

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: **14**

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

FILED
2022 FEB 23 AM 12:11
JOHN E. WARREN
COUNTY CLERK
DALLAS COUNTY
REPLY

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR **Ms** FIRST **Dianne** MI **K**
NICKNAME LAST SUFFIX
JONES

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 630264
Irving, TX 75063

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(980) 253-1007

6 CAMPAIGN TREASURER NAME

MS / MRS / MR **Ms** FIRST **Anthea** MI
NICKNAME LAST SUFFIX
Johnson

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
3853 Turtle Creek Blvd, Unit 518
Dallas, TX 75219

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 207-4614

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 Month Day Year
01 21 2022 THROUGH **2 22 2022**

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
 General Special
3 1 2022

12 OFFICE

OFFICE HELD (if any)
None

13 OFFICE SOUGHT (if known)

County Court at Law #4

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
 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		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 98000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1203.60
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,387.79
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 11.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2849.42

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.

Dianne K Jones

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 Dianne K Jones, and my date of birth is 09/25/63.
 My address is P.O. Box 630264, Ft Worth, TX 75063, Dallas
(street) (city) (state) (zip code) (country)
 Executed in Dallas County, State of TX, on the 02 day of February, 2022.
(month) (year)
Dianne K Jones
 Signature of Candidate/Officeholder (Declarant)

LOANS (JUDICIAL)

SCHEDULE E(J)

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 E(J): 1
2 FILER NAME Shianne K Jones		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 1203.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Self	9 Loan Amount (\$)
6 Is lender a financial Institution? Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code P.O. Box 630264 Irving, TX 75063	10 Interest rate
		11 Maturity date
12 Lender's Principal Occupation		13 Lender's Job Title
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)
16 If lender is a child, law firm of parent(s) (if any)		
17 Description of Collateral <input type="checkbox"/> none		18 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
19 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address; City; State; Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any)		

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

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. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9800
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1203.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 11,387.79
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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: Dianne K. Jones		3 Filer ID (Ethics Commission Filers)
4 Date: 1/24/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____): Richard Tenney	7 Amount of contribution (\$): \$ 100.00
6 Contributor address; City; State; Zip Code: m- 3000 old Alabama rd Sulte 119 # 122 Alpharetta Ga 30022 8555		
8 Principal occupation / Job title (See Instructions): Engineer		9 Employer (See Instructions): Cox Communications
Date: 1/29/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____): Arthur Fertile	Amount of contribution (\$): \$ 200.00
Contributor address; City; State; Zip Code: 2727 Allen Pkwy Suite 600 Wadham Tower, Houston, TX 77019		
Principal occupation / Job title (See Instructions): Attorney		Employer (See Instructions): O'ison & O'ison, LLP
Date: 2/3/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____): Cornelius Kasey	Amount of contribution (\$): \$ 100.00
Contributor address; City; State; Zip Code: 1303 W Central Exp, Dallas, 75205		
Principal occupation / Job title (See Instructions): Attorney		Employer (See Instructions): Self
Date: 2/3/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____): Shanita Blackwell	Amount of contribution (\$): \$ 250.00
Contributor address; City; State; Zip Code: 3710 Rowins, St Suite 1420 Dallas, TX 75219		
Principal occupation / Job title (See Instructions): Attorney		Employer (See Instructions): Self

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: <u>2</u>
2 FILER NAME <u>Dianne K Jones</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/3/22</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Rafael A. Majesed</u>	7 Amount of contribution (\$) <u>\$200.00</u>
6 Contributor address; City; State; Zip Code <u>14850 Montport Dr, Suite 280 Dallas, TX 75254</u>		
8 Principal occupation / Job title (See Instructions) <u>Attorney</u>		9 Employer (See Instructions) <u>Self</u>
Date <u>1/27/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>OKEY Clarence Akpom</u>	Amount of contribution (\$) <u>\$500.00</u>
Contributor address; City; State; Zip Code <u>9016 Thompson Dr. Lantana, TX 76226</u>		
Principal occupation / Job title (See Instructions) <u>Attorney</u>		Employer (See Instructions) <u>Self</u>
Date <u>1/29/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>DePlano Darenburg</u> <u>Law Office of Cato-Miller Darenburg Assoc</u>	Amount of contribution (\$) <u>\$250.00</u>
Contributor address; City; State; Zip Code <u>14850 Montport Dr, Suite 280, LB 21, Dallas TX 75254</u>		
Principal occupation / Job title (See Instructions) <u>Attorney</u>		Employer (See Instructions) <u>Law Office of Cato-Miller</u>
Date <u>2/7/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jeffrey Storu</u>	Amount of contribution (\$) <u>\$500.00</u>
Contributor address; City; State; Zip Code <u>4129 Ashington Place Irving, Desoto, TX 75115</u>		
Principal occupation / Job title (See Instructions) <u>Attorney</u>		Employer (See Instructions) <u>Retired</u>

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
2 FILER NAME Dianne K Jones		3 Filer ID (Ethics Commission Filers)
4 Date 2/8	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ioya Walker	7 Amount of contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code 5307 E Mockingbird Ln Suite 425 Dallas, TX 75206	
8 Principal occupation / Job title (See Instructions) Legal Director		9 Employer (See Instructions) Steward Law Group PLLC
Date 2/9	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Lyman	Amount of contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 7704 Harvest Hill Lane McKinney, TX 75071	
Principal occupation / Job title (See Instructions) Sr Clinical Manager		Employer (See Instructions) Spring Health
Date 2/9	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor Lyman	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 7704 Harvest Hill Lane McKinney, TX 75071	
Principal occupation / Job title (See Instructions) Exercise Physiologist		Employer (See Instructions) Core Physical Medicine
Date 2/3	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Condene Knebel	Amount of contribution (\$) \$1000.00
	Contributor address; City; State; Zip Code 1000 Old Ridge Road Prosper, TX 75076	
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) Unemployed
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: <u>4</u>
2 FILER NAME <u>Dianno K. Jones</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/3</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Kenya Ellis</u>	7 Amount of contribution (\$) <u>\$300.00</u>
6 Contributor address; City; State; Zip Code <u>17950 Preston Road Suite 419 Dallas, TX 75252</u>		
8 Principal occupation / Job title (See Instructions) <u>Attorney</u>		9 Employer (See Instructions) <u>Meynert, Reese, Liberts & Mathe</u>
Date <u>2/3/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Law Office Bruce Kaye</u>	Amount of contribution (\$) <u>\$100.00</u>
Contributor address; City; State; Zip Code <u>5151 N Pearl St, Suite 300 Dallas, TX 75201</u>		
Principal occupation / Job title (See Instructions) <u>Attorney</u>		Employer (See Instructions) <u>Self</u>
Date <u>2/3/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Vonciel Hill</u>	Amount of contribution (\$) <u>\$100.00</u>
Contributor address; City; State; Zip Code <u>754 Hampton Rd Suite 210 Dallas, TX 75232</u>		
Principal occupation / Job title (See Instructions) <u>Attorney</u>		Employer (See Instructions) <u>Self</u>
Date <u>2/4/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Anthrea Jones Johnson</u>	Amount of contribution (\$) <u>\$1000.00</u>
Contributor address; City; State; Zip Code <u>3885 Turtle Cree K Bld Unit 518 Dallas, TX 75219</u>		
Principal occupation / Job title (See Instructions) <u>None</u>		Employer (See Instructions) <u>Retired</u>

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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: 5
2 FILER NAME Dianne K Jones		3 Filer ID (Ethics Commission Filers)
4 Date 2/6/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Felicia Sanchez	7 Amount of contribution (\$) \$ 200.00
6 Contributor address: _____ City: _____ State: _____ Zip Code: _____ 2015 Boardson Way McKinney, TX 75000		
8 Principal occupation / Job title (See Instructions) Talent Acquisition		9 Employer (See Instructions) Synopsis
Date 2/7/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Tapscott	Amount of contribution (\$) \$ 500.00
Contributor address: _____ City: _____ State: _____ Zip Code: _____ 1700 N Pearl St, 25 Floor Dallas, TX 75201		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Thompson, Coe, Cousins, & Traub LLP
Date 2/3/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerald Smith	Amount of contribution (\$) \$ 1000.00
Contributor address: _____ City: _____ State: _____ Zip Code: _____ 3701 Arlington Highland Blvd East suite 200, Arlington, TX 76010		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 2/3/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donna O. Johnson	Amount of contribution (\$) \$ 1000.00
Contributor address: _____ City: _____ State: _____ Zip Code: _____ 10005 Preston Road, Suite 09-M330 Dallas, TX 75230		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Guaranteed 4.0
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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 6
2 FILER NAME Dianne Jones		3 Filer ID (Ethics Commission Filers)
4 Date 2/3/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randal + Lou Isenburg	7 Amount of contribution (\$) \$1000.00
6 Contributor address: _____ City: _____ State: _____ Zip Code _____ 1305 W Central Expressway Dallas, TX 752		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date 2/8/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adventhus McGill	Amount of contribution (\$) \$500.00
Contributor address: _____ City: _____ State: _____ Zip Code _____ 507 Chappellet Street Kennedale, TX 76060		
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Self
Date 2/4/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sam Fenceroy	Amount of contribution (\$) \$500.00
Contributor address: _____ City: _____ State: _____ Zip Code _____ 3275 Independence Ave Plano, TX 75075		
Principal occupation / Job title (See Instructions) Pastor		Employer (See Instructions) Mount Olive Church of Plano
Date 2/3/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ernest Buford	Amount of contribution (\$) \$100.00
Contributor address: _____ City: _____ State: _____ Zip Code _____ 1100 Commerce St Dallas, TX 75242		
Principal occupation / Job title (See Instructions) Attorney		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:	2 FILER NAME Dianne K Jones	3 Filer ID (Ethics Commission Filers)
4 Date 1/24/22	5 Payee name Interdenominational Ministerial Alliance	
6 Amount (\$) \$60.00	7 Payee address; City; State; Zip Code 8350 Forest Ln, Dallas, TX 75243	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Banquet
	(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
Date 1/21/2022	Payee name Fair North Dallas Democrats	
Amount (\$) \$25.00	Payee address; City; State; Zip Code P.O. Box 795247, Dallas, TX 75379	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description event
	<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
Date 2/12/22	Payee name Texting for Less Hackens	
Amount (\$) \$4720.00	Payee address; City; State; Zip Code P.O. Box 348, Rutherford NJ 07070	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Text
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 2/14/22	5 Payee name Texting For Less Hackers
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6 Amount (\$) \$14720.00	7 Payee address; P.O. Box 348, Rutherford	City; NJ	State; NJ	Zip Code 07070
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description text
	(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 2/15/22	Payee name Sin Speedy
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Amount (\$) \$600.79	Payee address; 1420 Valwood Hwy, Suite 105, Carrollton, TX	City; TX	State; TX	Zip Code 75006
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Push cards
	<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 1/24/22	Payee name Sherry Woodworth
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Amount (\$) 125.00	Payee address; 5000 Whitestone Lane Unit 511, Plano, TX	City; TX	State; TX	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting expense	Description strategy
	<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

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 1/26/22	5 Payee name United States Postal Service
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6 Amount (\$) 58.00	7 Payee address; City; State; Zip Code 8501 N. Macarthur, Bldg Irving, TX
------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Stamps/Postage
	(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 1/28/22	Payee name Jireh
-----------------	---------------------

Amount (\$) \$150.00	Payee address; City; State; Zip Code 6301 Hilltop Dr, The Colony, TX 75056
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description media
	<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 1/26/22	Payee name TX Texas Democratic Party
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Amount (\$) 387.50	Payee address; City; State; Zip Code P.O. Box 15707, Austin, TX 78761
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description VAN List
	<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

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:	2 FILER NAME <i>Dianne K Jones</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/7/22</i>	5 Payee name <i>Texas Democratic Party</i>	
6 Amount (\$) <i>387.50</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 15707, Austin, Tx 78761</i>	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Van List</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

Date <i>2-22-22 - Present</i>	Payee name <i>Pay Pal</i>	
Amount (\$) <i>\$154.00</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Accounting/Banking</i>	Description <i>fees</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

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED