

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

Mrs.

FIRST

Dianne

MI SUFFIX

K

NICKNAME

LAST

Jones

SUFFIX

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)

953-1007

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

Mrs.

FIRST

Anthea

MI

NICKNAME

LAST

Johnson

SUFFIX

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

3883 Turtle Creek Blvd, #518, 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

1 / 1 / 2023

THROUGH

Month

Day

Year

1 / 30 / 2023

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 8 / 2022

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

Judge County Court at 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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

OFFICE USE ONLY

Date Received

DAVID E. WARRREN
COUNTY CLERK
DALLAS COUNTY
DEPUTY

2023 JUL 17 PM 12:56

FILED

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

**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)	\$ <u>21,660.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>13,789.97</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>50,300.99</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>4600.63</u>

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.

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 08/25/1963
 My address is P.O. Box 630264 Irving Tx 75063 Dallas
(street) (city) (state) (zip code) (country)
 Executed in Dallas County, State of Texas, on the 16th day of July, 2023.
(month) (year)
Dianne K. Jones
 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH

**FORM JC/OH
COVER SHEET PG 3**

19 FILER NAME <i>Dianne K. Jones</i>		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	\$

**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: <i>1 of 9</i>
2 FILER NAME <i>Dianne K. Jones</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/17/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>Jackson Walker LLP</i>	7 Amount of contribution (\$) <i>\$1,000.00</i>
6 Contributor address: City: State: Zip Code <i>2323 Ross Ave Suite 600, Dallas 75201</i>		
8 Contributor's principal occupation <i>Law Firm</i>		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>2/9/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>Bell Nunnally</i>	Amount of contribution (\$) <i>\$1,000.00</i>
Contributor address: City: State: Zip Code <i>2323 Ross Avenue, #1900, Dallas 75201</i>		
Contributor's principal occupation <i>Law Firm</i>		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)		
Date <i>2/7/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>Frank L. Branson, P.C.</i>	Amount of contribution (\$) <i>\$1000.00</i>
Contributor address: City: State: Zip Code <i>4514 Cole Ave, Dallas, Tx 75205</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm <i>Frank L. Branson, P.C.</i>		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.

**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: <i>2 of 9</i>
2 FILER NAME <i>Dianne K. Jones</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/7/2023</i>	5 Full name of contributor <input checked="" type="checkbox"/> in-state PAC ID#: <i>Barnes & Thornburg LLP</i>	7 Amount of contribution (\$) <i>\$ 500.00</i>
6 Contributor address; City; State; Zip Code <i>11 South Meridian Street, Indianapolis 46204</i>		
8 Contributor's principal occupation <i>Law Firm</i>		9 Contributor's job title
10 Contributor's employer/law firm <i>Law Firm</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <i>2/10/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>Gray Reed & Mc Graw LLP</i>	Amount of contribution (\$) <i>\$ 500.00</i>
Contributor address; City; State; Zip Code <i>1300 Post Oak Blvd, Suite 2000, Houston 77056</i>		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm <i>Law Firm</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date <i>2/22/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>Mitchell Alberta</i>	Amount of contribution (\$) <i>\$ 100.00</i>
Contributor address; City; State; Zip Code <i>2820 McKinnon St Apt 4024, Dallas 75201</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm <i>Self</i>		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.

**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

3 of 9

2 FILER NAME

Dianne K Jones

3 Filer ID (Ethics Commission Filers)

4 Date

10/23/2023

5 Full name of contributor

Carmen Mitchell

out-of-state PAC ID#: _____

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address; City; State; Zip Code

3865 W Bay Cir, Dallas, TX 75214

8 Contributor's principal occupation

Attorney

9 Contributor's job title

Attorney

10 Contributor's employer/law firm

Self

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

10/23/2023

Full name of contributor

Dan D. McClain

out-of-state PAC ID#: _____

Amount of contribution (\$)

\$60.00

Contributor address; City; State; Zip Code

3701 Turtle Creek Blvd Apt #84, Dallas, TX 75219

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Self

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

10/23/2023

Full name of contributor

Joseph E Ackels

out-of-state PAC ID#: _____

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

3030 LBJ Fwy, Suite 1550, Dallas, TX 75234

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Self

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.

**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: <u>4/2/23</u>
2 FILER NAME <u>Dianne K. Jones</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/11/2023</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Tenne Bryan Jeneven</u>	7 Amount of contribution (\$) <u>\$ 100.00</u>
6 Contributor address; City: State: Zip Code <u>4516 Louisa Lane #259, Dallas TX 75225</u>		
8 Contributor's principal occupation <u>Attorney</u>	9 Contributor's job title <u>Attorney</u>	
10 Contributor's employer/law firm <u>self</u>	11 Law firm of contributor's spouse (if any)	
12 If contributor is a child, law firm of parent(s) (if any)		

Date <u>2/7/2023</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Charles Oliver</u>	Amount of contribution (\$) <u>\$ 500.00</u>
Contributor address; City: State: Zip Code <u>4925 Greenville Ave Suite 300, Dallas TX 75206</u>		
Contributor's principal occupation <u>Attorney</u>	Contributor's job title <u>Attorney</u>	
Contributor's employer/law firm <u>self</u>	Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)		

Date <u>3/7/2023</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <u>Julie Pettit</u>	Amount of contribution (\$) <u>\$ 1,000.00</u>
Contributor address; City: State: Zip Code <u>2101 Cedar Springs Rd, Suite 1540 Dallas, TX 75201</u>		
Contributor's principal occupation <u>Attorney</u>	Contributor's job title <u>Attorney</u>	
Contributor's employer/law firm <u>self</u>	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.

**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 <i>5 of 9</i> Schedule A(J)1
2 FILER NAME <i>Dianne K. Jones</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/6/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Mazin Sbaity</i>	7 Amount of contribution (\$) <i>\$1000.00</i>
6 Contributor address; City: State: Zip Code <i>2800 Ross Ave 4900W, Dallas, TX 75201</i>		
8 Contributor's principal occupation <i>Attorney</i>		9 Contributor's job title <i>Attorney</i>
10 Contributor's employer/law firm <i>Self</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <i>3/3/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Eric Pinker</i>	Amount of contribution (\$) <i>\$1000.00</i>
Contributor address; City: State: Zip Code <i>8100 Ross Ave 2700, Dallas, TX 75201</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm <i>Self</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date <i>3/26/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Scott Barber</i>	Amount of contribution (\$) <i>\$1000.00</i>
Contributor address; City: State: Zip Code <i>636 N. Hwy 67, Cedar Hill, TX 75104</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm <i>Self</i>		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.

**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): <i>6 of 9</i>
2 FILER NAME <i>Dianne K. Jones</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>7/23/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Sean Modarad</i>	7 Amount of contribution (\$) <i>\$ 1000.00</i>
6 Contributor address; City: State: Zip Code <i>212 W. Spring Valley Rd, Richardson, Tx 75081</i>		
8 Contributor's principal occupation <i>Attorney</i>	9 Contributor's job title <i>Attorney</i>	
10 Contributor's employer/law firm <i>MAS Law</i>	11 Law firm of contributor's spouse (if any)	
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>7/22/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Hardin Ramey</i>	Amount of contribution (\$) <i>\$ 500.00</i>
Contributor address; City: State: Zip Code <i>3890 W Northwest Hwy 650, Dallas, Tx 75220</i>		
Contributor's principal occupation <i>Attorney</i>	Contributor's job title <i>Attorney</i>	
Contributor's employer/law firm <i>Ramey Law Firm, PLLC</i>	Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)		
Date <i>7/21/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Gregg Oberg</i>	Amount of contribution (\$) <i>1000.00</i>
Contributor address; City: State: Zip Code <i>1839 Ridgeview St, Mesquite, Tx 75149</i>		
Contributor's principal occupation <i>Attorney</i>	Contributor's job title <i>Attorney</i>	
Contributor's employer/law firm <i>Oberg Law Office - self</i>	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.

**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 ~~gov~~ Schedule A(J)1: *7 of 9*

2 FILER NAME: *Dianne K. Jones* 3 Filer ID (Ethics Commission Filers)

4 Date: *2/21/2023* 5 Full name of contributor: *John Horany* 7 Amount of contribution (\$): *\$250.00*
 out-of-state PAC ID#: _____
 6 Contributor address; City: State: Zip Code
4311 Oak Lawn Suite 530, Dallas TX 75219

8 Contributor's principal occupation: *Attorney* 9 Contributor's job title: *Attorney*

10 Contributor's employer/law firm: *Self* 11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date: *2/17/2023* Full name of contributor: *Ori Raphael* Amount of contribution (\$): *\$500.00*
 out-of-state PAC ID#: _____
 Contributor address; City: State: Zip Code
13101 Preston Rd #501, Dallas, TX 75240

Contributor's principal occupation: *Attorney* Contributor's job title: *Attorney*

Contributor's employer/law firm: *Self* Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date: *2/11/2023* Full name of contributor: *Dunn Sheehan LLP* Amount of contribution (\$): *\$1000.00*
 out-of-state PAC ID#: _____
 Contributor address; City: State: Zip Code
3400 Carlisle St, Suite 201, Dallas, TX

Contributor's principal occupation: *Law Firm* 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.

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: 9 of 8
2 FILER NAME Dianne K. Jones		3 Filer ID (Ethics Commission Filers)
4 Date 2/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Sean Cox	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 400 N Erway, #130864, Dallas, TX 75313		
8 Contributor's principal occupation Attorney	9 Contributor's job title Attorney	
10 Contributor's employer/law firm Self	11 Law firm of contributor's spouse (if any)	
12 If contributor is a child, law firm of parent(s) (if any)		

Date 2/8/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Brian Rawson	Amount of contribution (\$) \$1000.00
Contributor address; City; State; Zip Code 8750 N Central Expwy, #1600, Dallas, TX 75231		
Contributor's principal occupation Attorney	Contributor's job title Attorney	
Contributor's employer/law firm Hartline Berger LLP	Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)		

Date 2/7/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Reina Gonzalez	Amount of contribution (\$) \$1000.00
Contributor address; City; State; Zip Code 12160 Abram Rd #503, Dallas, TX 75243		
Contributor's principal occupation Attorney	Contributor's job title Attorney	
Contributor's employer/law firm Self	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.

**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: 1 of 9
2 FILER NAME Danne K Jones		3 Filer ID (Ethics Commission Filers)
4 Date 2/5/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ David Kent	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 1717 Main Street, Suite 5400, Dallas, TX 75201		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Fargue Drinker Biddle & Reath LP		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 2/2/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Mary Nix	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2100 Ross Ave, Suite 2700, Dallas, TX 75201		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Lynn Pinker Horst & Schwegmann LP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 2/16/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ The Law Office of Van Shaw	Amount of contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code 2723 Fairmount St, Dallas, TX 75201		
Contributor's principal occupation Law Firm		Contributor's job title
Contributor's employer/law firm Self		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.

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: 109/18	2 FILER NAME Dianne K Jona	3 Filer ID (Ethics Commission Filers)
4 Date 1/5/2023	5 Payee name Rodriguez Professional Cleaning	
6 Amount (\$) \$800.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) other	(b) Description Cant cleaning
	(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 1/9/2023	Payee name Blue Mesa Grill		
Amount (\$) \$320.62	Payee address; City; State; Zip Code 14866 Montfort Dr, Dallas, TX 75251		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage	Description Catering - investor/diner	
	<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 1/11/2023	Payee name Cindi's NY Deli's		
Amount (\$) 40.16	Payee address; City; State; Zip Code 306 S. Houston St, Dallas, TX		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage	Description staff	
	<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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 F1: 2 of 18	2 FILER NAME Dianna K. Jones	3 Filer ID (Ethics Commission Filers)
4 Date 1/12	5 Payee name 1001 Mount Auburn Ave, Dallas, TX 75223	
6 Amount (\$) 92.00	7 Payee address; City; State; Zip Code 1001 Mount Auburn Ave, Dallas, TX 75223	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Violinist	(b) Description invoice
	(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
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Date 1/17/2023	Payee name Arts District Mansion		
Amount (\$) 20.50	Payee address; City; State; Zip Code 2101 Ross Avenue, Dallas, TX 75201		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Beverage	Description CLE
	<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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Date 1/17	Payee name Walmart		
Amount (\$) \$117.99	Payee address; City; State; Zip Code 1001 1635 Market Place Blvd, Irving, TX 75063		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) others	Description supplies
	<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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 F1: 3 of 18	2 FILER NAME Dianne K. Jones	3 Filer ID (Ethics Commission Filers)
4 Date 1/17	5 Payee name Art District Mansion	
6 Amount (\$) \$1173	7 Payee address; City; State; Zip Code 2101 Ross Avenue, Dallas, TX 75201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) investiture food	(b) Description investiture
	(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
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Date 1/10/2023	Payee name Tony Grimes Photography		
Amount (\$) \$125.00	Payee address; City; State; Zip Code P.O. Box 166176 Irving, TX 75016		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) pictures	Description investiture	
	<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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Date 1/10/2023	Payee name walmart		
Amount (\$) \$90.93	Payee address; City; State; Zip Code 1635 Market Place Blvd, Irving, TX 75063		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) food/beverage	Description investiture	
	<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

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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: 4 of 18	2 FILER NAME Dianne K. Jones	3 Filer ID (Ethics Commission Filers)
4 Date 1/19	5 Payee name Cross View Impressions	
6 Amount (\$) \$1,334.28	7 Payee address; 9418 Moss Haven Dr, Dallas, TX 75231	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Miso	(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
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Date 1/23	Payee name American Inns of Court		
Amount (\$) \$90.00	Payee address; 8117 Preston Road Suite 300, Dallas, TX 75225	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other	Description Memberships fees	
	(c) <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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Date 1/25	Payee name Amazon Mkt		
Amount (\$) \$104.98	Payee address; 910 Terry Avenue North Seattle Washington	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other	Description office	
	(c) <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

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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 of 18	2 FILER NAME Dianne K. Jones	3 Filer ID (Ethics Commission Filers)
4 Date 1/27	5 Payee name AKA - Sonority	
6 Amount (\$) \$65.00	7 Payee address: Dallas, TX	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Banquet	(b) Description banquet
	<input type="checkbox"/> (c) 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 2/16	Payee name JC Penney	
Amount (\$) 21.42	Payee address: 301 Stacy Rd, Fairview, TX 75069	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other	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
Date 2/7	Payee name JCP Dalton	
Amount (\$) \$100.00	Payee address: 8552 Royal County Down Dr, McKinney, TX 75076	
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 <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

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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: 6 of 18	2 FILER NAME Dianne K. Jones	3 Filer ID (Ethics Commission Filers)
4 Date 2/8	5 Payee name Texas Center for Judicial	
6 Amount (\$) \$75.00	7 Payee address; City; State; Zip Code 1210 San Antonio St, Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Registration	(b) Description conference
	(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
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Date 2/9	Payee name Terri Hodge		
Amount (\$) \$100.00	Payee address; City; State; Zip Code 7106 Abrams Rd, Dallas, TX 75231		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) consulting expense	Description phone calls	
	<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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Date 2/13	Payee name Town Park LTD		
Amount (\$) \$16.24	Payee address; City; State; Zip Code 12720 Meritt Dr, Dallas, TX 75251		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) parking	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
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: <u>7 of 18</u>	2 FILER NAME <u>Dianne K. Jones</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>2/14</u>	5 Payee name <u>Zachary Bullard</u>	
6 Amount (\$) <u>\$100.00</u>	7 Payee address; <u>Democracy Tool Box</u>	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>consulting expense</u>	(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 <u>2/17</u>	Payee name <u>Ellem's</u>	
Amount (\$) <u>60.88</u>	Payee address; <u>1790 N Records St Dallas, TX 75202</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>food / beverage</u>	Description <u>meeting</u>
	<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 <u>3/11</u>	Payee name <u>Cindy's</u>	
Amount (\$) <u>81.46</u>	Payee address; <u>306 S Houston, Dallas, TX</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>food / beverage</u>	Description <u>staff meeting</u>
	<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

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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: <u>8/1/18</u>	2 FILER NAME: <u>Dianne K. Jones</u>	3 Filer ID (Ethics Commission Filers)
4 Date: <u>3/8/2023</u>	5 Payee name: <u>COO PRODUCTIONS</u>	
6 Amount (\$): <u>\$51.30</u>	7 Payee address; City; State; Zip Code: <u>1530 Main St, Dallas, TX</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <u>fund raiser</u>	(b) Description: <u>food/beverage</u>
	(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: <u>3/9/2023</u>	Payee name: <u>Ready Fresh</u>	
Amount (\$): <u>\$31.11</u>	Payee address; City; State; Zip Code: <u>P.O. Box 856680, Louisville, KY 40285 6680</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <u>water-stop</u>	Description: <u>food + beverage</u>
	<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: <u>3/14</u>	Payee name: <u>Art District Mansion</u>	
Amount (\$): <u>\$15.75</u>	Payee address; City; State; Zip Code: <u>2101 Ross Avenue, Dallas, TX 75201</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <u>lunch/meeting</u>	Description: <u>food/beverage</u>
	<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: 9 of 18		2 FILER NAME: Dianne K. Jones		3 Filer ID (Ethics Commission Filers)	
4 Date: 3/20		5 Payee name: Sherry Blair			
6 Amount (\$): \$100.00		7 Payee address; City; State; Zip Code: 1911 E Hedbetter Dallas, TX 75216			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): other		(b) Description: Easter outreach event		
	(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: 4/10		Payee name: Ready Fresh			
Amount (\$): \$3.02		Payee address; City; State; Zip Code: P.O. Box 856680, Louisville, KY 40285-6680			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): food/Beverage		Description: water		
	<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: 4/16		Payee name: The Home Depot			
Amount (\$): \$56.20		Payee address; City; State; Zip Code: 8555 Home Depot Rd, Irving TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): other		Description: office items		
	<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

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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 10 of 18	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 4/12	5 Payee name Southwest Airline
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6 Amount (\$) \$239.95	7 Payee address; City; State; Zip Code 2702 Snow Field Dr, Dallas, TX 75235
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel out of District	(b) Description plane ticket
	(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
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Date 4/17	Payee name Walmart
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Amount (\$) \$23.00	Payee address; City; State; Zip Code 1635 Market Place Blvd, Irving, TX 75063
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / beverage	Description count staff / sorry
	(c) <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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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <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

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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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 F1: <u>2</u>	2 <u>Dianne K Jones</u>	3 Filer ID (Ethics Commission Filers)
4 Date: <u>4/19</u>	5 Payee name: <u>300 N Street NW 7th Floor, Washington, DC 20037</u>	
6 Amount (\$): <u>\$5000.00</u>	7 Payee address: <u>Aspen Institute</u> City: _____ State: _____ Zip Code: _____	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <u>Saw & Justice</u>	(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: <u>4/19</u>	Payee name: <u>Our Redeemer Lutheran School</u>	
Amount (\$): <u>\$99.00</u>	Payee address: <u>7611 Park Ln, Dallas, TX 75225</u> City: _____ State: _____ Zip Code: _____	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <u>banquet food/bev</u>	Description: <u>banquet</u>
	<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: <u>4/25</u>	Payee name: <u>Metropolis Parking</u>	
Amount (\$): <u>\$37.80</u>	Payee address: <u>304 W. 13th Street, Austin, TX 78701</u> City: _____ State: _____ Zip Code: _____	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <u>other</u>	Description: <u>Parking</u>
	<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: <u>12 of 18</u>	2 FILER NAME <u>Dianne K. Jones</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>5/2</u>	5 Payee name <u>Ocean Prime</u>	
6 Amount (\$) <u>\$143.08</u>	7 Payee address; <u>2101 Cedar Springs Rd, 150 Dallas, TX 75201</u>	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Food/Beverage</u>	(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 <u>5/4</u>	Payee name <u>Hotel Booking-Hilton San Antonio TX</u>	
Amount (\$) <u>\$15.99</u>	Payee address; <u>9000 Westover Blvd, San Antonio, TX 78251</u>	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>travel out of district</u>	Description <u>cle</u>
	<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 <u>5/4</u>	Payee name <u>Hotel Booking-Hilton San Antonio TX</u>	
Amount (\$) <u>358.38</u>	Payee address; <u>9000 Westover Blvd, San Antonio, TX 78251</u>	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>travel out of district</u>	Description <u>CLE</u>
	<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

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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: 13 of 18	2 FILER NAME: Dianne K. Jones	3 Filer ID (Ethics Commission Filers)
4 Date: 5/8	5 Payee name: Southwest Airline	
6 Amount (\$): \$68.01	7 Payee address: 2702 Love Field Dr, Dallas, TX 75235	City: State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Travel out of district	(b) Description: CLE
	(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: 5/8	Payee name: 2101 Cedar Springs - Blalock / Ocean Prime		
Amount (\$): \$5.00	Payee address: 2101 Cedar Springs Rd #150, Dallas, TX		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Parking	Description	
	(c) <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: 5/8	Payee name: American Airlines		
Amount (\$): 904.81	Payee address: P.O. Box 419 616, DFW Airport, TX 75261		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Plane ticket	Description: travel out of District	
	(c) <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

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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: <u>14 of 18</u>	2 FILER NAME: <u>Dianne K. Jones</u>	3 Filer ID (Ethics Commission Filers)
4 Date: <u>5/16</u>	5 Payee name: <u>Read Fresh</u>	
6 Amount (\$): <u>\$34.13</u>	7 Payee address: <u>P.O. Box 856680, Louisville, KY 40285</u> City: _____ State: _____ Zip Code: _____	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <u>beverage/food</u>	(b) Description: <u>water</u>
	(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: <u>5/22</u>	Payee name: <u>The Parking Spot</u>	
Amount (\$): <u>\$44.11</u>	Payee address: <u>4900 Cedar Springs Rd, Dallas, TX 75235</u> City: _____ State: _____ Zip Code: _____	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <u>travel out of district</u>	Description: <u>Parking</u>
	<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: <u>5/25</u>	Payee name: <u>Yard House</u>	
Amount (\$): <u>\$19.00</u>	Payee address: <u>320 West 8th Colinas Blvd, Irving, TX 75039</u> City: _____ State: _____ Zip Code: _____	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <u>food/beverage</u>	Description: <u>Judicial conference</u>
	<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

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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 15 of 18	2 FILER NAME Dianne K. Jones	3 Filer ID (Ethics Commission Filers)
4 Date 9/30	5 Payee name UPS PO Box	
6 Amount (\$) \$294.00	7 Payee address; City; State; Zip Code 8501 N. Macarthur Blvd, Irving, TX 75063	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) other	(b) Description post office
	(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 6/11	Payee name State Bar of Texas	
Amount (\$) \$25.46	Payee address; City; State; Zip Code 1414 Colorado St, Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CLE reg. other	Description CLE-Approval
	<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 6/5	Payee name American Airlines	
Amount (\$) \$30.00	Payee address; City; State; Zip Code P.O. Box 619616, DFW Airport, TX 75261	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Luggage	Description out of district travel
	<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

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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: 160/18	2 FILER NAME Dianne K Jones	3 Filer ID (Ethics Commission Filers)
4 Date 6/8	5 Payee name Ready Fresh	
6 Amount (\$) \$100.11	7 Payee address: City: State: Zip Code P.O. Box 856680, Louisville, KY 40285	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) water	(b) Description food/beverage
	(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 6/21	Payee name State Bar of Texas	
Amount (\$) \$270.00	Payee address: City: State: Zip Code 1414 Colorado St, Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Dues other	Description state bar dues
	<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 6/23	Payee name Texas Center for Judiciary	
Amount (\$) \$400	Payee address: City: State: Zip Code 1210 San Antonio, Suite 809 Austin TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) conference - other	Description regional
	<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

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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)
170/18	Dianne K Jones	
4 Date	5 Payee name	
7/5	El Fenix	
6 Amount (\$)	7 Payee address:	City: State: Zip Code
\$46.30	1601 McKinney Ave,	Dallas, TX 75202
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Food	Staff - Interns
	<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	Payee name	
7/10	Ready Fresh	
Amount (\$)	Payee address:	City: State: Zip Code
\$134.13	P.O. Box 856680,	Louisville, KY 40285
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	water	food / beverage
	<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	
3/20	Amazon	
Amount (\$)	Payee address:	City: State: Zip Code
\$115.00	410 Terry Avenue N	Seattle Washington
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	other	office - furniture / contents
	<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

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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: 18 of 18	2 FILER NAME: Dianna K. Jones	3 Filer ID (Ethics Commission Filers)
4 Date: 12-3-26	5 Payee name: Paypal	
6 Amount (\$): \$326.57	7 Payee address: P.O. Box 45950, Omaha NE 68145 City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): fees	(b) Description: Paypal fees
	(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	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
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

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