

# 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)

N/A

2 Total pages filed:

4

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

MR.

FIRST

JOSE

MI

L

NICKNAME

LAST

SEGARRA

SUFFIX

OFFICE USE ONLY

RECEIVED

Date Received

JAN 16 2024

City of Killeen  
By: Laura J. Calcote

City Secretary

Date Hand-delivered or Date Postmarked

emailed

Receipt #

Amount \$

Date Processed

1/16/2024

Date Imaged

1/16/2024

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX,

APT / SUITE #,

CITY,

STATE,

ZIP CODE

2000 E CENTRAL TEXAS EXPWY, STE B  
KILLEEN, TX. 76541

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 254 )

290-0548

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

MR.

FIRST

JOSE

MI

L

NICKNAME

LAST

SEGARRA

SUFFIX

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #,

CITY,

STATE,

ZIP CODE

2000 E CENTRAL TEXAS EXPWY, STE B, KILLEEN, TX. 76541

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 254 )

290-0548

9 REPORT TYPE



January 15



30th day before election



Runoff



15th day after campaign  
treasurer appointment  
(Officaholder Only)



July 15



8th day before election



Exceeded Modified  
Reporting Limit



Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

01 / 01 / 24

THROUGH

Month

Day

Year

01 / 15 / 24

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 04 / 24

Primary

Runoff

Other  
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

CITY COUNCIL MEMEBER

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.

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

**15 C/OH NAME**  
JOSE L. SEGARRA

**16 Filer ID (Ethics Commission Filers)**

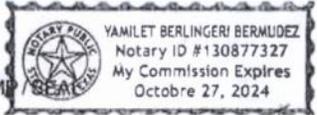
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	559.63
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$	
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	559.63
<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.

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

Please complete either option below:

**(1) Affidavit**



Sworn to and subscribed before me by Jose Segarra this the 16 day of January 2024, to certify which, witness my hand and seal of office.

[Signature] Yamilet Berlinger Bermudez Notary  
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		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 559.63
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	\$
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:
2 FILER NAME <b>JOSE L. SEGARRA</b>		3 Filer ID (Ethics Commission Filers)
4 Date:	5 Full name of contributor out-of-state PAC (ID# _____) <b>RODNEY SCOTT COSPER</b>	7 Amount of contribution (\$)  <b>559.63</b>
	6 Contributor address; City; State; Zip Code <b>2110 SOUTHPORT DR, KILLEEN, TX. 76542</b>	
8 Principal occupation / Job title (See Instructions) <b>REAL ESTATE</b>		9 Employer (See Instructions) <b>SELF EMPLOYED</b>
Date	Full name of contributor out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
	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.