

# 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: **8**

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Mr.

Jay Mac

NICKNAME

LAST

SUFFIX

Sanders

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

25511 Budde Rd, Ste 302  
The Woodlands, Tx, 77380

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 832 )

663-9916

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Mr.

Jim

NICKNAME

LAST

SUFFIX

Fredricks

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

25511 Budde Rd, Ste 302  
The Woodlands, Tx, 77380

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 936 )

520-6098

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

1

7

25

THROUGH

Month

Day

Year

6

30

25

11 ELECTION

ELECTION DATE

Month

Day

Year

3

3

26

ELECTION TYPE



Primary



Runoff



Other  
Description



General



Special

12 OFFICE

OFFICE HELD (if any)

Justice of the Peace Pct 3

13 OFFICE SOUGHT (if known)

Justice of the Peace Pct 3

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME



GENERAL

COMMITTEE ADDRESS



SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Sanders, Jay Mac		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,200.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 45.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,845.69
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,200.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**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 Jay Mac Sanders, and my date of birth is 14 Sept 77.  
My address is 25511 Budde Rd Apt 302, The Woodlands, TX, 77380, USA.  
(street) (city) (state) (zip code) (country)  
Executed in Montgomery County, State of TX, on the 9 day of July, 20 25.  
(month) (year)  
\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Sanders, Jay Mac

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,200.00
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	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	■ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 4,890.69
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: **1/4**

2 FILER NAME

**Sanders, Jay Mac**

3 Filer ID (Ethics Commission Filers)

4 Date

**06/05/2025**

5 Full name of contributor

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

**Sandra S. Froman**

7 Amount of contribution (\$)

**500.00**

6 Contributor address; City; State; Zip Code

**N11845 Tomahawk Trail, Tomahawk, WI, 54487**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**06/11/2025**

Full name of contributor

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

**Linda Nelson**

Amount of contribution (\$)

**100.00**

Contributor address; City; State; Zip Code

**151 Mill Trace Dr, The Woodlands, TX, 77381**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**06/11/2025**

Full name of contributor

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

**Michael and Gloria Mechaley**

Amount of contribution (\$)

**200.00**

Contributor address; City; State; Zip Code

**49 Huntsman Horn Circle, The Woodlands, Tx, 77380**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**06/11/2025**

Full name of contributor

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

**Steve and Beverly Briggs**

Amount of contribution (\$)

**200.00**

Contributor address; City; State; Zip Code

**100 S. Flagstone Path Circle The Woodlands Tx 77381**

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: **3/4****2 FILER NAME****Sanders, Jay Mac**

3 Filer ID (Ethics Commission Filers)

**4 Date****06/11/2025****5 Full name of contributor**

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

**Ison, Paula and Everett****6 Contributor address;**

City;

State;

Zip Code

**37 Hickory Oak Dr. The Woodlands Tx 77381**

7 Amount of contribution (\$)

**50.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

**Date****06/11/2025****Full name of contributor**

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

**Tough, Bruce and Diana****Contributor address;**

City;

State;

Zip Code

**61 Rolling Stone Place The Woodlands Tx 77381**

Amount of contribution (\$)

**250.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**Date****06/11/2025****Full name of contributor**

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

**Gibbs, Robert and Dr. Shelley Sekula - Gibbs****Contributor address;**

City;

State;

Zip Code

**67 Lakeside Cove The Woodlands Tx 77380**

Amount of contribution (\$)

**250.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**Date****06/11/2025****Full name of contributor**

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

**The Blair Law Firm, PC****Contributor address;**

City;

State;

Zip Code

**7 Grogans Park Dr, Redbud Bldg 3 The Woodlands Tx 77380**

Amount of contribution (\$)

**500.00**

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: 3/4

2 FILER NAME

Sanders, Jay Mac

3 Filer ID (Ethics Commission Filers)

4 Date

06/11/2025

5 Full name of contributor

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

Linebarger Goggan Blair Sampson LLP

6 Contributor address;

City;

State;

Zip Code

PO Box 17428 Austin tx 78760

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

06/17/2025

Full name of contributor

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

Political Action Committee of Winstead PC

Contributor address;

City;

State;

Zip Code

2728 North Harwood St, Ste 500 Dallas Tx 75201

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/18/2025

Full name of contributor

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

Skipper, Kendrick

Contributor address;

City;

State;

Zip Code

10977 Lake Forest Dr Magnolia Tx 77354

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/18/2025

Full name of contributor

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

Perry, Will

Contributor address;

City;

State;

Zip Code

30973 Vickie Lane Magnolia Tx 77354

Amount of contribution (\$)

2,000.00

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:

4/4

2 FILER NAME

Sanders, Jay Mac

3 Filer ID (Ethics Commission Filers)

4 Date

06/11/2025

5 Full name of contributor

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

Sanders, Jerrie Ann

7 Amount of contribution (\$)

1,000.00

6 Contributor address;

City;

State;

Zip Code

11 E. Torch Pine Cir The Woodlands Tx 77381

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

06/11/2025

Full name of contributor

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

Dotson, Jimmy and Elsa

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

The Woodlands, Tx, 77380

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/29/2025

Full name of contributor

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

Cagle, Jack

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

1773 Jeddo Rd Rosansky Tx 78953

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/30/2025

Full name of contributor

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

Fredricks, Jim and Melinda

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

822 Stone Mountain Dr Conroe Tx 77302

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.

<b>1</b> Total pages Schedule G: 1	<b>2</b> FILER NAME Sanders, Jay Mac	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/30/2025	<b>5</b> Payee name Landry's Seafood	
<b>6</b> Amount (\$) 1,000.00 <small>Reimbursement from political contributions intended</small>	<b>7</b> Payee address; City; State; Zip Code 1212 Lake Robbins Dr The Woodlands TX 77380	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description Deposit for Campaign Kick Off and Fundraiser
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 06/11/2025	Payee name Landry's Seafood	
Amount (\$) 2,345.69 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code 1212 Lake Robbins Dr The Woodlands TX 77380	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Campaign Kick Off and Fundraiser
	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 06/29/2025	Payee name CAZ Consulting	
Amount (\$) 1,500.00 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code 5049 Edwards Ranch Rd Fort Worth TX 76109	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting	Description Campaign Consultant
	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		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		