

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

20

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

Mr

FIRST

Michael

MI

D

NICKNAME

Mike

LAST

Jones

SUFFIX

Jr

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX

PO Box 2475, Desoto, Tx 75123

APT / SUITE #

CITY

STATE

ZIP CODE

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

(972)

PHONE NUMBER

696-9288

EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

Mr

FIRST

Drew

MI

NICKNAME

LAST

Wilborn II

SUFFIX

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE)

7550 S Hampton, Dallas, Tx 75232

APT / SUITE #

CITY

STATE

ZIP CODE

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE

(972)

PHONE NUMBER

228-2420

EXTENSION

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

60th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH-1 R)

10 PERIOD COVERED

Month

Day

Year

07

01

2022

THROUGH

Month

Day

Year

10

09

2022

11 ELECTION

ELECTION DATE

Month

Day

Year

11

08

2022

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

Justice of the Peace 4-1

13 OFFICE SOUGHT (if known)

Justice of the Peace 4-1

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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

OFFICE USE ONLY

Date Received

2022 OCT 12 AM 9:18

Date Hand-delivered

Receipt #

Date Processed

Date Imaged

BY _____

JOHN L. WARRREN
COUNTY CLERK
DALLAS COUNTY
DEPUTY

FILED

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME **Michael Jones** 16 Filer ID (Ethics Commission Filers)

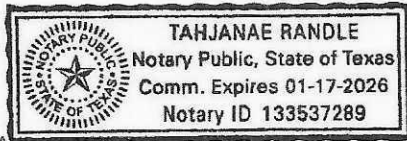
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,072.62
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 12,824.80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 353.49
OUTSTANDING LOAN TOTALS	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.

Michael Jones
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Michael Jones this the 11 day of October, 2022, to certify which, witness my hand and seal of office.

John Randle
Signature of officer administering oath.

Tahjanae Randle
Printed name of officer administering oath

Notary Public
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 Michael Jones		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,072.62
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	\$ 5,481.90
6	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1,296.41
9	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 6,046.49
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 2
2 FILER NAME Michael Jones		3 Filer ID (Ethics Commission Filers)
4 Date 8/10/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tongree Flemming	7 Amount of contribution (\$) 50.00
6 Contributor address, City, State, Zip Code N/A		
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 8/10/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Junior Ezeanou	Amount of contribution (\$) 100.00
Contributor address, City, State, Zip Code 5332 West Cove Way, Grand Prairie, Tx 75052		
Principal occupation / Job title (See Instructions) Political Strategist		Employer (See Instructions) Self-employed
Date 8/16/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Merrill Hudgens	Amount of contribution (\$) 104.15
Contributor address, City, State, Zip Code 1002 Regal Road, St Marys, GA 31558		
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) Navy
Date 8/23/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roderick Franklin	Amount of contribution (\$) 200.00
Contributor address, City, State, Zip Code 17-1 Kestrel Ave, Desoto, Tx 75115		
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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: 2
2 FILER NAME Michael Jones		3 Filer ID (Ethics Commission Filers)
4 Date 8/24/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Terry Barker	7 Amount of contribution (\$) 519.52
6 Contributor address; City; State; Zip Code N/A		
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 8/24/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joe Putnam	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 1505 Phillip Ct, Irving, Tx 75060		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-employed
Date 8/24/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tim Maiden	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code 1519 S GeenStone, Duncanville, Tx 75137		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 8/24/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Duane Spencer	Amount of contribution (\$) 250
Contributor address; City; State; Zip Code 405 N Balfour, Cedar Hill, Tx 75104		
Principal occupation / Job title (See Instructions) ARB		Employer (See Instructions) self-employed
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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 9
2 FILER NAME Michael Jones		3 Filer ID (Ethics Commission Filers)
4 Date 8/24/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nicole Taylor Campaign	7 Amount of contribution (\$) 100.00
6 Contributor address; City, State; Zip Code PO Box 2121, Cedar Hill, Tx 75106		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date 8/24/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Byron Prelow	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code N/A		
Principal occupation / Job title (See Instructions) Plant Engineer		Employer (See Instructions) Lockheed Martin
Date 8/24/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rachel Proctor	Amount of contribution (\$) 104.15
Contributor address; City; State; Zip Code PO Box 608, Desoto, Tx 75123		
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) NCLCD
Date 8/24/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yolanda Sweet	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 605 Flagstaff, Desoto, Tx 75115		
Principal occupation / Job title (See Instructions) Supervisor		Employer (See Instructions) Dallas County
<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: 9
2 FILER NAME Michael Jones		3 Filer ID (Ethics Commission Filers)
4 Date 8/25/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Andy Taylor	7 Amount of contribution (\$) 25.00
6 Contributor address; City; State; Zip Code PO Box 192496, Dallas, Tx 75219		
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Linebarger
Date 8/24/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chassiti Mckissic	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1410 Whitaker Way, Glenn Heights, Tx 75154		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Rocket Schools
Date 8/24/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael Orozco	Amount of contribution (\$) 52.23
Contributor address; City; State; Zip Code 5016 Groom, Dallas, Tx 75227		
Principal occupation / Job title (See Instructions) Constable		Employer (See Instructions) Dallas County
Date 8/24/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rori Mitchell	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1218 Canyon Oaks, Lancaster, Tx 75146		
Principal occupation / Job title (See Instructions) Travel Agent		Employer (See Instructions) Rori J & Assocaites
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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: 7
2 FILER NAME Michael Jones		3 Filer ID (Ethics Commission Filers)
4 Date 8/24/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kurt Johnson	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 4303 Stephen St, Grand Prairie, Tx		
8 Principal occupation / Job title (See Instructions) Employed		9 Employer (See Instructions) Federal Govt
Date 8/24/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Casey Thomas	Amount of contribution (\$) 259.92
Contributor address; City; State; Zip Code 8065 W Camp Wisdom, #2305, Dallas, tx		
Principal occupation / Job title (See Instructions) Councilmember		Employer (See Instructions) City of Dallas
Date 8/24/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dallas Burleson	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 5016 Groom, Dallas, Tx 75227		
Principal occupation / Job title (See Instructions) self-employed		Employer (See Instructions) N/A
Date 8/24/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nicole Raphiel	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code PO Box 1435, Desoto, Tx 75123		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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 9
2 FILER NAME Michael Jones		3 Filer ID (Ethics Commission Filers)
4 Date 8/24/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chalamine Armstong	7 Amount of contribution (\$) 25.00
6 Contributor address; City; State; Zip Code N/A		
8 Principal occupation / Job title (See Instructions) Mortgage Lender		9 Employer (See Instructions) Kiss Wealth Now
Date 8/24/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Portia Jones	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1748 Gentry St, Lancaster, Tx 75134		
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Lincoln Property
Date 8/25/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rhapsody Moore	Amount of contribution (\$) 26.27
Contributor address; City; State; Zip Code 2043 Samantha Lane, Heartland, Tx		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Rhapsody's Tasties and Kosher Bae
Date 8/25/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kamilah Alford	Amount of contribution (\$) 52.23
Contributor address; City; State; Zip Code 2113 Wilderness, Grand Prairie, Tx		
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) LTI Sales Inc
<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: 9
2 FILER NAME Michael Jones		3 Filer ID (Ethics Commission Filers)
4 Date 8/25/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chad McCurdy	7 Amount of contribution (\$) 104.15
6 Contributor address; City; State; Zip Code 1201 Hideaway Ct, Cedar Hill, Tx		
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) CCAA Investment LP
Date 8/27/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jewel Pointer	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 111 Garden Grove, Red Oak, Tx 75154		
Principal occupation / Job title (See Instructions) Zoning Inspector		Employer (See Instructions) City of Dallas
Date 8/27/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Pointer	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 111 Garden Grove, Red Oak, Tx 75154		
Principal occupation / Job title (See Instructions) Deputy Marshall		Employer (See Instructions) City of Dallas
Date 8/30/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ZacharyThompson	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 1041 Hampshire, Cedar Hill, Tx 75104		
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions) self employed
<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 9
2 FILER NAME Michael Jones		3 Filer ID (Ethics Commission Filers)
4 Date 09/01/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Emmanuel Lewis	7 Amount of contribution (\$) 25.00
6 Contributor address, City, State, Zip Code 3818 Esters Road, Irving, Tx 75038		
8 Principal occupation / Job title (See Instructions) Detention Officer		9 Employer (See Instructions) Dallas county
Date 9/8/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) AAGD	Amount of contribution (\$) 1,000
Contributor address; City, State, Zip Code 5728 LBJ Frwy, Dallas, Tx 75240		
Principal occupation / Job title (See Instructions) PAC		Employer (See Instructions) N/A
Date 9/16/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linebarger	Amount of contribution (\$) 1,000
Contributor address; City, State, Zip Code 2777 N Stemmons, suite 1000, Dallas,tx		
Principal occupation / Job title (See Instructions) Law Firm		Employer (See Instructions)
Date 9/30/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ngozi Nwosu	Amount of contribution (\$) 25.00
Contributor address; City, State, Zip Code 1313 Glencoe, Glenn Heights, Tx 75154		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) City of Dallas
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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: 5
2 FILER NAME Michael Jones		3 Filer ID (Ethics Commission Filers)
4 Date 09/30/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Halls Chicken	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 4105 W Camp Wisdom, Dallas, Tx		
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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.

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: 5	2 FILER NAME Michael Jones	3 Filer ID (Ethics Commission Filers)
4 Date 8/13/22	5 Payee name Ram Web Enterprises	
6 Amount (\$) 40.00	7 Payee address: 7537 Gayglen Dr, Dallas Tx City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Design Fee
	(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 8/10/22	Payee name RawWeb Enterprises	
Amount (\$) 212.35	Payee address: 7537 Gayglen Dr, Dallas, Tx 75217 City: State: Zip Code	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8/13/22	Payee name Dallas County Democratic Party	
Amount (\$) 100	Payee address: 1414 N Washington, Dallas, Tx City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Event Ticket
	<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: 5	2 FILER NAME Michael Jones	3 Filer ID (Ethics Commission Files)
4 Date 8/26/22	5 Payee name Sheniqua Jones	
6 Amount (\$) 612.00	7 Payee address: City: State: Zip Code N/A	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description
	(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 8/26/22	Payee name RawWeb Enterprises	
Amount (\$) 409.61	Payee address: City: State: Zip Code 7537 Gaylen Dr, Dallas, Tx 75217	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8/31/22	Payee name Constable Orozco Campaign	
Amount (\$) 50	Payee address: City: State: Zip Code 5016 Groom Lane, Dallas, Tx	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Donation
	<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 Constable Orozco	Office sought Constable Office held Constable

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: 5	2 FILER NAME Michael Jones	3 Filer ID (Ethics Commission Filers)
4 Date 8/31/22	5 Payee name Elite News	
6 Amount (\$) 250.00	7 Payee address: City: State: Zip Code PO Box 380017, Dunanville, Tx 75183	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Marketing
	(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 9/1/22	Payee name Donor Box	
Amount (\$) .75	Payee address: City: State: Zip Code N/A	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	<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 9/1/22	Payee name Ram Web Enterprises	
Amount (\$) 50	Payee address: City: State: Zip Code 7537 Gayglen Dr, Dallas, Tx 75217	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Design Fee
	<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

OCT 11 '22 PM 8:07

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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: 5	2 FILER NAME Michael Jones	3 Filer ID (Ethics Commission Filers)
4 Date 9/2/22	5 Payee name Sheniqua Jones	
6 Amount (\$) 828	7 Payee address: City: State: Zip Code N/A	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Canvass
	(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 9/9/22	Payee name Sheniuqa Jones	
Amount (\$) 1,044	Payee address: City: State: Zip Code N/A	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Canvass
	<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 9/12/22	Payee name Sheniqua Jones	
Amount (\$) 250	Payee address: City: State: Zip Code N/A	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Canvass
	<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 5	2 FILER NAME Michael Jones	3 Filer ID (Ethics Commission Filers)
4 Date 9/20/22	5 Payee name Sheniqua Jones	
6 Amount (\$) 1,032	7 Payee address: N/A City: State: Zip Code:	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Canvass
	(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 9/30/22	Payee name Sheniqua Jones	
Amount (\$) 360	Payee address: N/A City: State: Zip Code:	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Canvass
	<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 10/10/22	Payee name Ram Web Enterprises	
Amount (\$) 243.19	Payee address: 7537 Gayglen Dr, Dallas, Tx City: State: Zip Code:	
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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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expenses
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2	2 FILER NAME Michael Jones	3 Filer ID (Ethics Commission filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 8/21/22	6 Payee name Dallas County Democratic Party	
7 Amount (\$) 250	8 Payee address; City: State: Zip Code 1414 Washington, Dallas, Tx	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Event Ticket
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8/24/22	Payee name Thibideaux Restaurant	
Amount (\$) 278.41	Payee address; City: State: Zip Code 515 N Cedar Ridge, Duncanville, Tx	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Food
	<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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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expenses
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2	2 FILER NAME Michael Jones	3 Filer ID (Ethics Commission Filers):
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 9/23/22	6 Payee name Sheniqua Jones	
7 Amount (\$) 768	8 Payee address; City; State; Zip Code 1414 Washington, Dallas, Tx	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Contract labor
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G 2	2 FILER NAME Michael Jones	3 Filer ID (Ethics Commission Filers)
4 Date 8/7/22	5 Payee name Print Place	
6 Amount (\$) 949.35 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City: State: Zip Code 1130 E Ave H, Arlington, Tx 76011	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description door hanger
	(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 9/20/22	Payee name Maihouse	
Amount (\$) 2,501.14 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State: Zip Code 2276 Vantage, Dallas, Tx 75207	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Mail
	<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 9/29/22	Payee name Beyond the Slogan	
Amount (\$) 2,500 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State: Zip Code N/A	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description
	<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 PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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
Salaries/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 how to complete this form.

1 Total pages Schedule G: <p style="text-align:center; font-size: 2em;">2</p>	2 FILER NAME <p style="text-align:center; font-size: 1.2em;">Michael Jones</p>	3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align:center; font-size: 1.2em;">10/7/22</p>	5 Payee name <p style="text-align:center; font-size: 1.2em;">Sheniqua Jones</p>	
6 Amount (\$) <p style="text-align:center; font-size: 1.2em;">96.00</p> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; <p style="text-align:center; font-size: 1.2em;">N/A</p> <p style="text-align:right; font-size: 0.8em;">City; State; Zip Code</p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <p style="text-align:center; font-size: 1.2em;">Other</p>	(b) Description <p style="text-align:center; font-size: 1.2em;">Contract labor</p>
	(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		
Date	Candidate / Officeholder name	
	Payee name	Office sought
		Office held
Amount (\$)	Payee address;	
<input type="checkbox"/> Reimbursement from political contributions intended		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		
Date	Candidate / Officeholder name	
	Payee name	Office sought
		Office held
Amount (\$)	Payee address;	
<input type="checkbox"/> Reimbursement from political contributions intended		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		
Date	Candidate / Officeholder name	
	Payee name	Office sought
		Office held
Amount (\$)	Payee address;	
<input type="checkbox"/> Reimbursement from political contributions intended		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		

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