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: 5

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mr.
FIRST: Nickolas
MI: J.
NICKNAME:
LAST: Jasso
SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

[redacted]
APT / SUITE #:
CITY:
STATE:
ZIP CODE:

☐ Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE / PHONE NUMBER: [redacted]
EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mrs.
FIRST: Maria
MI: O
NICKNAME:
LAST: Garcia
SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): [redacted]
APT / SUITE #:
CITY:
STATE:
ZIP CODE:

8 CAMPAIGN TREASURER PHONE

AREA CODE / PHONE NUMBER: [redacted]
EXTENSION:

OFFICE USE ONLY

Date Received: RECEIVED OCT 07 2026 BY: [signature]

Date Hand-delivered or Date Postmarked:

Receipt #:
Amount $:

Date Processed:

Date Imaged:

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: 08 / 31 / 26 THROUGH 09 / 24 / 26

11 ELECTION

ELECTION DATE — Month / Day / Year: 11 / 03 / 26

ELECTION TYPE:
☐ Primary ☐ Runoff ☐ Other Description:
☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any): None

13 OFFICE SOUGHT (if known): Midland ISD Trustee, District 5

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

☐ Additional Pages

COMMITTEE TYPE
☐ GENERAL
☐ SPECIFIC

COMMITTEE NAME
COMMITTEE ADDRESS
COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Nickolas Joel Jasso

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 0.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 300.00
EXPENDITURE TOTALS	3	TOTAL UNITEMIZED POLITICAL EXPENDITURE	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 62.24
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 300.01
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

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 Nickolas Joel Jasso and my date of birth is [redacted]

My address is [redacted] (street) (city) (state) (zip code) (country)

Executed in Midland County, State of Texas on the 5th day of October (month), 20 26 (year).

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filer(s))
Nickolas Joel Jasso	

	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1	☒	SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS	$ 300.00
2	☐	SCHEDULE A2 NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 0.00
3	☐	SCHEDULE B PLEDGED CONTRIBUTIONS	$ 0.00
4	☐	SCHEDULE E LOANS	$ 0.00
5	☐	SCHEDULE F1 POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 0.00
6	☐	SCHEDULE F2 UNPAID INCURRED OBLIGATIONS	$ 0.00
7	☐	SCHEDULE F3 PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ 0.00
8	☐	SCHEDULE F4 EXPENDITURES MADE BY CREDIT CARD	$ 0.00
9	☒	SCHEDULE G POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 62.24
10	☐	SCHEDULE H PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ 0.00
11	☐	SCHEDULE I NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 0.00
12	☐	SCHEDULE K INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ 0.00

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: 1

2 FILER NAME
Nickolas Joel Jasso

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of contribution ($)
09/15/2026	Maria O. Garcia	300.00
	6 Contributor address, City, State, Zip Code: 6905 Sheppard Ct., Midland, TX 79705	

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
	Contributor address, City, State, Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
	Contributor address, City, State, Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
	Contributor address, City, State, Zip Code	

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.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	Nickolas Joel Jasso	

4 Date	5 Payee name
09/15/2026	WTBS Printing

6 Amount ($)	7 Payee address	City	State	Zip Code
62.24 ☒ Reimbursement from political contributions intended	701 S. Main Street Midland, TX 79701			

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Printing Expense	50 campaign push cards; rush fee and tax. Paid with personal debit card

(c) ☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name

Amount ($)	Payee address	City	State	Zip Code
☐ Reimbursement from political contributions intended				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description

☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name

Amount ($)	Payee address	City	State	Zip Code
☐ Reimbursement from political contributions intended				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description

☐ Check if travel outside of Texas. Complete Schedule T ☐ Check if Austin, TX officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED