidate / Officeholder name</b> | <b>Office sought</b> | <b>Office held</b> |
|--|--------------------------------------|----------------------|--------------------|

|             |                   |
|-------------|-------------------|
| <b>Date</b> | <b>Payee name</b> |
|-------------|-------------------|

|                    |                       |              |               |                 |
|--------------------|-----------------------|--------------|---------------|-----------------|
| <b>Amount (\$)</b> | <b>Payee address;</b> | <b>City;</b> | <b>State;</b> | <b>Zip Code</b> |
|--------------------|-----------------------|--------------|---------------|-----------------|

|                               |   |                    |
|-------------------------------|---|--------------------|
| <b>PURPOSE OF EXPENDITURE</b> | <b>Category</b> (See Categories listed at the top of this schedule)   | <b>Description</b> |
|                               | <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 | <b>Candidate / Officeholder name</b> | <b>Office sought</b> | <b>Office held</b> |
|--|--------------------------------------|----------------------|--------------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking Expense   | 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                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F2:                                    | <b>2</b> FILER NAME  | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS             |  | \$   |
| <b>5</b> Date  | <b>6</b> Payee name  |  |
| <b>7</b> Amount (\$)   | <b>8</b> Payee address;  | City; State; Zip Code                          |
| <b>9</b> TYPE OF EXPENDITURE   | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political  |  |
| <b>10</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)  | <b>(b)</b> Description                         |
|  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>11</b> 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                          |
| TYPE OF EXPENDITURE  | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political  |  |
| 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 |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>           |  |  |

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

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

|  |  |  |
|--|--|--|
| The Instruction Guide explains how to complete this form.  |  | <b>1</b> Total pages Schedule F3:            |
| <b>2</b> FILER NAME  |  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date  | <b>5</b> Name of person from whom investment is purchased  |  |
|  | <b>6</b> Address of person from whom investment is purchased;                      City;                      State;                      Zip Code |  |
|  | <b>7</b> Description of investment   |  |
|  | <b>8</b> Amount of investment (\$)   |  |
| Date   | Name of person from whom investment is purchased   |  |
|  | Address of person from whom investment is purchased;                      City;                      State;                      Zip Code          |  |
|  | Description of investment  |  |
|  | Amount of investment (\$)  |  |
|  |  |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> |  |  |

# 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                        | 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)  |

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F4:                                       | <b>2</b> FILER NAME   | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD      |   | \$   |
| <b>5</b> Date   | <b>6</b> Payee name   |  |
| <b>7</b> Amount (\$)  | <b>8</b> Payee address;   | City; State; Zip Code                          |
| <b>9</b> TYPE OF EXPENDITURE  | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political   |  |
| <b>10</b> PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)  | (b) Description                                |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>11</b><br>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                          |
| TYPE OF EXPENDITURE   | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political   |  |
| 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 |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>              |   |  |

# 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.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule G:   | <b>2</b> FILER NAME<br>JACLYN SUSTAITA   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>08/01/2024  | <b>5</b> Payee name<br>4 SIGNS DIGITAL PRINT   |  |
| <b>6</b> Amount (\$)<br>644.76<br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>4306 N RAUL LONGORIA, STE. 2 SAN JUAN TX 78589  |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>ADVERTISING EXPENSE   | <b>(b)</b> Description<br>CAMPAIGN SIGNS     |
|  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name<br>JACLYN SUSTAITA   | Office sought<br>SCHOOL BOARD PLACE 3        |
|  |  | Office held<br>SCHOOL BOARD PLACE 3          |
| Date<br>10/01/20245  | Payee name<br>V&M PRINTS   |  |
| Amount (\$)<br>600<br><input type="checkbox"/> Reimbursement from political contributions intended             | Payee address; City; State; Zip Code<br>401 S IOWA WESLACO TX 78596  |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br>ADVERTISING EXPENSE  | Description<br>CAMPAIGN SHIRTS               |
|  | <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<br>JACLYN SUSTAITA   | Office sought<br>SCHOOL BOARD PLACE 3        |
|  |  | Office held<br>SCHOOL BOARD PL. 3            |
| Date   | Payee name   |  |
| Amount (\$)<br><input type="checkbox"/> Reimbursement from political contributions intended                    | Payee address; City; State; Zip Code   |  |
| <b>8</b> 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 ONLY if direct expenditure to benefit C/OH  | Candidate / Officeholder name  | Office sought                                |
|  |  | Office held                                  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule H:                                    | <b>2</b> FILER NAME  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date   | <b>5</b> Business name   |  |
| <b>6</b> Amount (\$)  | <b>7</b> Business address;   | City; State; Zip Code                        |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)  | <b>(b)</b> Description                       |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought Office held                    |
| Date  | Business name  |  |
| Amount (\$)   | Business address;  | City; State; Zip Code                        |
| <b>PURPOSE OF EXPENDITURE</b>                                       | 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  | Business name  |  |
| Amount (\$)   | Business address;  | City; State; Zip Code                        |
| <b>PURPOSE OF EXPENDITURE</b>                                       | 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**

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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

The Instruction Guide explains how to complete this form.

|                                  |                     |  |
|----------------------------------|---------------------|--|
| <b>1</b> Total pages Schedule I: | <b>2</b> FILER NAME | <b>3</b> Filer ID (Ethics Commission Filers) |
|----------------------------------|---------------------|--|

|               |                     |
|---------------|---------------------|
| <b>4</b> Date | <b>5</b> Payee name |
|---------------|---------------------|

|                      |                         |      |       |          |
|----------------------|-------------------------|------|-------|----------|
| <b>6</b> Amount (\$) | <b>7</b> Payee address; | City | State | Zip Code |
|----------------------|-------------------------|------|-------|----------|

|   |   |   |
|---|---|---|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a) Category</b> (See instructions for examples of acceptable categories.) | <b>(b) Description</b> (See instructions regarding type of information required.) |
|---|---|---|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                |      |       |          |
|-------------|----------------|------|-------|----------|
| Amount (\$) | Payee address; | City | State | Zip Code |
|-------------|----------------|------|-------|----------|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>Category</b> (See instructions for examples of acceptable categories.) | <b>Description</b> (See instructions regarding type of information required.) |
|-------------------------------|---|---|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                |      |       |          |
|-------------|----------------|------|-------|----------|
| Amount (\$) | Payee address; | City | State | Zip Code |
|-------------|----------------|------|-------|----------|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>Category</b> (See instructions for examples of acceptable categories.) | <b>Description</b> (See instructions regarding type of information required.) |
|-------------------------------|---|---|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                |      |       |          |
|-------------|----------------|------|-------|----------|
| Amount (\$) | Payee address; | City | State | Zip Code |
|-------------|----------------|------|-------|----------|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>Category</b> (See instructions for examples of acceptable categories.) | <b>Description</b> (See instructions regarding type of information required.) |
|-------------------------------|---|---|

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

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

|   |                                  |
|---|----------------------------------|
| The Instruction Guide explains how to complete this form. | <b>1</b> Total pages Schedule K: |
|---|----------------------------------|

|                     |  |
|---------------------|--|
| <b>2</b> FILER NAME | <b>3</b> Filer ID (Ethics Commission Filers) |
|---------------------|--|

|               |  |                      |
|---------------|--|----------------------|
| <b>4</b> Date | <b>5</b> Name of person from whom amount is received   | <b>8</b> Amount (\$) |
|               | .....<br><b>6</b> Address of person from whom amount is received; City; State; Zip Code                                  |                      |
|               | <b>7</b> Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer |                      |

|      |   |             |
|------|---|-------------|
| Date | Name of person from whom amount is received   | Amount (\$) |
|      | .....<br>Address of person from whom amount is received; City; State; Zip Code                                  |             |
|      | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer |             |

|      |   |             |
|------|---|-------------|
| Date | Name of person from whom amount is received   | Amount (\$) |
|      | .....<br>Address of person from whom amount is received; City; State; Zip Code                                  |             |
|      | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer |             |

|      |   |             |
|------|---|-------------|
| Date | Name of person from whom amount is received   | Amount (\$) |
|      | .....<br>Address of person from whom amount is received; City; State; Zip Code                                  |             |
|      | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer |             |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

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 T:             |
| 2 FILER NAME  |  | 3 Filer ID (Ethics Commission Filers) |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee   |  |                                       |
| 5 Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1<br><input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS |  |                                       |
| 6 Dates of travel   | 7 Name of person(s) traveling  |                                       |
|   | 8 Departure city or name of departure location                               |                                       |
|   | 9 Destination city or name of destination location                           |                                       |
| 10 Means of transportation  | 11 Purpose of travel (including name of conference, seminar, or other event) |                                       |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee   |  |                                       |
| Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1<br><input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS   |  |                                       |
| Dates of travel   | Name of person(s) traveling  |                                       |
|   | Departure city or name of departure location                                 |                                       |
|   | Destination city or name of destination location                             |                                       |
| Means of transportation   | Purpose of travel (including name of conference, seminar, or other event)    |                                       |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee   |  |                                       |
| Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1<br><input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS   |  |                                       |
| Dates of travel   | Name of person(s) traveling  |                                       |
|   | Departure city or name of departure location                                 |                                       |
|   | Destination city or name of destination location                             |                                       |
| Means of transportation   | Purpose of travel (including name of conference, seminar, or other event)    |                                       |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>  |  |                                       |



**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT**

**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**

-- Complete A & B below *only* if you are not an officeholder. --

**A. CAMPAIGN FUNDS**

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

**5 OFFICEHOLDER**

-- Complete this section *only* if you are an officeholder --

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder

# 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:

### OFFICE USE ONLY

Date Received

WESLACO ISD  
School Board Secretary  
RCVD: 10/28/2024

Date Hand-delivered or Date Postmarked

Receipt #      Amount \$

Date Processed

Date Imaged

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

Mrs.

FIRST

Jaclyn

MI

NICKNAME

LAST

Sustaita

SUFFIX

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

PO Box 446

APT / SUITE #;

Weslaco, TX

CITY; STATE; ZIP CODE

78599

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

( 956 )

PHONE NUMBER

532-6028

EXTENSION

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

JACLYN

MI

NICKNAME

LAST

SUSTAITA

SUFFIX

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

( 956 )

PHONE NUMBER

532-6028

EXTENSION

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

10

8

2024

THROUGH

Month

Day

Year

10

28

2024

11 ELECTION

ELECTION DATE

Month

Day

Year

11

05

2024

ELECTION TYPE

Primary

Runoff

Other  
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

SCHOOL BOARD PLACE 3

13 OFFICE SOUGHT (if known)

SCHOOL BOARD PLACE 3

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                                     |   |   |
|-------------------------------------|---|---|
| <b>15 C/OH NAME</b> JACLYN SUSTAITA |   | <b>16 Filer ID</b> (Ethics Commission Filers) |
| <b>17 CONTRIBUTION TOTALS</b>       | 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)  | \$ 1,980                                      |
| <b>EXPENDITURE TOTALS</b>           | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 0  |
|                                     | 4. TOTAL POLITICAL EXPENDITURES   | \$ 1,980                                      |
| <b>CONTRIBUTION BALANCE</b>         | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$  |
| <b>OUTSTANDING LOAN TOTALS</b>      | 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.

  
 \_\_\_\_\_  
 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

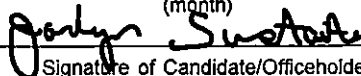
OR

**(2) Unsworn Declaration**

My name is JACLYN SUSTAITA, and my date of birth is 03/24/1983

My address is PO BOX 446, WESLACO, TX, 78599, USA  
(street) (city) (state) (zip code) (country)

Executed in HIDALGO County, State of TX, on the 28 day of OCT., 2024  
(month) (year)

  
 \_\_\_\_\_  
 Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

|   |   |  |
|---|---|--|
| 19 FILER NAME<br><br>JACLYN SUSTAITA      |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$                                     |
| 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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$                                     |
| 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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS             | \$ 1,736.75                            |
| 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.

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>  |  | <b>1</b> Total pages Schedule A1:            |
| <b>2</b> FILER NAME   |  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br><b>6</b> Contributor address; City; State; Zip Code | <b>7</b> Amount of contribution (\$)         |
| <b>8</b> Principal occupation / Job title (See Instructions)  |  | <b>9</b> Employer (See Instructions)         |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>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#: _____)<br>.....<br>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#: _____)<br>.....<br>Contributor address; City; State; Zip Code                   | Amount of contribution (\$)                  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                  |
|   |  |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |  |  |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2:                                   |                             |
| 2 FILER NAME  |   | 3 Filer ID (Ethics Commission Filers)                        |                             |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                           |   | \$   |                             |
| 5 Date  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) |  | 8 Amount of Contribution \$ |
|   | 7 Contributor address; City; State; Zip Code                                      |  |                             |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |  |                             |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)       |   | 11 Employer (FOR NON-JUDICIAL) (See Instructions)            |                             |
| 12 Contributor's principal occupation (FOR JUDICIAL)                            |   | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) |                             |
| 14 Contributor's employer/law firm (FOR JUDICIAL)                               |   | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)  |                             |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)     |   |  |                             |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)   |  | Amount of Contribution \$   |
|   | Contributor address; City; State; Zip Code  |  |                             |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |  |                             |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)          |   | Employer (FOR NON-JUDICIAL) (See Instructions)               |                             |
| Contributor's principal occupation (FOR JUDICIAL)                               |   | Contributor's job title (FOR JUDICIAL) (See Instructions)    |                             |
| Contributor's employer/law firm (FOR JUDICIAL)                                  |   | Law firm of contributor's spouse (if any) (FOR JUDICIAL)     |                             |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)        |   |  |                             |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

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 B:   |                                    |
| 2 FILER NAME  |   | 3 Filer ID (Ethics Commission Filers)   |                                    |
| 4 TOTAL OF UNITEMIZED PLEDGES                             |   | \$  |                                    |
| 5 Date  | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | 8 Amount of Pledge \$   | 9 In-kind contribution description |
|   | 7 Pledgor address; City; State; Zip Code                                      |   |                                    |
|   |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                    |
| 10 Principal occupation / Job title (See Instructions)    |   | 11 Employer (See Instructions)  |                                    |

|   |   |   |                                  |
|---|---|---|----------------------------------|
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of Pledge \$   | In-kind contribution description |
|   | Pledgor address; City; State; Zip Code                                      |   |                                  |
|   |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                  |
| Principal occupation / Job title (See Instructions) |   | Employer (See Instructions)   |                                  |

|   |   |   |                                  |
|---|---|---|----------------------------------|
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of Pledge \$   | In-kind contribution description |
|   | Pledgor address; City; State; Zip Code                                      |   |                                  |
|   |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                  |
| Principal occupation / Job title (See Instructions) |   | Employer (See Instructions)   |                                  |

|   |   |   |                                  |
|---|---|---|----------------------------------|
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of Pledge \$   | In-kind contribution description |
|   | Pledgor address; City; State; Zip Code                                      |   |                                  |
|   |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                  |
| Principal occupation / Job title (See Instructions) |   | 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.

**LOANS****SCHEDULE E**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 E:  |
| 2 FILER NAME  |  | 3 Filer ID (Ethics Commission Filers)  |
| 4 TOTAL OF UNITEMIZED LOANS   |  | \$   |
| 5 Date of loan  | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) | 9 Loan Amount (\$)   |
| 6 Is lender a financial institution?<br><br>Y N                         | 8 Lender address; City; State; Zip Code                                  | 10 Interest rate   |
|   |  | 11 Maturity date   |
| 12 Principal occupation / Job title (See Instructions)                  |  | 13 Employer (See Instructions)   |
| 14 Description of Collateral<br><input type="checkbox"/> none           |  | 15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable | 17 Name of guarantor   | 19 Amount Guaranteed (\$)  |
|   | 18 Guarantor address; City; State; Zip Code                              |  |
| 20 Principal Occupation (See Instructions)                              |  | 21 Employer (See Instructions)   |
| Date of loan  | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )   | Loan Amount (\$)   |
| Is lender a financial institution?<br><br>Y N                           | Lender address; City; State; Zip Code                                    | Interest rate  |
|   |  | Maturity date  |
| Principal occupation / Job title (See Instructions)                     |  | Employer (See Instructions)  |
| Description of Collateral<br><input type="checkbox"/> none              |  | <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)    |
| GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable    | Name of guarantor  | Amount Guaranteed (\$)   |
|   | Guarantor address; City; State; Zip Code                                 |  |
| Principal Occupation (See Instructions)                                 |  | Employer (See Instructions)  |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender 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  
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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date   | <b>5</b> Payee name  |  |
| <b>6</b> Amount (\$)  | <b>7</b> Payee address;  | City; State; Zip Code                        |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)  | <b>(b)</b> Description                       |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> 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                        |
| <b>PURPOSE OF EXPENDITURE</b>                                       | 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                        |
| <b>PURPOSE OF EXPENDITURE</b>                                       | 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                        |
| <b>PURPOSE OF EXPENDITURE</b>                                       | 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**

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

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

### EXPENDITURE CATEGORIES FOR BOX 10(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)  |

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F2:                                    | <b>2</b> FILER NAME  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS             |  | \$   |
| <b>5</b> Date  | <b>6</b> Payee name  |  |
| <b>7</b> Amount (\$)   | <b>8</b> Payee address;  | City; State; Zip Code                        |
| <b>9</b> TYPE OF EXPENDITURE   | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political  |  |
| <b>10</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)  | <b>(b)</b> Description                       |
|  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>11</b> 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     |
| TYPE OF EXPENDITURE  | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political   |                           |
| 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**

**PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F3**

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

|  |  |
|--|--|
| <b>The Instruction Guide explains how to complete this form.</b> | <b>1</b> Total pages Schedule F3:            |
| <b>2</b> FILER NAME  | <b>3</b> Filer ID (Ethics Commission Filers) |

|               |   |
|---------------|---|
| <b>4</b> Date | <b>5</b> Name of person from whom investment is purchased                           |
|               | <b>6</b> Address of person from whom investment is purchased; City; State; Zip Code |
|               | <b>7</b> Description of investment  |
|               | <b>8</b> Amount of investment (\$)  |

|      |  |
|------|--|
| Date | Name of person from whom investment is purchased                           |
|      | Address of person from whom investment is purchased; City; State; Zip Code |
|      | Description of investment  |
|      | Amount of investment (\$)  |

|  |
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|  |
|--|

**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                        | 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)  |

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F4:                                       | <b>2</b> FILER NAME   | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD      |   | \$   |
| <b>5</b> Date   | <b>6</b> Payee name   |  |
| <b>7</b> Amount (\$)  | <b>8</b> Payee address;   | City; State; Zip Code                          |
| <b>9</b> TYPE OF EXPENDITURE  | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political   |  |
| <b>10</b> PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)  | (b) Description                                |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>11</b><br>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                          |
| TYPE OF EXPENDITURE   | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political   |  |
| 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            | 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.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule G:   | <b>2</b> FILER NAME<br>JACLYN SUSTAITA   | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br>10/15/2024  | <b>5</b> Payee name<br>4 SIGNS DIGITAL   |  |
| <b>6</b> Amount (\$)<br>850.00<br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>4306 N. RAUL LONGORIA, STE. 2. SAN JUAN TX 78589  |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>ADVERTISING EXPENSE   | <b>(b)</b> Description<br>CAMPAIGN SIGNS   |
|  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name<br>JACLYN SUSTAITA   | Office sought<br>WISD SCHOOL TRUSTEE   |
|  |  | Office held<br>PLACE 3   |
| Date<br>10/15/2024   | Payee name<br>V&M PRINTS   |  |
| Amount (\$)<br>650.00<br><input type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br>401 S. IOWA WESLACO TX 78596   |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br>ADVERTISING EXPENSE  | Description<br>SHIRTS AND CAPS   |
|  | <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<br>JACLYN SUSTAITA   | Office sought<br>WISD TRUSTEE  |
|  |  | Office held<br>PLACE 3   |
| Date<br>10/21/24   | Payee name<br>WALMART  |  |
| Amount (\$)<br>236.75<br><input type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br>WESLACO TX 78596   |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br>POLLING EXPENSE  | Description<br>PENS, PUMPKINS FOR CITY HALL, PINK PAINT, BEVERAGES FOR POLLING PLACE |
|  | <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<br>JACLYN SUSTAITA   | Office sought<br>WISD TRUSTEE  |
|  |  | Office held<br>PLACE 3   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

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.

|                                  |                     |  |
|----------------------------------|---------------------|--|
| <b>1</b> Total pages Schedule H: | <b>2</b> FILER NAME | <b>3</b> Filer ID (Ethics Commission Filers) |
|----------------------------------|---------------------|--|

|               |                        |
|---------------|------------------------|
| <b>4</b> Date | <b>5</b> Business name |
|---------------|------------------------|

|                      |  |
|----------------------|--|
| <b>6</b> Amount (\$) | <b>7</b> Business address; City; State; Zip Code |
|----------------------|--|

|   |   |   |
|---|---|---|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)         | <b>(b)</b> Description  |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|      |               |
|------|---------------|
| Date | Business name |
|------|---------------|

|             |   |
|-------------|---|
| Amount (\$) | Business address; City; State; Zip Code |
|-------------|---|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | 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 | Business name |
|------|---------------|

|             |   |
|-------------|---|
| Amount (\$) | Business address; City; State; Zip Code |
|-------------|---|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | 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**

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

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

The Instruction Guide explains how to complete this form.

|                                  |                     |  |
|----------------------------------|---------------------|--|
| <b>1</b> Total pages Schedule I: | <b>2</b> FILER NAME | <b>3</b> Filer ID (Ethics Commission Filers) |
|----------------------------------|---------------------|--|

|               |                     |
|---------------|---------------------|
| <b>4</b> Date | <b>5</b> Payee name |
|---------------|---------------------|

|                      |                         |      |       |          |
|----------------------|-------------------------|------|-------|----------|
| <b>6</b> Amount (\$) | <b>7</b> Payee address; | City | State | Zip Code |
|----------------------|-------------------------|------|-------|----------|

|   |  |  |
|---|--|--|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See instructions for examples of acceptable categories.) | (b) Description (See instructions regarding type of information required.) |
|---|--|--|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                |      |       |          |
|-------------|----------------|------|-------|----------|
| Amount (\$) | Payee address; | City | State | Zip Code |
|-------------|----------------|------|-------|----------|

|                               |  |  |
|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
|-------------------------------|--|--|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                |      |       |          |
|-------------|----------------|------|-------|----------|
| Amount (\$) | Payee address; | City | State | Zip Code |
|-------------|----------------|------|-------|----------|

|                               |  |  |
|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
|-------------------------------|--|--|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                |      |       |          |
|-------------|----------------|------|-------|----------|
| Amount (\$) | Payee address; | City | State | Zip Code |
|-------------|----------------|------|-------|----------|

|                               |  |  |
|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
|-------------------------------|--|--|

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

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 K:             |
| 2 FILER NAME  |   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date  | 5 Name of person from whom amount is received   | 8 Amount (\$)                         |
|   | 6 Address of person from whom amount is received; City; State; Zip Code   |                                       |
|   | 7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer |                                       |
| Date  | Name of person from whom amount is received   | Amount (\$)                           |
|   | Address of person from whom amount is received; City; State; Zip Code   |                                       |
|   | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer   |                                       |
| Date  | Name of person from whom amount is received   | Amount (\$)                           |
|   | Address of person from whom amount is received; City; State; Zip Code   |                                       |
|   | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer   |                                       |
| Date  | Name of person from whom amount is received   | Amount (\$)                           |
|   | Address of person from whom amount is received; City; State; Zip Code   |                                       |
|   | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer   |                                       |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



**IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES  
FOR TRAVEL OUTSIDE OF TEXAS**

**SCHEDULE T**

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 T:             |
| 2 FILER NAME  |  | 3 Filer ID (Ethics Commission Filers) |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee   |  |                                       |
| 5 Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1<br><input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS |  |                                       |
| 6 Dates of travel   | 7 Name of person(s) traveling  |                                       |
|   | 8 Departure city or name of departure location                               |                                       |
|   | 9 Destination city or name of destination location                           |                                       |
| 10 Means of transportation  | 11 Purpose of travel (including name of conference, seminar, or other event) |                                       |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee   |  |                                       |
| Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1<br><input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS   |  |                                       |
| Dates of travel   | Name of person(s) traveling  |                                       |
|   | Departure city or name of departure location                                 |                                       |
|   | Destination city or name of destination location                             |                                       |
| Means of transportation   | Purpose of travel (including name of conference, seminar, or other event)    |                                       |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee   |  |                                       |
| Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1<br><input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS   |  |                                       |
| Dates of travel   | Name of person(s) traveling  |                                       |
|   | Departure city or name of departure location                                 |                                       |
|   | Destination city or name of destination location                             |                                       |
| Means of transportation   | Purpose of travel (including name of conference, seminar, or other event)    |                                       |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are not an officeholder. --

**A. CAMPAIGN FUNDS**

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

5 OFFICEHOLDER

-- Complete this section *only* if you are an officeholder --

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder