

# 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:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Mr

Jason

D

NICKNAME

LAST

SUFFIX

Ohrt

OFFICE USE ONLY

Date Received

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3246 Berger Road Victoria, Texas 77905

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 361 )

648-4592

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Mrs.

Marigayle

M

NICKNAME

LAST

SUFFIX

Ohrt

Date Handled

Receipt #

Date Processed

Date Imaged

STATE; ZIP CODE

7 CAMPAIGN  
TREASURER  
ADDRESS

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

CITY;

3246 Berger Road Victoria, Texas 77905

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 361 )

648-4591

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

2 / 23 / 22

THROUGH

Month

Day

Year

5 / 16 / 22

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 24 / 22

ELECTION TYPE

Primary

Runoff

Other  
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

NA

13 OFFICE SOUGHT (if known)

County Commissioner Precinct #2

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

Friends of Good Government

GENERAL

COMMITTEE ADDRESS

404 Ball Airport Road Victoria, Texas 77904

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

David Coffee

COMMITTEE CAMPAIGN TREASURER ADDRESS

404 Ball Airport Road Victoria, Texas 77904

Additional Pages

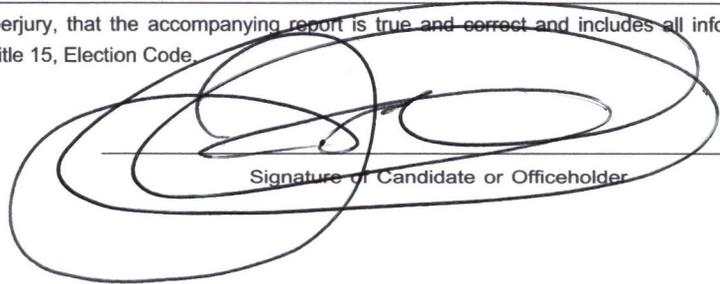
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Jason Ohrt		<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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,115.38
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 12,925.78
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,902.26
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

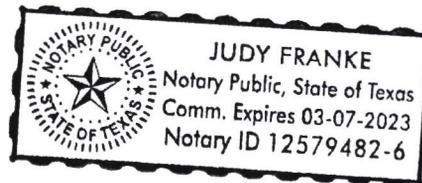
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

**(1) Affidavit**



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Jason D. Ohrt this the 14 day of May, 2022, 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 \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

<b>19 FILER NAME</b> Jason Ohrt		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 12,115.38
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. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 12,925.78
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		\$ 0.00
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.**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME Jason Ohrt		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/03/2022	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Tina Wayne <b>6</b> Contributor address; City; State; Zip Code 15 Spring Creek Victoria, Texas 77904	<b>7</b> Amount of contribution (\$) <b>300.00</b>
<b>8</b> Principal occupation / Job title (See Instructions) Real Estate		<b>9</b> Employer (See Instructions)
<b>Date</b> 03/03/2022	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Friends of Good Government <b>Contributor address; City; State; Zip Code</b> 404 Ball Airport Road Victoria, Tx 77904	<b>Amount of contribution (\$)</b> <b>4,000.00</b>
<b>Principal occupation / Job title (See Instructions)</b> PAC		<b>Employer (See Instructions)</b>
<b>Date</b> 03/04/2022	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Melvin & Jane Lack <b>Contributor address; City; State; Zip Code</b> 2402 N. Wheeler Victoria, Tx 77901	<b>Amount of contribution (\$)</b> <b>300.00</b>
<b>Principal occupation / Job title (See Instructions)</b> Furniture Sales		<b>Employer (See Instructions)</b> Lacks
<b>Date</b> 03/09/2022	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Mike Crane <b>Contributor address; City; State; Zip Code</b> PO Box 2206 Victoria, Tx 77902	<b>Amount of contribution (\$)</b> <b>500.00</b>
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:**2** FILER NAME

Jason Ohrt

**3** Filer ID (Ethics Commission Filers)**4** Date

03/10/2022

**5** Full name of contributor

Byron Burris II

out-of-state PAC (ID#: \_\_\_\_\_)

**7** Amount of contribution (\$)**1,000.00****6** Contributor address;

City;

State;

Zip Code

PO Box 7230 Victoria, Tx 77903

**8** Principal occupation / Job title (See Instructions)

CEO

**9** Employer (See Instructions)

LIAHO

Date

03/18/2022

Full name of contributor

Lee Swearingen &amp; Dixie Swearingen

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**300.00**

Contributor address;

City;

State;

Zip Code

203 Leisure Lane Victoria, Tx 77904

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

Coldwell Banker

Date

03/21/2022

Full name of contributor

Robby &amp; Tami Burdge

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**1,000.00**

Contributor address;

City;

State;

Zip Code

101 Willow Way Victoria, Tx 77904

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

Klean Korp

Date

03/25/2022

Full name of contributor

Carol Williams

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**50.00**

Contributor address;

City;

State;

Zip Code

326 Brushy Creek Victoria, Tx 77904

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.

**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 Jason Ohrt		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/25/2022	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Craig Lauger <b>6</b> Contributor address; City; State; Zip Code 1013 Westpark Ave Victoria, Tx 77905	<b>7</b> Amount of contribution (\$)  <b>250.00</b>
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Lauger Companies
Date 04/06/2022	Full name of contributor out-of-state PAC (ID#: _____) J. Lack Contributor address; City; State; Zip Code PO Box 2346 Victoria, Tx 77902	Amount of contribution (\$)  <b>300.00</b>
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Triple D Security
Date 04/05/2022	Full name of contributor out-of-state PAC (ID#: _____) Mark E. Zafereo Contributor address; City; State; Zip Code 125 Kreekview Victoria, Tx 77904	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) WF Advisors
Date 04/07/2022	Full name of contributor out-of-state PAC (ID#: _____) Maurice Buddy Kamin Contributor address; City; State; Zip Code 708 W. Commercial Victoria, Tx 77901	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Kamin Furniture
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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<b>2</b> FILER NAME Jason Ohrt		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/12/2022	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Paul or Michelle Polasek <b>6</b> Contributor address; City; State; Zip Code 6023 Country Club Dr Victoria, Tx 77904	<b>7</b> Amount of contribution (\$) <b>1,000.00</b>
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Aloesoft
<b>Date</b> 03/30/2022	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Josh Lebar <b>Contributor address; City; State; Zip Code</b> 1915 Hazard, unit A Houston, Tx 77019	<b>Amount of contribution (\$)</b> <b>200.00</b>
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b>
<b>Date</b> 04/22/2022	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Jared Ohrt <b>Contributor address; City; State; Zip Code</b> 902 Norfolk Pearland, Tx 77584	<b>Amount of contribution (\$)</b> <b>600.00</b>
<b>Principal occupation / Job title (See Instructions)</b> Physicist		<b>Employer (See Instructions)</b> MD Anderson
<b>Date</b> 04/20/2022	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Robert E. Lee III DDS <b>Contributor address; City; State; Zip Code</b> 106 Professional Park Dr Victoria, Tx 77904	<b>Amount of contribution (\$)</b> <b>50.00</b>
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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<b>2</b> FILER NAME Jason Ohrt		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/18/2022	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Bernard Thomas Klimist ..... <b>6</b> Contributor address; City; State; Zip Code 204 E. Santa Rosa Victoria, Tx 77901	<b>7</b> Amount of contribution (\$)  <b>1,000.00</b>
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions)
<b>Date</b> 05/02/2022	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Troy York ..... <b>Contributor address;</b> City; State; Zip Code 4702 N. Navarro Victoria, Tx 77904	<b>Amount of contribution (\$)</b>  <b>515.38</b>
<b>Principal occupation / Job title (See Instructions)</b> Sales manager		<b>Employer (See Instructions)</b> Victory Kia
<b>Date</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) ..... <b>Contributor address;</b> City; State; Zip Code	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) ..... <b>Contributor address;</b> City; State; Zip Code	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor 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 Jason Ohrt	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 03/16/2022	<b>5</b> Payee name Victoria Web Design
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<b>6</b> Amount (\$) 395.00	<b>7</b> Payee address; City; State; Zip Code 3571 County Road 210 Smiley, Texas 78159
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Web site monitoring
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/06/2022	Payee name KC Strategies
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Amount (\$) 3,535.21	Payee address; City; State; Zip Code 3571 Far West Blvd #196 Austin, Texas 78731
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Mailers
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/06/2022	Payee name KC Strategies
--------------------	-----------------------------

Amount (\$) 4,000.00	Payee address; City; State; Zip Code 3571 Far West Blvd #196 Austin, Texas 78731
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Fees	Description Consulting Fees
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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 POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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			

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<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Jason Ohrt	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/01/2022	<b>5</b> Payee name KC Strategies	
<b>6</b> Amount (\$) 4,995.57	<b>7</b> Payee address; City; State; Zip Code 3571 Far West Blvd #196 Austin, Texas 78731	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Mailers
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
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
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
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
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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