

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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,441.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,236.45
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 11,441.00
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	\$ 11,441.00
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	\$ 235.24
6.	■ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 604.40
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	■ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1,996.81
9.	■ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 400.00
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: 14

2 FILER NAME
Jett Hanna

3 Filer ID (Ethics Commission Filers)

4 Date
03/13/2024

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

7 Amount of contribution (\$)

500.00

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

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/17/2024

Full name of contributor out-of-state PAC (ID#: _____)
Linda Bailey

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code
[REDACTED] AUSTIN TX 78730

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/11/2024

Full name of contributor out-of-state PAC (ID#: _____)
Lynn Boswell

Amount of contribution (\$)

100.00

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/08/2024

Full name of contributor out-of-state PAC (ID#: _____)
Cecelia Burke

Amount of contribution (\$)

250.00

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
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: 14

2 FILER NAME
Jett Hanna

3 Filer ID (Ethics Commission Filers)

4 Date
03/13/2024

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

7 Amount of contribution (\$)

500.00

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

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/17/2024

Full name of contributor out-of-state PAC (ID#: _____)
Linda Bailey

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code
[REDACTED] AUSTIN TX 78730

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/11/2024

Full name of contributor out-of-state PAC (ID#: _____)
Lynn Boswell

Amount of contribution (\$)

100.00

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/08/2024

Full name of contributor out-of-state PAC (ID#: _____)
Cecelia Burke

Amount of contribution (\$)

250.00

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: 14

2 FILER NAME
Jett Hanna

3 Filer ID (Ethics Commission Filers)

4 Date
03/09/2024

5 Full name of contributor out-of-state PAC (ID#: _____)
Susana Carranza

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
[REDACTED] Austin TX 78701

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/12/2024

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
[REDACTED] Austin TX 78701

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/24/2024

Full name of contributor out-of-state PAC (ID#: _____)
Jessica Cohen

Amount of contribution (\$)

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

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/13/2024

Full name of contributor out-of-state PAC (ID#: _____)
Karen Collins

Amount of contribution (\$)

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

500.00

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

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1 Total pages Schedule A1: 14

2 FILER NAME
Jett Hanna

3 Filer ID (Ethics Commission Filers)

4 Date
03/25/2024

5 Full name of contributor out-of-state PAC (ID#: _____)
Debra Danburg

7 Amount of contribution (\$)

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

60.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/14/2024

Full name of contributor out-of-state PAC (ID#: _____)
Hunter Ellinger

Amount of contribution (\$)

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

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/18/2024

Full name of contributor out-of-state PAC (ID#: _____)
Megan Field

Amount of contribution (\$)

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

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/25/2024

Full name of contributor out-of-state PAC (ID#: _____)
Jimmy Flannigan

Amount of contribution (\$)

Contributor address; City; State; Zip Code
[REDACTED] Austin TX 78729

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: 14

2 FILER NAME
Jett Hanna

3 Filer ID (Ethics Commission Filers)

4 Date
03/11/2024

5 Full name of contributor out-of-state PAC (ID#: _____)
Maria Luisa Flores

7 Amount of contribution (\$)

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

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/23/2024

Full name of contributor out-of-state PAC (ID#: _____)
H. E. Gibbons

Amount of contribution (\$)

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

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/11/2024

Full name of contributor out-of-state PAC (ID#: _____)
Paulette Gindler

Amount of contribution (\$)

Contributor address; City; State; Zip Code
[REDACTED] Converse TX 78109

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/12/2024

Full name of contributor out-of-state PAC (ID#: _____)
Andrew Gonzales

Amount of contribution (\$)

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

25.00

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: 14

2 FILER NAME
Jett Hanna

3 Filer ID (Ethics Commission Filers)

4 Date
03/13/2024

5 Full name of contributor out-of-state PAC (ID#: _____)
Sarah Goodfriend

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
03/08/2024

Full name of contributor out-of-state PAC (ID#: _____)
Betsy Greenberg

Amount of contribution (\$)

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

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/07/2024

Full name of contributor out-of-state PAC (ID#: _____)
Melinda Harris

Amount of contribution (\$)

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

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/16/2024

Full name of contributor out-of-state PAC (ID#: _____)
Julia Hart

Amount of contribution (\$)

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

25.00

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: **14**

2 FILER NAME
Jett Hanna

3 Filer ID (Ethics Commission Filers)

4 Date
03/03/2024

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

7 Amount of contribution (\$)

250.00

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

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/10/2024

Full name of contributor out-of-state PAC (ID#: _____)
Nancy Hohengarten

Amount of contribution (\$)

100.00

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/23/2024

Full name of contributor out-of-state PAC (ID#: _____)
Ann Howard

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code
[REDACTED] **Austin TX 78701**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/13/2024

Full name of contributor out-of-state PAC (ID#: _____)
Dorothy Johnson

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code
[REDACTED] **Austin TX 78702**

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: 14

2 FILER NAME
Jett Hanna

3 Filer ID (Ethics Commission Filers)

4 Date
03/13/2024

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

7 Amount of contribution (\$)

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

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/12/2024

Full name of contributor out-of-state PAC (ID#: _____)
Sterling King

Amount of contribution (\$)

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

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/12/2024

Full name of contributor out-of-state PAC (ID#: _____)
Bill King

Amount of contribution (\$)

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

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/09/2024

Full name of contributor out-of-state PAC (ID#: _____)
Alice London

Amount of contribution (\$)

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

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: 14

2 FILER NAME
Jett Hanna

3 Filer ID (Ethics Commission Filers)

4 Date
03/12/2024

5 Full name of contributor out-of-state PAC (ID#: _____)
Vanessa MacDougal

7 Amount of contribution (\$)

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

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/18/2024

Full name of contributor out-of-state PAC (ID#: _____)
Tim Mahoney

Amount of contribution (\$)

Contributor address; City; State; Zip Code
[REDACTED] Austin TX 78768

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/13/2024

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

Amount of contribution (\$)

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

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/20/2024

Full name of contributor out-of-state PAC (ID#: _____)
Rosemary Merriam

Amount of contribution (\$)

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

250.00

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: 14

2 FILER NAME
Jett Hanna

3 Filer ID (Ethics Commission Filers)

4 Date
03/13/2024

5 Full name of contributor out-of-state PAC (ID#: _____)
Tamra-Shae Oatman

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
03/11/2024

Full name of contributor out-of-state PAC (ID#: _____)
Dolores Ortega

Amount of contribution (\$)

Contributor address; City; State; Zip Code
[REDACTED] Austin TX 78727

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/07/2024

Full name of contributor out-of-state PAC (ID#: _____)
Sean R Drucker

Amount of contribution (\$)

Contributor address; City; State; Zip Code
[REDACTED] Madison WI 53711

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/17/2024

Full name of contributor out-of-state PAC (ID#: _____)
Virginia Raymond

Amount of contribution (\$)

Contributor address; City; State; Zip Code
[REDACTED] Austin TX 78722

81.00

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

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **14**

2 FILER NAME
Jett Hanna

3 Filer ID (Ethics Commission Filers)

4 Date
03/11/2024

5 Full name of contributor out-of-state PAC (ID#: _____)
Joseph Reynolds

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
03/07/2024

Full name of contributor out-of-state PAC (ID#: _____)
Marilyn Rickman

Amount of contribution (\$)

Contributor address; City; State; Zip Code
[REDACTED] **Austin TX 78745**

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/04/2024

Full name of contributor out-of-state PAC (ID#: _____)
Pooja Sethi

Amount of contribution (\$)

Contributor address; City; State; Zip Code
[REDACTED] **Austin TX 78730**

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/15/2024

Full name of contributor out-of-state PAC (ID#: _____)
Charlotte Slack

Amount of contribution (\$)

Contributor address; City; State; Zip Code
[REDACTED] **Austin TX 78735**

250.00

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: 14

2 FILER NAME
Jett Hanna

3 Filer ID (Ethics Commission Filers)

4 Date
03/10/2024

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

7 Amount of contribution (\$)

25.00

6 Contributor address; City; State; Zip Code
[REDACTED] Austin TX 78745

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/12/2024

Full name of contributor out-of-state PAC (ID#: _____)
Karen Sonleitner

Amount of contribution (\$)

500.00

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/19/2024

Full name of contributor out-of-state PAC (ID#: _____)
Nancy Stephens

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code
[REDACTED] Los Angeles CA 90071

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/16/2024

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

Amount of contribution (\$)

25.00

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

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: 14

2 FILER NAME
Jett Hanna

3 Filer ID (Ethics Commission Filers)

4 Date
03/14/2024

5 Full name of contributor out-of-state PAC (ID#: _____)
Cynthia Veidt

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code
[REDACTED] Kyle TX 78640

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/18/2024

Full name of contributor out-of-state PAC (ID#: _____)
Nancy Walker

Amount of contribution (\$)

25.00

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/14/2024

Full name of contributor out-of-state PAC (ID#: _____)
South Austin Democrats

Amount of contribution (\$)

1,500.00

Contributor address; City; State; Zip Code
[REDACTED] Austin TX 78715

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/20/2024

Full name of contributor out-of-state PAC (ID#: _____)
VOTE Pac

Amount of contribution (\$)

3,000.00

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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: **14**

2 FILER NAME
Jett Hanna

3 Filer ID (Ethics Commission Filers)

4 Date
03/23/2024

5 Full name of contributor out-of-state PAC (ID#: _____)
Central Austin Democrats

7 Amount of contribution (\$)

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

300.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/25/2024

Full name of contributor out-of-state PAC (ID#: _____)
Making Government Work

Amount of contribution (\$)

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

500.00

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)

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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: 1	2 FILER NAME Jett Hanna	3 Filer ID (Ethics Commission Filers)
4 Date 03/11/2024	5 Payee name ActBlue	
6 Amount (\$) 44.00	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 03/18/2024	Payee name ActBlue	
Amount (\$) 129.24	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Online Contribution Processing Fee
	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 03/25/2024	Payee name ActBlue	
Amount (\$) 62.00	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Online Contribution Processing Fee
	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

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.

1 Total pages Schedule F2: 1	2 FILER NAME Jett Hanna	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 604.04
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5 Date 03/22/2024	6 Payee name Worley Printing Co. Inc.
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7 Amount (\$) 604.04	8 Payee address; 3217 North IH 35	City; Austin	State; TX	Zip Code 78722
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Push Cards
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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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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: 4	2 FILER NAME Jett Hanna	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 1,996.81
5 CREDIT CARD ISSUER	Name of financial institution Discover	
6 PAYMENT	(a) Amount Charged \$ 35.18	(b) Date Expenditure Charged 02/24/2024
		(c) Date(s) Credit Card Issuer Paid 3/17/2024
7 PAYEE	(a) Payee name Squarespace	(b) Payee address; City, State, Zip Code 8 Clarkson St New York NY 10014
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Website Hosting
	(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 \$ 1,362.00	(b) Date Expenditure Charged 03/11/2024
		(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Texas Democratic Party	(b) Payee address; City, State, Zip Code PO Box 15707 Austin, TX 78761
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description VAN Access
	(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 \$ 350.00	(b) Date Expenditure Charged 03/14/2024
		(c) Date(s) Credit Card Issuer Paid 3/17/2024
PAYEE	(a) Payee name Travis County Democratic Party	(b) Payee address; City, State, Zip Code 311 East 6th St Austin TX 78702
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Program Advertisement
	(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: 4	2 FILER NAME Jett Hanna	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 1,996.81
5 CREDIT CARD ISSUER	Name of financial institution Discover	
6 PAYMENT	(a) Amount Charged \$ 132.55	(b) Date Expenditure Charged 03/19/2024
	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE	(a) Payee name Office Depot	(b) Payee address; City, State, Zip Code 2620 W Anderson Ln Austin TX 78757
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Paper, Ink
<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 \$ 35.18	(b) Date Expenditure Charged 03/25/2024
	(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) Office Overhead/Rental Expense	(b) Description VAN Access
<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 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: 4	2 FILER NAME Jett Hanna	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 1,996.81
5 CREDIT CARD ISSUER	Name of financial institution Bank of America	
6 PAYMENT	(a) Amount Charged \$ 12.00	(b) Date Expenditure Charged 03/06/2024
7 PAYEE	(a) Payee name Squarespace	(b) Payee address; City, State, Zip Code 8 Clarkson St New York NY 10014
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Web services
	(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 \$ 35.18	(b) Date Expenditure Charged 03/08/2024
PAYEE	(a) Payee name Squarespace	(b) Payee address; City, State, Zip Code 8 Clarkson St New York NY 10014
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Web hosting
	(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 \$ 19.36	(b) Date Expenditure Charged 03/08/2024
PAYEE	(a) Payee name Office Depot	(b) Payee address; City, State, Zip Code 2620 W Anderson Ln Austin TX 78757
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Name tags
	(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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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: 4	2 FILER NAME Jett Hanna	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 1,996.81
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5 CREDIT CARD ISSUER	Name of financial institution Elan Financial Services
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6 PAYMENT	(a) Amount Charged \$ 7.68	(b) Date Expenditure Charged 03/08/2024	(c) Date(s) Credit Card Issuer Paid
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7 PAYEE	(a) Payee name Dotster	(b) Payee address; City, State, Zip Code 5335 Gate Pkwy 2nd Floor Jacksonville FL 32256
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Web Services
<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
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PAYMENT	(a) Amount Charged \$ 7.68	(b) Date Expenditure Charged 03/19/2024	(c) Date(s) Credit Card Issuer Paid
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PAYEE	(a) Payee name Dotster	(b) Payee address; City, State, Zip Code 5335 Gate Pkwy 2nd Floor Jacksonville FL 32256
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Web Services
<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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PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
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PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
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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
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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.

1 Total pages Schedule G: 1	2 FILER NAME Jett Hanna	3 Filer ID (Ethics Commission Filers)
4 Date 02/21/2024	5 Payee name Travis County	
6 Amount (\$) 400.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 700 Lavaca Austin TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Filing 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	Payee name	
Amount (\$) Reimbursement from political contributions intended	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 (\$) Reimbursement from political contributions intended	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

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