I		CEHOLDER CEREPORT				ORM C/OH HEET PG 1
The C/OH Instruction	Guide explains hov	v to complete this form.	1 Filer ID (E	ithics Commission Filers)	2 Total pages fi	led: 23
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST JASON		МІ	OFFICE	USEONLY
	NICKNAME	RINGO		SUFFIX	Date Received	-2024
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	C; APT / SUITE #;	CITY; ST.	ATE; ZIP CODE CO	TOYCE	HUDMAN, BRAZORIA CO., TE
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	(979)	824-3759	EX	TENSION .	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST VARON		MI	Receipt #	Amount \$
NAME	NICKNAME	LAST		SUFFIX	Date Processed	
		SNELGROV	Έ		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	SUITE #;	CITY;	STATE;	ZIP CODE
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE (979)	PHONE NUMBER 482-0008	EXT	ENSION		
9 REPORT TYPE	January 15	30th day before	election	Runoff	15th day aft treasurer ap (Officeholde	
	July 15	8th day before el	ection	Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD COVERED	Month 7	Day Year / 1 / 23	THROUGH	Month 12	Day Year / 23	
11 ELECTION	ELECTION DA	TE		ELECTION TYPE		
	Month Day	Year Primary 24 General	Runoff	Other Description	****	
12 OFFICE	OFFICE HELD (if any)			ICE SOUGHT (if known)		ONSTABLE
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURE AND OFFICEHOLDERS ARE REQUI	ACCEPTED OR POLIT	ICAL EXPENDITURES MA	ADE BY POLITICAL COM	MITTEES TO SUPPORT
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			
		COMMITTEE CAMPAIGN TR	EASURER ADDRES	S		
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Jason Ringo	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1,500 25
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 16,532.47
	4. TOTAL POLITICAL EXPENDITURES	\$ 16,537.47
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$12,567.48
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	
	swear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information
	Signature of Car	ndidate or Officeholder
	Please complete either option below	':
(1) Affidavit		
NOTARY STAMP/SEA	-	
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 administe	ring oath Printed name of officer administering oath	Title of officer administering oath
(A) 11	OR	
(2) Unsworn Declaratio	2 7.	
My name is $\frac{\sqrt{asa}}{\sqrt{Ola}}$	7 : 57	
My address is 706		<u>2,148, 77566, USA</u> . tate) (zip code) (country)
Executed in Brazar	124h	nary, 2024.
	Signature of Candida	ate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILEI	Jason Ringu	20 Filer ID (Ethics Co	ommission Filers)		
	EDULE SUBTOTALS E OF SCHEDULE		SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$1500=		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.	SCHEDULE E: LOANS		\$		
5.	S. 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				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

	The time that applicable			report.
The	Instruction Guide explains how to	complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME	Jason Ringo			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
	hen To Kelly			\$1,500.5°
9/23/23	6 Contributor address;	City;	State; Zip Code	
	A CONTRACTOR OF THE CONTRACTOR			
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Owher	Kenjo BBQ		Self Employe	રતે <u> </u>
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	cions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
,	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
	ATTACH ADDITIO		OF THIS SCHEDULE AS N ruction guide for additional r	

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 Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees O Food/Beverage Expense Pr Gift/Awards/Memorials Expense Pr	oan Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense inting Expense alaries/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 h	ow to complete this form.							
1 Total pages Schedule F1:	2 FILER NAME Jason Ring	c)	3 Filer ID (Ethics Commission Filers)						
4 Date 7/1/23 - 12/31/23	5 Payee name Detail Production Inc								
6 Amount (\$)	7 Payee address;	City;	State; Zip Code						
13,322.47	10834 Alcott Dr	Houston	Tx 77043						
8	(a) Category (See Categories listed at the top of this sche	dule) (b) Description							
PURPOSE									
OF EXPENDITURE	Holvertising Expenses	Signs, pr	ragnets eat.						
	(c) Check if travel outside of Texas. Complete Sched	ule T. Check if Austi	n, TX, officeholder living expense						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held						
Date	Payee name								
7/21/23-10/13/23	Kenjo BBQ								
Amount (\$)	Payee address;	City;	State; Zip Code						
\$ 750.95	200 E. San Bernand	Brazonia	TX 77422						
	Category (See Categories listed at the top of this sched								
PURPOSE									
OF EXPENDITURE	Donotton by Cardidate	Brazos wa	od Senior Day						
		n, TX, officeholder living expense							
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held						
expenditure to benefit C/OH		omee cought	Office field						
Date	Payee name								
9/14/2023	Sunior Achieument								
Amount (\$)	Payee address;	City;	State; Zip Code						
\$ 550.00	225-B Parking Way	Lake Juckso	n Tx 77566						
	Category (See Categories listed at the top of this schedu	ule) Description							
PURPOSE									
OF EXPENDITURE	Danation Mode lay Candid	ate Charity of	Mattan						
	Check if travel outside of Texas, Complete Schedu		, TX, officeholder living expense						
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held						
expenditure to benefit C/OH		2.1100 000g.ft	Smoothed.						
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	DED						

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Travel Out of Dis Salaries/Wages/Contract Labor Other (enter a ca

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

orean card rayment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
4 Date 9/14/2023	5 Payee name City of Angelton		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$250°°			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			
OF EXPENDITURE	Danaston Made by Candidate	Campion ad	lverfisement
	(C) Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
915/2023	Brazonia County Republica	n Womens	•
Amount (\$)	Payee address;	City;	State; Zip Code
\$1 200.50			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF			
EXPENDITURE	Danation made by Candidate	Womens Rep	ublican fundraiser
	Check if travel outside of Texas. Complete Schedule T.	· ,	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
l ,	. ayou name		
11/13/2023	Brozoria County Republican F	perop	
Amount (\$)	Payee address;	City;	State; Zip Code
		:	
	135 Spanish Oak Urcle	Lake Jacks	ion TX 77566
	Category (See Categories listed at the top of this schedule)	Description	•
PURPOSE OF		O —	
EXPENDITURE	Other	Political Fe	e
	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 S	SCHEDULE AS NFF	DED

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Travel Out Of District
Salaries/Wages/Contract Labor Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jeson Ringo 4 Date 5 Payee name In Her Shoes 12/1/2023 6 Amount (\$) 7 Payee address; City: State: Zip Code \$150.00 1507 Master Suit B (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Donation made by Candidate III her Shoes food donation **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Brazas Port Breakfast Lions Club
Payee address;
City 12/5/2023 State; Zip Code \$ 210,50 PO BOX 244 Clute TX

Description PURPOSE OF Danation made by Candidate food Donation EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Pavee name 11/29/2023 Vyleighs Amount (\$) City; State: Zip Code 21 M 00 2370 E HW 6 Alvin 77511 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF Donation by Cardidate tood donoution for thanksgiving EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED







Date 12/29/23 Primary Account Enclosures

Page XX

2

2

Don't forget to visit our newest locations in Fort Worth, Georgetown, Kingwood & San Antonio

CHECKING ACCOUNT(S)

Account Title:

Ending Balance

JASON RINGO FOR BRAZORIA COUNTY CAMPAIGN ACCOUNT

12,567.48

SELECT FREE BUSINESS CHECKING Account Number Previous Balance 12,927.48 .00 Deposits/Credits 2 Checks/Debits 360.00 Maintenance Fee .00 Interest Paid .00

Number of Enclosures Statement Dates 12/01/23 thru 12/31/23 Days in the statement period 31 Average Ledger

12,594.57 12,594.57 Average Collected

SUMMARY BY CHECK NUMBER

Date Check # Amount Date Check # Amount 1004 12/01 1003 150.00 12/05 210.00 * Indicates Break in Check Number Sequence

DAILY BALANCE SUMMARY

Date Balance Date 12/01 12,777.48 12/05

Balance 12,567.48

Reconciliation of Account Date_ CHECKS WRITTEN BUT NOT PAID NUMBER **AMOUNT** Please examine this statement and items at once and refer any exceptions immediately. Sort your checks numerically or by date issued. Mark off in your checkbook each of your checks paid by the bank and list the numbers and amounts of those not paid in the space provided at the left. Include any checks still not paid from previous statements Subtract from your checkbook balance any SERVICE CHARGE (S.C.) or bank charge appearing on this statement. Reconcile your statement in the space provided below. Enter bank balance from statement Add deposits not credited by bank (if any) TOTAL Total of Checks Subtract total of not paid checks not paid

RECONCILIATION INSTRUCTIONS

Any Charge for Imprinted Checks Includes State Sales Tax Computed at the Current Rate, When Applicable Notice: The Annual Percentage Rate and Daily Periodic Rate may vary.

Explanation of Balance on Which the Interest Charge is Computed

We figure the interest charge on your account by applying the periodic rate to the "daily balance" of your account for each day in the billing cycle. To get the "daily balance" we take the beginning balance of your account each day, add any new advances/fees, and subtract any unpaid interest or other finance charges and any payments or credits. This gives us the daily balance.

What To Do If You Think You Find A Mistake On Your Statement

If you think there is an error on your statement, write to us at:

OUTSTANDING CHECKS

Third Coast Bank SSB

P.O. Box 3871

Humble, TX 77347

In your letter, give us the following information:

- Account Information: Your name and account number.
- Dollar Amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

THIS AMOUNT SHOULD EQUAL YOUR CHECKBOOK BALANCE

You must contact us within 60 days after the error appeared on your statement.

You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- · We can apply any unpaid amount against your credit limit.

In Case of Errors or Questions About Your Electronic Transfers

In Case of Errors or Questions About Your Electronic Transfers, Telephone us at 281-446-7000 or Write us at P.O. Box 3871, Humble, TX 77347 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- (1) Tell us your name and account number (if any).
- (2) Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.

(3) Tell us the dollar amount of the suspected error.





Date 11/30/23 Primary Account Enclosures

2

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CHECKING ACCOUNT(S)

Account Title:

JASON RINGO FOR BRAZORIA COUNTY CAMPAIGN ACCOUNT

SELECT FREE BUSINESS CHECKING Account Number

Previous Balance 14,027.48 Deposits/Credits .00

2 Checks/Debits 1,100.00 Maintenance Fee .00 Interest Paid .00 12.927.48 Ending Balance

Number of Enclosures Statement Dates 11/01/23 thru 11/30/23

Days in the statement period 30 13,420.81 Average Ledger

Average Collected 13,420.81

SUMMARY BY CHECK NUMBER

Date Check # 11/13 1001

Amount Date Check # 1,000.00 11/29

1002

Amount

100.00

* Indicates Break in Check Number Sequence

DAILY BALANCE SUMMARY

Date 11/01

Balance Date 14,027.48 11/13

Balance Date 13,027.48 11/29

Balance

12,927.48



Date: 12/29/2023 Page: 2 of 2 Primary Account:

CANDA MINGO MA NAAZUMIA COUNTY ION MANAKA IONI JAMPAGOS, ION KANAKA	DATE //-/6-23 001003
One hundred Fofty and	S 150.00 DOLLARS
Mariner	
JACANS)	773
12.1	· · · · · · · · · · · · · · · · · · ·

Check 1003 Amount \$150.00 Date 12/1/2023

JACCE HISTO FOR BRAZONIA COURTY 106 BALSAM LANT JACCEON, TK 1/266	DATE 11-20-23 001004
THE PROPERTY OF BREAK FOR	Lions club S 210.00 DOLLARS
DELUEP TEMEP	
u ;	

Check 1004 Amount \$210.00 Date 12/5/2023

Date_ CHECKS WRITTEN BUT NOT PAID NUMBER **AMOUNT** Please examine this statement and items at once and refer any exceptions immediately. Sort your checks numerically or by date issued. Mark off in your checkbook each of your checks paid by the bank and list the numbers and amounts of those not paid in the space provided at the left. Include any checks still not paid from previous statements. Subtract from your checkbook balance any SERVICE CHARGE (S.C.) or bank charge appearing on this statement. Reconcile your statement in the space provided below. Enter bank balance from statement Add deposits not credited by bank (if anv) TOTAL Total of Checks Subtract total of not paid checks not paid THIS AMOUNT SHOULD EQUAL YOUR CHECKBOOK BALANCE

RECONCILIATION INSTRUCTIONS

Any Charge for Imprinted Checks Includes State Sales Tax Computed at the Current Rate, When Applicable Notice: The Annual Percentage Rate and Daily Periodic Rate may vary.

Explanation of Balance on Which the Interest Charge is Computed

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If you think there is an error on your statement, write to us at:

OUTSTANDING CHECKS

Reconciliation of Account

Third Coast Bank SSB

P.O. Box 3871

Humble, TX 77347

In your letter, give us the following information:

- Account Information: Your name and account number.
- Dollar Amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

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- We can apply any unpaid amount against your credit limit.

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- (1) Tell us your name and account number (if any).
- (2) Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.

(3) Tell us the dollar amount of the suspected error.



Date: 11/30/2023 Page: 2 of 2 Primary Account:

JASON KINDO FOR BRAZORIA (CHNIY THE BAINAN FARK JOSEPHA, THE FLAGO	DAIL //-//-2023 001001
One Thousand and The	Slim Priory Fords 1,000.
*Details	7R-3
1 ,	7178

Check 1001 Amount \$1,000.00 Date 11/13/2023

JASON EINOO PON HIRAGHIA COUNTY JAME JAKESON. IX /1964 PAYTOTHE MYSLLY HE ONDER OF MYSLLY HE ONE TO MYSLLY HE	DAIR //-//0-23 001002 S 100.40 DOLLARS
A) TELEST	

Check 1002 Amount \$100.00 Date 11/29/2023





Dat	e 1	0/3	1/23	With Ed	Page	
Pri	mar	y A ure	CCOU	nt	a market and	 Lance sees and V. I

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CHECKING ACCOUNT(S)

Account Title:

JASON RINGO FOR BRAZORIA COUNTY CAMPAIGN ACCOUNT

SELECT FREE BUSINESS (HECKING	Number of Enclosures		5
Account Number	X	Statement Dates 10/02/23	3 thru 10/31/23	
Previous Balance	23,012.66	Days in the statement per	riod 30	
Deposits/Credits	.00	Average Ledger	17,608.77	
5 Checks/Debits	8,985.18	Average Collected	17.608.77	
Maintenance Fee	.00	· ·	·	
Interest Paid	.00			
Ending Balance	14,027.48			

SUMMARY BY CHECK NUMBER

- 1864 O. S. S. S. S.		OCHHIMICA		FOL MOMENTA		
Date	Check #	Amount Date	Check #	Amount Date	Check #	Amount
10/13	13	200.00 10/11	20	1,150,71 10/24	22	250.00
10/02	19*	1,000.00 10/16	21	6,384.47		
* Indicates	Break In Check	k Number Sequence		•		

	DAIL	Y BAL	ANCE	SUN	IMARY	
- こうりょうかんしょう しょうかん おお		4			5 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	

Date	Balance Date	Balance Date	Balance
10/02	22,012.66 10/13	20,661.95 10/24	14,027.48
10/11	20,861.95 10/16	14,277.48	•

Reconciliation of Account Date_ CHECKS WRITTEN BUT NOT PAID NUMBER **AMOUNT** Please examine this statement and items at once and refer any exceptions immediately. Sort your checks numerically or by date issued. Mark off in your checkbook each of your checks paid by the bank and list the numbers and amounts of those not paid in the space provided at the left, Include any checks still not paid from previous statements Subtract from your checkbook balance any SERVICE CHARGE (S.C.) or bank charge appearing on this statement. Reconcile your statement in the space provided below. Enter bank balance from statement Add deposits not credited by bank (if any) TOTAL Total of Checks Subtract total of not paid checks not paid THIS AMOUNT SHOULD EQUAL YOUR CHECKBOOK BALANCE

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OUTSTANDING CHECKS

Third Coast Bank SSB

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- Dollar Amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

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- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
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- · We can apply any unpaid amount against your credit limit.

In Case of Errors or Questions About Your Electronic Transfers

In Case of Errors or Questions About Your Electronic Transfers. Telephone us at 281-446-7000 or Write us at P.O. Box 3871, Humble, TX 77347 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

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- (2) Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- (3) Tell us the dollar amount of the suspected error.



Date: 10/31/2023 Page: 2 of 2 Primary Account:

JAZON RINGO PER BRAXORIA COUNTY 106 DAISAN LAKI JACKSOR, TK 77566,	DATI: 9-5-23 000013
ORDER OF BRW Two hundred and ""	/ S 200.00 DOLLARS
ADESSE CA	
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\

Check 13 Amount \$200.00 Date 10/13/2023

JATON RTKGO FOR HARMORIA COUNTY LAKE JACKSON, TX 77566	DAI 10-9-2023 000020
ORDER OF DPT	S 1,150.71
One Housend one hunder	d Fifty and 71/m - DOLLARS
District.	-77 J

Check 20 Amount \$1,150.71 Date 10/11/2023

IASIN NINO FOR BRAZORIA COUNTY TO ERALSAN LARE ARCHOOM. TR. 1795CL DAY TO THE ORDER OF Ken Jo BBQ	DATE 10-13-23 000022
ORDER OF Kenjo BBQ The but ed fifty	Joo DOLLARS
	7158

Check 22 Amount \$250.00 Date 10/24/2023

JADON RIBOD PON BEAROREA COUNTY CONTRIBUTE DE CARE ANTONE DE PL COCOR OF DE CARE ACCORDE OF THE CONTRIBUTE ACCORDER OF THE CONTRI	nui. 9-28-23 000019 S / 000.** DOLLARS
	733

Check 19 Amount \$1,000.00 Date 10/2/2023

JANON KINGO FOR INJANORIA COUNTY TOR INALIZAMI LANCI JANGGORI, TX 7/366 PAYTO THE DPI ORDING DP	INIT 10-13-23 000021
Six thousand three hundred	eighty-for and 47/100 DOLLARS
Digar	

Check 21 Amount \$6,384.47 Date 10/16/2023





Date 9/29/23 Primary Account Enclosures

Page 5

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CHECKING ACCOUNT(S)

Account Title:

Ending Balance

JASON RINGO FOR BRAZORIA COUNTY CAMPAIGN ACCOUNT

SELECT FREE BUSINESS CHECKING Account Number

Previous Balance 22,812.66 1 Deposits/Credits 1,500.00 4 Checks/Debits 1,300.00 Maintenance Fee Interest Paid

.00 .00 23,012.66

Number of Enclosures Statement Dates 9/01/23 thru 10/01/23 Days in the statement period 31 Average Ledger 22,541.69 Average Collected 22,415.88

DEPOSITS AND OTHER CREDITS

Date 9/29

Description Deposit

Amount

1,500.00

SUMMARY BY CHECK NUMBER

Date Check # 9/21 14 16* 9/19

Amount Date 250.00 9/26

Check # Amount

17 550.00 9/26 18

250.00 250.00

* Indicates Break in Check Number Sequence

DAILY BALANCE SUMMARY

Date 9/01 9/19

Balance Date 22,812.66 22,262.66 9/21 9/26

Balance Date 22,012.66 9/29 21,512,66

Balance 23,012.66

5

Reconciliation of Account Date_ CHECKS WRITTEN BUT NOT PAID NUMBER **AMOUNT** Please examine this statement and items at once and refer any exceptions immediately. Sort your checks numerically or by date issued. Mark off in your checkbook each of your checks paid by the bank and list the numbers and amounts of those not paid in the space provided at the left. Include any checks still not paid from previous statements. Subtract from your checkbook balance any SERVICE CHARGE (S.C.) or bank charge appearing on this statement. Reconcile your statement in the space provided below. Enter bank balance from statement Add deposits not credited by bank (if anv) TOTAL Total of Checks Subtract total of not paid checks not paid THIS AMOUNT SHOULD EQUAL YOUR CHECKBOOK BALANCE

RECONCILIATION INSTRUCTIONS

Any Charge for Imprinted Checks Includes State Sales Tax Computed at the Current Rate, When Applicable Notice: The Annual Percentage Rate and Daily Periodic Rate may vary.

Explanation of Balance on Which the Interest Charge is Computed

We figure the interest charge on your account by applying the periodic rate to the "daily balance" of your account for each day in the billing cycle. To get the "daily balance" we take the beginning balance of your account each day, add any new advances/fees, and subtract any unpaid interest or other finance charges and any payments or credits. This gives us the daily balance.

What To Do If You Think You Find A Mistake On Your Statement

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OUTSTANDING CHECKS

Third Coast Bank SSB

P.O. Box 3871 Humble, TX 77347

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- Account Information: Your name and account number.
- Dollar Amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement.

You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

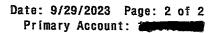
- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
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Amount \$1,500.00 Date 9/29/2023

PASON, REGIO FOR PRAZIONIA COUNTY SALE, 9-14-23 000016
HAXII JACKSON, TX 1/166
MYTOTHE JUNION Achieve ments IS 550.00 DOLLARS
a) THERD
Scholarship 272
77.8.

Check 16 Amount \$550.00 Date 9/19/2023

;uate 9-23-23 000018	
15 250 5	,
/ 0-/100	
:	

Check 18 Amount \$250.00 Date 9/26/2023

JASOF HINED FOR HUMANOKIA COUNTY JOB BALLON, TX TITAL HAND ADMINISTRATION ORDITOR OF CIMY OF Arrole of INDO Humanod Fifty	DATH 9-14-23 000014
Two hundred Fifty and	DOLLARS .
W. TRING	

Check 14 Amount \$250.00 Date 9/21/2023

TANON KINDO FOR HEATONIA CORRECT	BAR: 9-21-23 000017
100 MARASON IX MARE EARL ADDRESS. IX MARE EARL ADDRESS OF Kenjo's BBQ Two himselfed fifty and	\$ 250- *** DOLLARS
A) TEURY	The Doubles

Check 17 Amount \$250.00 Date 9/26/2023





Date 8/31/23 Primary Account Enclosures

Page

1

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CHECKING ACCOUNT(S)

Account Title:

JASON RINGO FOR BRAZORIA COUNTY CAMPAIGN ACCOUNT

SELECT FREE BUSINESS CHECKING

Account Number Previous Balance

Deposits/Credits 1 Checks/Debits

Maintenance Fee Interest Paid

Ending Balance

27,600.66

.00 4.788.00 .00

.00 22,812.66

Number of Enclosures Statement Dates 8/01/23 thru 8/31/23 Days in the statement period

Average Ledger 27,137.30 Average Collected 27,137.30

SUMMARY BY CHECK NUMBER

Date Check # 8/29

Amount 12 4.788.00

* Indicates Break In Check Number Sequence

DAILY BALANCE SUMMARY

Date 8/01

Balance Date 27,600.66 8/29

Balance 22,812.66

Reconciliation of Account Date_ CHECKS WRITTEN BUT NOT PAID NUMBER **AMOUNT** Please examine this statement and items at once and refer any exceptions immediately. Sort your checks numerically or by date issued. Mark off in your checkbook each of your checks paid by the bank and list the numbers and amounts of those not paid in the space provided at the left. Include any checks still not paid from previous statements. Subtract from your checkbook balance any SERVICE CHARGE (S.C.) or bank charge appearing on this statement. Reconcile your statement in the space provided below. Enter bank balance from statement Add deposits not credited by bank (if any) **TOTAL** Total of Checks Subtract total of not paid checks not paid THIS AMOUNT SHOULD EQUAL YOUR CHECKBOOK BALANCE

RECONCILIATION INSTRUCTIONS

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Explanation of Balance on Which the Interest Charge is Computed

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OUTSTANDING CHECKS

Third Coast Bank SSB

P.O. Box 3871 Humble, TX 77347

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(3) Tell us the dollar amount of the suspected error.



		/2023				
Prim	агу	Account	:	ga egite	S Villa Topperson	R

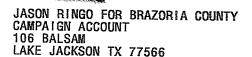
JASON BINGO FOR BRANDRIA COUNTY LAKE JACKSON, TK 77566	DUI 8-24-23 000012
ORDER OF Detail Products =	End eighty eight and The DOLLARS
	but eighty with a for DOLLARS
V) COVEL	
Signs	
	0075

Check 12 Amount \$4,788.00 Date 8/29/2023









Date 7/31/23 Primary Account Enclosures

Page :

1

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CHECKING ACCOUNT(S)

Account Title:

JASON RINGO FOR BRAZORIA COUNTY CAMPAIGN ACCOUNT

SELECT FREE BUSINESS CHECKING

Account Number Previous Balance 27,350.66 1 Deposits/Credits Checks/Debits 250.00 .00 Maintenance Fee .00 Interest Paid .00 Ending Balance 27,600.66

Number of Enclosures Statement Dates 7/03/23 thru 7/31/23 Days in the statement period Average Ledger Average Collected 27,359.28 27,359.28

DEPOSITS AND OTHER CREDITS

Date 7/31 Description

Deposit

Amount

250.00

DAILY BALANCE SUMMARY

Date 7/03

Balance Date 27,350.66 7/31

Balance 27,600.66

Reconciliation of Account Date_ CHECKS WRITTEN BUT NOT PAID NUMBER **AMOUNT** Please examine this statement and items at once and refer any exceptions immediately. Sort your checks numerically or by date issued. Mark off in your checkbook each of your checks paid by the bank and list the numbers and amounts of those not paid in the space provided at the left. Include any checks still not paid from previous statements. Subtract from your checkbook balance any SERVICE CHARGE (S.C.) or bank charge appearing on this statement. Reconcile your statement in the space provided below. Enter bank balance from statement Add deposits not credited by bank (if any) TOTAL Total of Checks Subtract total of not paid checks not paid THIS AMOUNT SHOULD EQUAL YOUR CHECKBOOK BALANCE

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