

JAN 26 2024

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1
City Secretary's Office

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:
City of Grand Prairie
6

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
	Mrs.	Jacquin	J		
	NICKNAME	LAST	SUFFIX	Date Received	
		Headen		01/26/2024 Mtk	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
Change of Address	[Redacted] Grand Prairie, TX 75052				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	[Redacted]				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	
	Mr.	Thomas	T	Amount \$	
	NICKNAME	LAST	SUFFIX	Date Processed	
		Headen	III	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE; ZIP CODE
(Residence or Business)	[Redacted] Grand Prairie, TX 75052				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	[Redacted]				
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input 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	THROUGH	Month Day Year
	7	1	23		12 / 31 / 23
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year	Primary	Runoff
	5	7	22	General	Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
	City Council Member				
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

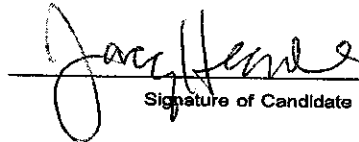
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		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)	\$ 50.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 72.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 72.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5.98
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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


Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

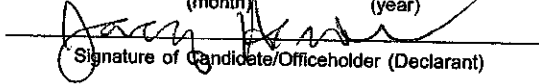
Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Jacquie Headen, and my date of birth is 11/27/1985
My address is _____, Grand Prairie, TX, 75052, USA
(street) (city) (state) (zip code) (country)
Executed in Dallas County, State of TX, on the 25 day of January, 2024
(month) (year)


Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****Jacquin Headen****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 50.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 72.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Jacquin Headen		3 Filer ID (Ethics Commission Filers)
4 Date 08/01/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Jacquin Headen	7 Amount of contribution (\$) 30.00
6 Contributor address; City; State; Zip Code [REDACTED] Grand Prairie, TX 75052		
8 Principal occupation / Job title (See Instructions) Designer		9 Employer (See Instructions) Self/ Interiors by Jacquin
Date 11/01/2023	Full name of contributor out-of-state PAC (ID#: _____) Jacquin Headen	Amount of contribution (\$) 20.00
Contributor address; City; State; Zip Code [REDACTED] Grand Prairie, TX 75052		
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Self/Interiors by Jacquin
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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: 2	2 FILER NAME Jacquin Headen	3 Filer ID (Ethics Commission Filers)
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4 Date 07/01/2023	5 Payee name First National Bank
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6 Amount (\$) 12.00 <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Monthly Fee
	(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
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Date 08/01/2023	Payee name First National Bank
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Amount (\$) 12.00 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Monthly Fee
	<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 09/01/2023	Payee name First National Bank
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Amount (\$) 12.00 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Monthly Fee
	<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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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME Jacquin Headen	3 Filer ID (Ethics Commission Filers)
4 Date 10/01/2023	5 Payee name First National Bank	
6 Amount (\$) 12.00 <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Monthly Fee
	(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
Date 11/01/2023	Payee name First National Bank	
Amount (\$) 12.00 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Monthly Fee
	<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
Date 12/01/2023	Payee name First National Bank	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Monthly Fee
	<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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