

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: **17**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Jett
NICKNAME LAST SUFFIX
Hanna

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
[REDACTED] Austin, TX 78731

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 905-2993

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Jett
NICKNAME LAST SUFFIX
Hanna

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
6112 Highlandale Dr. Austin, TX 78731

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 905-2993

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 Month Day Year
3 / 26 / 24 THROUGH 4 / 24 / 24

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
5 / 4 / 24 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Travis Central Appraisal District Board of Directors, Place 1

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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC Additional Pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received

RECEIVED
By Travis Central Appraisal District at 4:31 pm, Apr 26, 2024

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
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Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME Jett Hanna		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)	\$ 20.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,058.34
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,245.68
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 19,499.34
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.

Jett Hanna

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 _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Jett Hanna		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 8,030.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 3,028.21
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. ■ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 217.47
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. 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: **9**

2 FILER NAME
Jett Hanna

3 Filer ID (Ethics Commission Filers)

4 Date
03/27/2024

5 Full name of contributor out-of-state PAC (ID#: _____)
Resa Pratt

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
[REDACTED] **Austin TX 78748**

25.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/28/2024

Full name of contributor out-of-state PAC (ID#: _____)
Eric Vormelker

Amount of contribution (\$)

Contributor address; City; State; Zip Code
[REDACTED] **Austin TX 78752**

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/28/2024

Full name of contributor out-of-state PAC (ID#: _____)
Alison Alter

Amount of contribution (\$)

Contributor address; City; State; Zip Code
[REDACTED] **Austin TX 78756**

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/02/2024

Full name of contributor out-of-state PAC (ID#: _____)
Mary Kahle

Amount of contribution (\$)

Contributor address; City; State; Zip Code
[REDACTED] **Austin TX 78731**

25.00

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.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **9**

2 FILER NAME
Jett Hanna

3 Filer ID (Ethics Commission Filers)

4 Date
04/02/2024

5 Full name of contributor out-of-state PAC (ID#: _____)
Richard Lowerre

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
[REDACTED] **Austin TX 78703**

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
04/02/2024

Full name of contributor out-of-state PAC (ID#: _____)
Heidi Gibbons

Amount of contribution (\$)

Contributor address; City; State; Zip Code
[REDACTED] **Austin TX 78703**

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/03/2024

Full name of contributor out-of-state PAC (ID#: _____)
Scott Daigle

Amount of contribution (\$)

Contributor address; City; State; Zip Code
[REDACTED] **Austin TX 78726**

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/03/2024

Full name of contributor out-of-state PAC (ID#: _____)
Steven Weintraub

Amount of contribution (\$)

Contributor address; City; State; Zip Code
[REDACTED] **Austin TX 78757**

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: **9**

2 FILER NAME
Jett Hanna

3 Filer ID (Ethics Commission Filers)

4 Date
04/05/2024

5 Full name of contributor out-of-state PAC (ID#: _____)
David Escamilla

7 Amount of contribution (\$)

200.00

6 Contributor address; City; State; Zip Code
[REDACTED] **Austin TX 78759**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
04/05/2024

Full name of contributor out-of-state PAC (ID#: _____)
Idona Griffith

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code
[REDACTED] **Austin TX 78759**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/05/2024

Full name of contributor out-of-state PAC (ID#: _____)
Pierre Nguyen

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code
[REDACTED] **Austin TX 78753**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/07/2024

Full name of contributor out-of-state PAC (ID#: _____)
Jay Hiller

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code
[REDACTED] **Austin TX 78726**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: **9**

2 FILER NAME
Jett Hanna

3 Filer ID (Ethics Commission Filers)

4 Date
04/07/2024

5 Full name of contributor out-of-state PAC (ID#: _____)
Eric Schenk

7 Amount of contribution (\$)

25.00

6 Contributor address; City; State; Zip Code
[REDACTED] **Austin TX 78751**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
04/08/2024

Full name of contributor out-of-state PAC (ID#: _____)
Janis W Pinnelli

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code
[REDACTED] **Austin TX 78763**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/11/2024

Full name of contributor out-of-state PAC (ID#: _____)
Ranleigh Hirsh

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code
[REDACTED] **Austin TX 78731-5640**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/11/2024

Full name of contributor out-of-state PAC (ID#: _____)
Carol Jones

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code
[REDACTED] **Austin TX 78731**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **9**

2 FILER NAME
Jett Hanna

3 Filer ID (Ethics Commission Filers)

4 Date
04/13/2024

5 Full name of contributor out-of-state PAC (ID#: _____)
Charles York

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code
[REDACTED] **Austin TX 78746**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
04/14/2024

Full name of contributor out-of-state PAC (ID#: _____)
Diana Spain

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code
[REDACTED] **Austin TX 78751**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/14/2024

Full name of contributor out-of-state PAC (ID#: _____)
Burgess Jackson

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code
[REDACTED] **Austin TX 78757**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/14/2024

Full name of contributor out-of-state PAC (ID#: _____)
Jack Chrismon

Amount of contribution (\$)

10.00

Contributor address; City; State; Zip Code
[REDACTED] **Dallas TX 75231**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: **9**

2 FILER NAME
Jett Hanna

3 Filer ID (Ethics Commission Filers)

4 Date
04/15/2024

5 Full name of contributor out-of-state PAC (ID#: _____)
Cindy Stone

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
[REDACTED] **Austin TX 78731**

25.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
04/15/2024

Full name of contributor out-of-state PAC (ID#: _____)
David Albert

Amount of contribution (\$)

Contributor address; City; State; Zip Code
[REDACTED] **Austin TX 78741**

750.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/16/2024

Full name of contributor out-of-state PAC (ID#: _____)
A Carol Teitelman

Amount of contribution (\$)

Contributor address; City; State; Zip Code
[REDACTED] **Pflugerville TX 78660**

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/16/2024

Full name of contributor out-of-state PAC (ID#: _____)
Kathryne Tovo

Amount of contribution (\$)

Contributor address; City; State; Zip Code
[REDACTED] **Austin TX 78705**

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: **9**

2 FILER NAME
Jett Hanna

3 Filer ID (Ethics Commission Filers)

4 Date
04/18/2024

5 Full name of contributor out-of-state PAC (ID#: _____)
Frank Cooksey

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code
[REDACTED] **Austin TX 78703**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
04/19/2024

Full name of contributor out-of-state PAC (ID#: _____)
Elliott Naishtat

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code
[REDACTED] **Austin TX 78757**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/19/2024

Full name of contributor out-of-state PAC (ID#: _____)
Myron Hess

Amount of contribution (\$)

35.00

Contributor address; City; State; Zip Code
[REDACTED] **Austin TX 78704**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/21/2024

Full name of contributor out-of-state PAC (ID#: _____)
Anne Gilbert

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code
[REDACTED] **Austin TX 78739**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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1 Total pages Schedule A1: **9**

2 FILER NAME
Jett Hanna

3 Filer ID (Ethics Commission Filers)

4 Date
04/22/2024

5 Full name of contributor out-of-state PAC (ID#: _____)
Cristina Adams

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
[REDACTED] **Austin TX 78731**

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
04/22/2024

Full name of contributor out-of-state PAC (ID#: _____)
James DiCarlo

Amount of contribution (\$)

Contributor address; City; State; Zip Code
[REDACTED] **San Francisco CA 94111**

10.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/24/2024

Full name of contributor out-of-state PAC (ID#: _____)
Ellen Franzen

Amount of contribution (\$)

Contributor address; City; State; Zip Code
[REDACTED] **Berkeley CA 94710**

8.33

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/28/2024

Full name of contributor out-of-state PAC (ID#: _____)
Mike Hemmer

Amount of contribution (\$)

Contributor address; City; State; Zip Code
[REDACTED] **Austin TX 78757**

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: **9**

2 FILER NAME
Jett Hanna

3 Filer ID (Ethics Commission Filers)

4 Date
03/30/2024

5 Full name of contributor out-of-state PAC (ID#: _____)
ACC AFT COPE Fund

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
[REDACTED] **Austin TX 78749**

2,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/26/2024

Full name of contributor out-of-state PAC (ID#: _____)
Capitol Area Progressive Democrats

Amount of contribution (\$)

Contributor address; City; State; Zip Code
[REDACTED] **Austin TX 78767**

1,500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/15/2024

Full name of contributor out-of-state PAC (ID#: _____)
Sharon Hanna

Amount of contribution (\$)

Contributor address; City; State; Zip Code
[REDACTED] **Packwood WA 98361**

1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/18/2024

Full name of contributor out-of-state PAC (ID#: _____)
Brigid Shea

Amount of contribution (\$)

Contributor address; City; State; Zip Code
[REDACTED] **Austin TX 78757**

250.00

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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Jett Hanna	3 Filer ID (Ethics Commission Filers)
4 Date 04/24/2024	5 Payee name ActBlue	
6 Amount (\$) 120.10	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Online Contribution Processing Fee
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/28/2024	Payee name Walmart	
Amount (\$) 7.97	Payee address; City; State; Zip Code 2525 W Anderson Ln Austin TX 78757	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description Rubber Bands
	Check if travel outside of Texas. Complete Schedule T. 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 03/28/2024	Payee name Allandale Neighborhood Association	
Amount (\$) 250.00	Payee address; City; State; Zip Code P.O. Box 10886 Austin TX 78766	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Newsletter Ad
	Check if travel outside of Texas. Complete Schedule T. 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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Jett Hanna	3 Filer ID (Ethics Commission Filers)
4 Date 04/16/2024	5 Payee name CheckMark Typesetting	
6 Amount (\$) 2,046.19	7 Payee address; City; State; Zip Code 3217 N I H 35 Austin TX 78722	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Yard Signs
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 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	
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 <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	
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 <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

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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	3	2 FILER NAME	Jett Hanna		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD					\$ 217.47
5 CREDIT CARD ISSUER	Name of financial institution Discover				
6 PAYMENT	(a) Amount Charged \$ 174.50	(b) Date Expenditure Charged 04/22/2024	(c) Date(s) Credit Card Issuer Paid 5/17/2024		
7 PAYEE	(a) Payee name Kerbey Lane Diner	(b) Payee address; City, State, Zip Code 2026 Guadalupe St Austin TX 78705			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Volunteer Meeting Refreshments		
	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(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	
PAYMENT	(a) Amount Charged \$ 35.18	(b) Date Expenditure Charged 04/08/2024	(c) Date(s) Credit Card Issuer Paid		
PAYEE	(a) Payee name Squarespace	(b) Payee address; City, State, Zip Code 8 Clarkson St New York NY 10014			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Website Hosting		
	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(c) 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	
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid		
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(c) 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

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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	3	2 FILER NAME	Jett Hanna		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD					\$ 217.47
5 CREDIT CARD ISSUER	Name of financial institution Bank of America				
6 PAYMENT	(a) Amount Charged \$ 35.18	(b) Date Expenditure Charged 04/08/2024	(c) Date(s) Credit Card Issuer Paid 04/17/2024		
7 PAYEE	(a) Payee name Squarespace	(b) Payee address; City, State, Zip Code 8 Clarkson St New York NY 10014			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Web services		
	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(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	
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid		
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(c) 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	
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid		
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(c) 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	

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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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	3	2 FILER NAME	Jett Hanna		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD					\$ 217.47
5 CREDIT CARD ISSUER	Name of financial institution Elan Financial Services				
6 PAYMENT	(a) Amount Charged \$ 7.68	(b) Date Expenditure Charged 03/08/2024	(c) Date(s) Credit Card Issuer Paid		
7 PAYEE	(a) Payee name Dotster	(b) Payee address; City, State, Zip Code 5335 Gate Pkwy 2nd Floor Jacksonville FL 32256			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Web Services		
	<input type="checkbox"/> Political				
	<input type="checkbox"/> Non-Political				
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought	Office Held	
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid		
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	<input type="checkbox"/> Political				
	<input type="checkbox"/> Non-Political				
	(c) <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	
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid		
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	<input type="checkbox"/> Political				
	<input type="checkbox"/> Non-Political				
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought	Office Held	

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