

# 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: <b>17</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <input checked="" type="checkbox"/> MR	FIRST <i>Jonathan</i>	MI <i>D</i>
	NICKNAME	LAST <i>Hageman</i>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE
	<i>[Redacted] Mount Pleasant, Tx 75455</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<i>(972)</i>	<i>322-3935</i>	
6 CAMPAIGN TREASURER NAME	MS / MRS / <input checked="" type="checkbox"/> MR	FIRST <i>Jonathan</i>	MI <i>D</i>
	NICKNAME	LAST <i>Hageman</i>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY: STATE: ZIP CODE
	<i>[Redacted] Mount Pleasant, Tx 75455</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<i>(972)</i>	<i>322-3935</i>	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	<i>01</i>	<i>31</i>	<i>24</i>
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year <i>5 / 4 / 24</i>	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		<i>City of Mount Pleasant Council Place 3</i>	
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL		
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS		

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

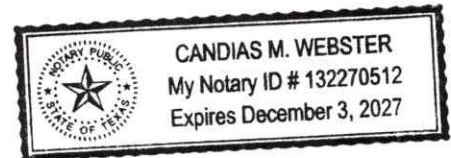
15 C/OH NAME <i>Jonathan D. Hageman</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>2,640.00</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>2,640.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>4,824.94</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>4,824.94</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>0.00</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0.00</i>

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.

*Jonathan D. Hageman*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Jonathan D. Hageman* this the *15* day of *April*.

*2024* to certify which, witness my hand and seal of office.  
*Candias Webster* *Candias Webster* *City Secretary*  
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 <i>Jonathan D. Hageman</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,640
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ —
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 360.00
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ —
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,640
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ —
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ —
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 3,727.54
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,891.83
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ —
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ —
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ —

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1

2 FILER NAME

Jonathan Hageman

3 Filer ID (Ethics Commission Filers)

4 Date

4/31/24

5 Full name of contributor

Dan McCauley

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

7 Amount of contribution (\$)

\$2,000.00

6 Contributor address;

City;

State;

Zip Code

[REDACTED]

MT Pleasant TX 74558

8 Principal occupation / Job title (See Instructions)

Owner

9 Employer (See Instructions)

McCauley Dental + Implant Center

Date

2/2/24

Full name of contributor

Ashley Campbell

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

Amount of contribution (\$)

\$320.00

Contributor address;

City;

State;

Zip Code

[REDACTED]

MT Pleasant, TX 75455

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Extreme Outdoor

Date

2/2/24

Full name of contributor

Anthony Cooper

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

Amount of contribution (\$)

\$320.00

Contributor address;

City;

State;

Zip Code

[REDACTED]

MT Pleasant, TX 75455

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

AA& Bailbond

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: <u>1</u> <del>2</del>																																					
2 FILER NAME <u>Jonathan A Hageman</u>		3 Filer ID (Ethics Commission Filers)																																					
4 TOTAL OF UNITEMIZED PLEDGES		\$ <u>360.00</u>																																					
5 Date <u>4/7/24</u>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Amanda Walker Taliercio</u>	8 Amount of Pledge \$ <u>\$360.00</u>	9 In-kind contribution description <u>hosting dinner event</u>																																				
7 Pledgor address; City; State; Zip Code <u>[Redacted] + Pleasant Tx 75455</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.																																					
10 Principal occupation / Job title (See Instructions) <u>owner</u>		11 Employer (See Instructions) <u>Task Master</u>																																					
<del> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Date</td> <td>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)</td> <td>Amount of Pledge \$</td> <td>In-kind contribution description</td> </tr> <tr> <td colspan="2">Pledgor address; City; State; Zip Code</td> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</td> </tr> <tr> <td colspan="2">Principal occupation / Job title (See Instructions)</td> <td colspan="2">Employer (See Instructions)</td> </tr> <tr> <td>Date</td> <td>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)</td> <td>Amount of Pledge \$</td> <td>In-kind contribution description</td> </tr> <tr> <td colspan="2">Pledgor address; City; State; Zip Code</td> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</td> </tr> <tr> <td colspan="2">Principal occupation / Job title (See Instructions)</td> <td colspan="2">Employer (See Instructions)</td> </tr> <tr> <td>Date</td> <td>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)</td> <td>Amount of Pledge \$</td> <td>In-kind contribution description</td> </tr> <tr> <td colspan="2">Pledgor address; City; State; Zip Code</td> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</td> </tr> <tr> <td colspan="2">Principal occupation / Job title (See Instructions)</td> <td colspan="2">Employer (See Instructions)</td> </tr> </table> </del>				Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description	Pledgor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		Principal occupation / Job title (See Instructions)		Employer (See Instructions)		Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description	Pledgor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		Principal occupation / Job title (See Instructions)		Employer (See Instructions)		Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description	Pledgor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description																																				
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description																																				
Pledgor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.																																					
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description																																				
Pledgor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.																																					
Principal occupation / Job title (See Instructions)		Employer (See Instructions)																																					

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

# 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: <b>1</b>	2 FILER NAME <i>Jonathan Hageman</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2/2/24</i>	5 Payee name <i>Good News Ranch</i>
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6 Amount (\$) <i>\$ 960.<sup>00</sup></i>	7 Payee address: 	City: <i>Omaha</i>	State: <i>TX</i>	Zip Code <i>75571</i>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Custom hats (qty 60)</i>
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/1/24</i>	Payee name <i>Capital One</i>
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Amount (\$) <i>\$2,000.00</i>	Payee address: 	City: <i>McLean, VA</i>	State: <i>VA</i>	Zip Code <i>22102</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Credit Card Payment</i>	Description <i>paid for signs charged to credit card</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

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

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

1 Total pages Schedule F4: <b>3</b>	2 FILER NAME <b>Jonathan D. Hageman</b>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <b>3,727.34</b>
5 Date <b>2/5/24</b>	6 Payee name <b>www.UZmarketing.com</b>	
7 Amount (\$) <b>\$1,507.85</b>	8 Payee address; City; State; Zip Code <b>[REDACTED] Houston, TX 77092</b>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>qty 500 * 12'x24" signs + sign stands</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Jonathan D. Hageman</b>	Office sought <b>MT Pleasant City Council Place 3</b>
Date <b>2/6/24</b>	Payee name <b>Build a sign</b>	
Amount (\$) <b>\$647.66</b>	Payee address; City; State; Zip Code <b>[REDACTED] Austin, TX 78758</b>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>advertising</b>	Description <b>qty 10 - 4x4 signs</b>
	<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 <b>Jonathan Hageman</b>	Office sought <b>MT Pleasant City Council Place 3</b>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date	<b>6</b> Payee name <i>Goose Neck Graphics</i>	
<b>7</b> Amount (\$) <i>\$1,082.50</i>	<b>8</b> Payee address: City: State: Zip Code <i>[Redacted] Ave, Mt Pleasant, TX 75455</i>	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising</i>	<b>(b)</b> Description <i>qty 10 - 4x8 signs</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Jonathan D Hageman</i>	Office sought <i>Mt Pleasant City Council Place 3</i>
<b>Date</b> <i>4/4/24</i>	<b>Payee name</b> <i>Goose Neck Graphics</i>	
<b>Amount (\$)</b> <i>\$238.15</i>	<b>Payee address:</b> City: State: Zip Code <i>[Redacted] Mt Pleasant, TX 75455</i>	
<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <i>advertising</i>	<b>Description</b> <i>qty 2 - 4x8 signs replaced for stolen sign</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Jonathan D Hageman</i>	Office sought <i>Mt Pleasant City Council Place 3</i>

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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4:	<b>2</b> FILER NAME <i>Jonathan Hageman</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date <i>2/17/24</i>	<b>6</b> Payee name <i>Vista Print</i>	
<b>7</b> Amount (\$) <i>\$124.47</i>	<b>8</b> Payee address; City; State; Zip Code <i>[REDACTED] Waltham, Ma 02451</i>	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>advertising</i>	<b>(b)</b> Description <i>1500 political business cards skylie</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Jonathan Hageman</i>	Office sought <i>Mt Pleasant City Council Place 3</i>
<b>Date</b>	<b>Payee name</b>	<b>Office held</b>
<b>Amount (\$)</b>	<b>Payee address; City; State; Zip Code</b>	
<b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	<b>Candidate / Officeholder name</b>	<b>Office sought</b>
		<b>Office held</b>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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: <b>1</b>	2 FILER NAME <b>Jonathan Hageman</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>3/16</b>	5 Payee name <b>Ashley Campbell</b>
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6 Amount (\$) <b>\$320.00</b> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City: State: Zip Code <b>[REDACTED], MT Pleasant, TX 75455</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Other</b>	(b) Description <b>Campaign Paid 1/3 of hat costs</b>
	(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 <b>[REDACTED]</b>	Candidate / Officeholder name: <b>[REDACTED]</b> Office sought:      Office held:
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Date <b>3/13/24</b>	Payee name <b>Capital One</b>
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Amount (\$) <b>\$1,571.83</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State: Zip Code <b>[REDACTED], McLean, Va 22102</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Credit Card Payment</b>	Description <b>paid for signs, business cards material for signs</b>
	<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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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State: Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name:      Office sought:      Office held:
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED