

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

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

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
**3883 Turtle Creek Blvd Suite 58, Dallas, tx 75219**

(Residence or Business)

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  
**11 / 1 / 2022 THROUGH 12 / 31 / 2022**

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  Other Description  
**11 / 8 / 2022**  General  Special

12 OFFICE

OFFICE HELD (if any)  
**Judge County Court of Law #4**

13 OFFICE SOUGHT (if known)

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                       |
| <input type="checkbox"/> GENERAL  | COMMITTEE ADDRESS                    |
| <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME    |
|                                   | COMMITTEE CAMPAIGN TREASURER ADDRESS |

**OFFICE USE ONLY**

Date Received  
**2023 JAN 17 PM 3:18**

BY **JOHN F. WALKER**  
COUNTY CLERK  
DALLAS COUNTY

Date Hand Delivered or Date Postmarked

Receipt # **18** Amount \$

Date Processed

Date Imaged

**FILED**

GO TO PAGE 2

# SUBTOTALS - JC/OH

# FORM JC/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                           | \$ |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$ |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$ |
| 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 | \$ |

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM JC/OH  
COVER SHEET PG 2**

15 JC/OH NAME Dianne K Jones 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)  | \$ 4,000.00 |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE   | \$          |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 2918.06  |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 44013.54 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 1,321.00 |

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.

Dianne K. Jones  
Signature of Candidate/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 08/85

My address is P. O. Box 630864, Irving Tx 75063 Dallas

Executed in Dallas County, State of Tx, on the 17th day of January, 2023

Dianne K Jones  
Signature of Candidate/Officeholder (Declarant)

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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 A(J)1:                    |
| 2 FILER NAME<br><i>Dianne K. Jones</i>   |  | 3 Filer ID (Ethics Commission Filers)            |
| 4 Date<br><i>12/1/22</i>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br><i>Matt Scott Law Firm PLLC</i> | 7 Amount of contribution (\$)<br><i>\$250.00</i> |
| 6 Contributor address; City; State; Zip Code<br><i>900 Jackson St, Suite 550, Dallas, TX 75202</i> |  |  |
| 8 Contributor's principal occupation<br><i>Attorney</i>  |  | 9 Contributor's job title<br><i>Attorney</i>     |
| 10 Contributor's employer/law firm<br><i>Matt Scott Law Firm PLLC</i>                              |  | 11 Law firm of contributor's spouse (if any)     |
| 12 If contributor is a child, law firm of parent(s) (if any)                                       |  |  |

|   |   |   |
|---|---|---|
| Date<br><i>11/8/22</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br><i>Lawrence Friedman</i> | Amount of contribution (\$)<br><i>\$2500.00</i> |
| Contributor address; City; State; Zip Code<br><i>5301 Spring Valley 200, Dallas, TX 75284</i> |   |   |
| Contributor's principal occupation<br><i>Attorney</i>   |   | Contributor's job title<br><i>Attorney</i>      |
| Contributor's employer/law firm<br><i>Friedman &amp; Feigen, LLP</i>                          |   | Law firm of contributor's spouse (if any)       |
| If contributor is a child, law firm of parent(s) (if any)                                     |   |   |

|   |   |   |
|---|---|---|
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ | Amount of contribution (\$)               |
| Contributor address; City; State; Zip Code                |   |   |
| Contributor's principal occupation                        |   | Contributor's job title                   |
| Contributor's employer/law firm                           |   | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) |   |   |

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2:  |   |
| 2 FILER NAME<br><i>Dianne K. Jones</i>  |  | 3 Filer ID (Ethics Commission Filers)   |   |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS   |  | \$  |   |
| 5 Date<br><i>12/1/22</i>  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><i>John Crewzot</i>                      | 8 Amount of Contribution \$<br><i>\$1000</i>                                    | 9 In-kind contribution description<br><i>Printing</i>                           |
| 7 Contributor address; City; State; Zip Code<br><i>P.O. Box 181268, Dallas, TX 75218</i>  |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)<br><i>District Attorney</i>  |  | 11 Employer (FOR NON-JUDICIAL)(See Instructions)<br><i>Dallas County Texas</i>  |   |
| 12 Contributor's principal occupation (FOR JUDICIAL)  |  | 13 Contributor's job title (FOR JUDICIAL)(See Instructions)                     |   |
| 14 Contributor's employer/law firm (FOR JUDICIAL)   |  | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)                     |   |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)   |  |   |   |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Contributor address; City; State; Zip Code | Amount of Contribution \$   | In-kind contribution description  |
|   |  |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)   |  | Employer (FOR NON-JUDICIAL)(See Instructions)                                   |   |
| Contributor's principal occupation (FOR JUDICIAL)   |  | Contributor's job title (FOR JUDICIAL)(See Instructions)                        |   |
| Contributor's employer/law firm (FOR JUDICIAL)  |  | Law firm of contributor's spouse (if any) (FOR JUDICIAL)                        |   |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  |  |   |   |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>11/7/2022  | <b>5</b> Payee name<br>First Watch   |  |
| <b>6</b> Amount (\$)<br>\$63.80                                     | <b>7</b> Payee address; City; State; Zip Code<br>930 E Campbell Rd, Dallas, TX 75081   |  |
| <b>8</b><br>PURPOSE OF EXPENDITURE                                  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage   | <b>(b)</b> Description<br>food               |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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               |
| <b>4</b> Date<br>11/8/2022  | <b>5</b> Payee name<br>PayPal  |  |
| <b>6</b> Amount (\$)<br>\$72.74                                     | <b>7</b> Payee address; City; State; Zip Code  |  |
| <b>8</b><br>PURPOSE OF EXPENDITURE                                  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>fees  | <b>(b)</b> Description<br>fees               |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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               |
| <b>4</b> Date<br>11/14/2022   | <b>5</b> Payee name<br>Texas Center for the Judiciary  |  |
| <b>6</b> Amount (\$)<br>\$75.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>1210 San Antonio, Suite 800, Austin, TX 78701   |  |
| <b>8</b><br>PURPOSE OF EXPENDITURE                                  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense   | <b>(b)</b> Description<br>Registration       |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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               |

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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:         | <b>2</b> FILER NAME<br>Dianne K. Jones   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>11/14                    | <b>5</b> Payee name<br>Stonewall Democrat  |  |
| <b>6</b> Amount (\$)<br>500.00            | <b>7</b> Payee address; City; State; Zip Code<br>4209 Bonny Ave, Dallas, TX 75223  |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event/Expense   | <b>(b)</b> Description<br>fund raiser        |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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<br>11/14                 | Payee name<br>Delicious Cakes   |                     |  |
| Amount (\$)<br>55.00          | Payee address; City; State; Zip Code<br>14819 Inwood Rd, Addison, TX 75001  |                     |  |
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Food/Beverage   | Description<br>Food |  |
|                               | <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<br>11/14                 | Payee name<br>Blue Mesa Grill   |                     |  |
| Amount (\$)<br>297.28         | Payee address; City; State; Zip Code<br>14846 Montfort Dr, Dallas, TX 75254   |                     |  |
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Food/Beverage   | Description<br>Food |  |
|                               | <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**

**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<br><b>Dianne K. Jones</b>  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br><b>11/14/2022</b>                                  | 5 Payee name<br><b>Walmart Supercenter</b>  |                                       |
| 6 Amount (\$)<br><b>\$30.04</b>                              | 7 Payee address; City; State; Zip Code<br><b>1635 Market Place Blvd, Irving Tx 75063</b>  |                                       |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule)<br><b>Food/Beverage</b>  | (b) Description<br><b>drinks</b>      |
|  | (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<br><b>11/14/2022</b>                                    | Payee name<br><b>Blue Mesa Grill</b>  |                                       |
| Amount (\$)<br><b>\$327.27</b>                               | Payee address; City; State; Zip Code<br><b>14866 Montfort Dr. Dallas, tx 75254</b>  |                                       |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)<br><b>Food/Beverage</b>  | Description<br><b>Food</b>            |
|  | <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<br><b>11/16/22</b>                                      | Payee name<br><b>Blue Mesa Grill</b>  |                                       |
| Amount (\$)<br><b>\$247.27</b>                               | Payee address; City; State; Zip Code<br><b>14866 Montfort Dr. Dallas, Tx 75254</b>  |                                       |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)<br><b>Food/Beverage</b>  | Description<br><b>Food</b>            |
|  | <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**



# 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<br><b>Dianne K. JONES</b>  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br><b>11/17/2022</b>                                  | 5 Payee name<br><b>George Allen Garage</b>  |                                       |
| 6 Amount (\$)<br><b>\$13.00</b>                              | 7 Payee address; City; State; Zip Code<br><b>600 Commerce Street, Dallas, TX 75202</b>  |                                       |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule)<br><b>Parking</b>  | (b) Description<br><b>Parking</b>     |
|  | (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<br><b>11/17/22</b>                                      | Payee name<br><b>Corner Bakery</b>  |                                       |
| Amount (\$)<br><b>\$30.26</b>                                | Payee address; City; State; Zip Code<br><b>301 N. Market St Suite 100, Dallas, TX 75202</b>   |                                       |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)<br><b>Food/Beverage</b>  | Description<br><b>Food</b>            |
|  | <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<br><b>11/17/22</b>                                      | Payee name<br><b>Chima Lma Taco Bar</b>   |                                       |
| Amount (\$)<br><b>\$37.07</b>                                | Payee address; City; State; Zip Code<br><b>Commerce Street, Dallas, TX</b>  |                                       |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)<br><b>Food/Beverage</b>  | Description<br><b>Food</b>            |
|  | <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**

# 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<br><b>Dianne K. Jones</b>  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br><b>11/16/22</b>                                    | 5 Payee name<br><b>George Allen Garage</b>  |                                       |
| 6 Amount (\$)<br><b>\$3.00</b>                               | 7 Payee address; City; State; Zip Code<br><b>600 Commerce Street, Dallas, TX 75202</b>  |                                       |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule)<br><b>Parking</b>  | (b) Description<br><b>Parking</b>     |
|  | (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<br><b>11/18/22</b>                                      | Payee name<br><b>Chicken Express</b>  |                                       |
| Amount (\$)<br><b>\$129.14</b>                               | Payee address; City; State; Zip Code<br><b>10930 N US 75-Central Expy 1000, Dallas TX 75231</b>   |                                       |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)<br><b>Food/Beverage</b>  | Description<br><b>food</b>            |
|  | <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<br><b>11/22/22</b>                                      | Payee name<br><b>Office Depot</b>   |                                       |
| Amount (\$)<br><b>\$26.73</b>                                | Payee address; City; State; Zip Code<br><b>7777 N. MacArthur Blvd, Irving TX 75063</b>  |                                       |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)<br><b>Printing expense</b>   | Description<br><b>print</b>           |
|  | <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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# 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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME<br>Dianne K. Jones   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>12/2/22  | <b>5</b> Payee name<br>George Allen Garage   |  |
| <b>6</b> Amount (\$)<br>\$10.00                                     | <b>7</b> Payee address<br>600 Commerce St, Dallas TX 75202   |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Parking   | <b>(b)</b> Description<br>Parking            |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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               |
| <b>Date</b><br>12/2/22  | <b>Payee name</b><br>Fastsigns   |  |
| <b>Amount (\$)</b><br>59.79   | <b>Payee address;</b><br>2301 N. Collins, Arlington, TX 76011  |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>Category</b> (See Categories listed at the top of this schedule)<br>Printing  | <b>Description</b><br>Invitations            |
|   | <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               |
| <b>Date</b><br>12/2/22  | <b>Payee name</b><br>United States Postal Service  |  |
| <b>Amount (\$)</b><br>\$60.00                                       | <b>Payee address;</b><br>8501 N. MacArthur Blvd, Irving, TX 75063  |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>Category</b> (See Categories listed at the top of this schedule)<br>Postage   | <b>Description</b><br>Postage                |
|   | <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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# 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<br><b>Dianne K. Jones</b>  | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br><b>12/14/22</b>                             | 5 Payee name<br><b>Judges Robes</b>   |   |
| 6 Amount (\$)<br><b>100.84</b>                        | 7 Payee address, City, State, Zip Code<br><b>www.judgerobes.com</b>   |   |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br><b>Judicial Robe</b>  | (b) Description<br><b>Judicial Robe</b> |
|   | (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<br><b>12/16/22</b>                             | Payee name<br><b>Frank Crowley Courts Garage</b>  |                               |
| Amount (\$)<br><b>\$3.00</b>                        | Payee address, City, State, Zip Code<br><b>133 N. Riverfront Blvd, Suite 9A-500, Dallas, TX</b>   |                               |
| PURPOSE OF EXPENDITURE                              | Category (See Categories listed at the top of this schedule)<br><b>Parking</b>  | Description<br><b>Parking</b> |
|   | <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<br><b>12/19/22</b>                             | Payee name<br><b>Blue Mesa Grill</b>  |                            |
| Amount (\$)<br><b>\$320.63</b>                      | Payee address, City, State, Zip Code<br><b>14866 Montfort Dr. Dallas, TX 75254</b>  |                            |
| PURPOSE OF EXPENDITURE                              | Category (See Categories listed at the top of this schedule)<br><b>Food/Beverage</b>  | Description<br><b>Food</b> |
|   | <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 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<br><b>Dianne K. Jones</b>  | 3 Filer ID (Ethics Commission Filers)    |
| 4 Date<br><b>12/01/22</b>                                    | 5 Payee name<br><b>Democracy tool Box</b>   |  |
| 6 Amount (\$)<br><b>\$259.92</b>                             | 7 Payee address;<br><b>855A Royal County Down Dr, McKinney</b>  | City; State; Zip Code<br><b>TX 75020</b> |
| 8<br><b>PURPOSE OF EXPENDITURE</b>                           | (a) Category (See Categories listed at the top of this schedule)<br><b>Advertisement Expense</b>  | (b) Description<br><b>website</b>        |
|  | (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<br><b>12/01/22</b>                                    | Payee name<br><b>Dallas Bar Association</b>   |  |
| Amount (\$)<br><b>\$100.00</b>                             | Payee address;<br><b>2101 Ross Avenue, Dallas,</b>  | City; State; Zip Code<br><b>TX 75201</b> |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See Categories listed at the top of this schedule)<br><b>Membership</b>   | Description<br><b>dues</b>               |
|  | <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<br><b>12/22/22</b>                                    | Payee name<br><b>El Fenix</b>   |                                    |
| Amount (\$)<br><b>\$26.28</b>                              | Payee address;<br><b>1601 McKinney Ave, Dallas,</b>   | City; State; Zip Code<br><b>TX</b> |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See Categories listed at the top of this schedule)<br><b>Food/Beverage</b>  | Description<br><b>Food</b>         |
|  | <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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