JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	uide explains how to complete this form	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MACHINES / MR	Q. X.	OFFICE USE ONLY		
10 1012	NICKNAME JONE	Suffix	Date Received BY 202		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.D. Box 4302	CITY: STATE ZIP CODE	FIL 2024 JUL 15 JUHNTY BALLAS BY		
Change of Address	LIWING, 1x /C	0062	825 -		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (980) $253-10$	EXTENSION 7	Date Hand-derivativator Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS MRS / MR AFIRST	MI MI	Date Processed		
	NICKNAME JON NE	SOM	Date Imaged		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT	/ SUITE #: CITY:	STATE. ZIP CODE		
TREASURER ADDRESS (Residence or Business)	3883 Turtle C	neek Blud, Unit 5	518, Valles, 1x		
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	7000		
TREASURER PHONE	(214) 207-4	614			
9 REPORT TYPE	January 15 30th day befo		15th day after campaign treasurer appointment (Officeholder Only)		
	July 15 8th day before	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD	Month Day Year	Month	Day Year		
COVERED	01 01 2024	THROUGH 06	30 2024		
11 ELECTION	ELECTION DATE	ELECTION TYPE			
	Month Day Year Prima	ry Runoff Other Description			
	1 6 202 Gene	ral Special			
12 OFFICE	SEFICE HELD (If any) COUNTY COURT	t at Lau 9 OFFICE SOUGHT (IF KNOWN)		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR MOTICE OF POLITICAL CONTRIBUTION THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITU CONSENT: CANDIDATES AND OFFICEHOLDERS ARE RE	IRES MAY HAVE BEEN MADE WITHOUT THE CAND	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR		
00	COMMITTEE TYPE COMMITTEE NAME				
Additional Pages	GENERAL COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN 1				
	COMMITTEE CAMPAIGN	TREASURER ADDRESS			
GO TO PAGE 2					

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME	Dia	nne X.	Jones		16 Filer	ID (Ethics C	ommission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED F PLEDGES, LOANS, OF CONTRIBUTIONS MAD	R GUARANTEES OF LO	DANS, OR	N	\$	
	1000000	TOTAL POLITICAL C		ANTEES OF LOANS)	\$	
EXPENDITURE TOTALS	TOTAL LINITEMIZED DOLLTICAL EXPENDITURE						
	4.	TOTAL POLITICAL E.	XPENDITURES			• 5	560.24
CONTRIBUTION BALANCE	1000000	TOTAL POLITICAL COM OF REPORTING PERIO		NNED AS OF THE LA	ST DAY	\$37	355.95
OUTSTANDING LOAN TOTALS		TOTAL PRINCIPAL AMO LAST DAY OF THE REI		ANDING LOANS AS C	F THE	\$	
req	quired to be re	eported by me under Tit	le 15, Election Code.	Signature of Ca	andidate/	Officeholder	
		Please	complete eithe	r option belov	w:		
(1) Affidavit							
NOTARY STAMP/SEA	AL						
Sworn to and subscribed	before me	by		this the	/	day of	
20, to certify	y which, witne	ss my hand and seal of	office.				
Signature of officer administe	ering oath	Printed nar	me of officer administeri	ng oath		Title of office	r administering oath
MY WINTER LINE			OR				
(2) Unsworn Declarati	ion						
My name is			, ar	d my date of birth is	3		•
My address is					,		
		(street)		(city)			(country)
Executed in	C	ounty, State of	, on the	day of(mont	h)	, 20	z ^o
				, <i>,</i>		(7501)	
				Signature of Candi	date/Offic	eholder (Dec	larant)

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	
SCHEDULE B: PLEDGED CONTRIBUTIONS \$	
4. SCHEDULE E: LOANS \$	
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$	
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$	
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$ TO FILER	

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 Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Transportation Equipment & Related Expense
Travel In District

Solicitation/Fundraising Expense

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V	Vages/Contract Labor Other (enter a category not listed above)
	The Instruction Guide explains how to o	complete this form.
1 Total pages Schedule F1:	2 FILER NAME JONE	3 Filer ID (Ethics Commission Filers)
4 pate 2024	Dallas Ban Hssour	tion
6 Amount (\$)	7 Payee address;	City; State; Zip Code
1255.00	2101 Ross Huenn	e, Dallas, TX 75201
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	Miss	N
OF EXPENDITURE	DUCO	Duo
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date,)	Payes name	
15/2024	Keady Kethern	
Amount (\$)	Payee address; V	City; State; Zip Code
\$3.02	9718 Mourtain Creek	Parkus, Dallas, Tx75036
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	food benerage	water
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date 1	Payee name	
1/2/2024	Ready Keriesh	
Amount (\$)	Payee address;	City; State; Zip Code
₹33.11	4718 Mountain Cru	eck Pankway, Dallas, Tk 75236
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	-food/benerage	water
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF	1	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

		EXPENDITURE C	ATEGORIES FO	R BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	The second second	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services	Office Overhe Polling Exper Printing Expe		ingExpensement & Related Expense t bry, not listed above)	
Credit Card Payment		The instruction Guide e	xplains how to con	nplete this form.		
1 Total pages Schedule F1:	2 FILER NA	anne T.	Jones		3 Filer ID (Ethics	s Commission Filers)
1722 2024	Wa	Imant				
\$30.45	7 Payee ad	gress; Mankel	i Place	BUJAM	State:	Zip Code
8	(a) Category	(See Categories listed at the top	of this schedule)	b) Description	J	
PURPOSE OF EXPENDITURE	Pood	1 Deverage		Jinez	- supplu	20
	(c)	Check if travel outside of Texas. Con	mplete Schedule T.	Check if Au	stin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	me	<u> </u>			
1/26/2024	Tex	as Corter	ton Ju	diciain	+	
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
\$75.00	121	o San Hat	Drico St	Sculo &	io, Austi	n, IX 7870
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top	of this schedule)	Regist M	ation De	
		Check if travel outside of Texas: Con	npiete Schedule Ti	Check if Aus	stin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date 1	Payee na	me .		^		
212024	AM	eucan I	ns of (DUN		
Amount \(\$)	Payee ad	dress;		City;	State; \	Zip Code
\$115.00	255	Keinek	es LN	St 770	, Alexandr	19 Va 2231L
	Category	(See Categories listed at the top	of this schedule)	Description		
PURPOSE OF EXPENDITURE	4000	Develop	,	meeti	ng-dirin	er
		Check if travel outside of Texas. Con	npiete Schedule T.	Check if Aus	stin, A. officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
ATTACH ADDITIONAL CORIES OF THIS SCHEDUL F AS NEEDED						

SCHEDULE F1

		EXPEND	ITURE CATE	ORIES FO	R BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Ex Gift/Awards/Memo Legal Services		Office Overhe Polling Expen Printing Expen		Solicitation/Fundrais Transportation Equip Travel in District Travel Out Of District Other (enter a catego	ment & Related Expense
Croun Cara r ayrnoru		The Instruction	n Guide explain:	s how to com	plete this form.		
1 Total pages Schedule F1:	2 FILER NA	ame	4.	Jone	2	3 Filer ID (Ethics	Commission Filers)
4 Date 2 5 2024	5 Payee na	dy Re	flesh 1	ude	И		
6 Amount (\$)	7 Payee ad	dress;			City:	State;	Zip Code
\$75.76	47	18 W	lountain) Cree	K PKing	Calleg	x 75836
8	(a) Category	/ (See Categories lis	sted at the top of this s	schedule) (b) Description	. 0	
PURPOSE OF EXPENDITURE	foc	d bu	erage		notos		
	(c)	Check if travel outside	of Texas. Complete So	hedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholde	er name		Office sought		Office held
Date 2 4 2024	Payee na	D DIS	nd f	Nans	lon		
# 34.00	Payee ad	dress;	is Al	Lenu	e, Palla	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	1 bev	ed at the top of this so		Description	llunch	
			of Texas. Confidete Sc	hedule T.		nUX, afficeholder living	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholde	r name		Office sought		Office held
29 any	Payee na	mer	Super	iente	1		
Amount (\$)	Payee ad	dress;	1 0		City;	State:	Zip Code
\$19.48	190	F. Ko	ond Gra	ne ld	Lewisull	Q , TX	
PURPOSE OF EXPENDITURE	Category	d De	ed at the top of this so	hedule)	Jung-	Rood bli	ink
		Check if travel outside	of Texas, Complete Sci	nedule T.	Check if Austin	n. TX. officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholde	er name		Office sought		Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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)			
Credit Card Payment	The Instruction Guide explains	s how to complete this form.				
1 Total pages Schedule F1:	2 PILET NAME	Dres	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name JUSTICE	Tour				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
\$250.00 pe						
8	(a) Category (See Categories listed at the top of this s	(b) Description				
PURPOSE OF EXPENDITURE						
	(c) Check if travel outside of Texas. Complete So	hedule T. Check if Austi	n, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name	.^				
213	IMA - Dallas	Banquet				
Amount (\$)	Payee address;	City;	State: Zip Code			
4150.00	40. Box 67121	69 Dallas,	X 75367			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	mod Polyten	dismont			
	Check if travel outside of Texas: Complete Sci	hedule Ti Check if Austi	n, TX, officeholder living: expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date 213	Payee name Dallas County C	semocratic Part	5			
Amount (\$)	Payee address; W. Washiw	pton Ane, [State: Zip Code Alas TX 75804			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	Description				
	Check if travel outside of Texas. Complete Sci	hedule T. Check if Austr	n, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL CODIES	OF THIS SCHEDUL F AS NET	EDED			

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 Accounting/Banking Consulting Expense
Contributions/Donations Made By.

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Candidate/Officeholder/Politica Credit Card Payment	According to the second	ges/Contract Labor Other (enter a c	category net listed above)		
	The Instruction Guide explains how to con	nplete this form.			
1 Total pages Schedule F1:	2 FIDER NAME STATILE TO THE	3 Filer ID (Ethics Commission Filers)		
4 Pate 3	5 Payee name Matur				
6 Alhount (\$)	7 Payee address:	City; State	z Zip Code		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Candidate Iris of City Country	il			
	(c) Checkiftravel outside of Texas. Complete Schedule T.	Check if Austin, TX, afficeholder	living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name.	Office sought	Office held		
Date	Payee name				
215	Spotlywest Aintina				
Amount (\$)	Payee address;	City; State	Zip Code		
\$359.96	2702 Love Field Dr.	Dallo, x 750	35		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Houston - Co	Alone		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder	living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name:				
200	Texas Center to june	dicai			
Amount (\$)	Payee address;	City; State	Zip Code		
\$340.00	1210 San Huttoru	0 4 Sudo 800, A	Win, 12787d		
	Category (See Categories listed at the top of this schedule)	Description	•		
PURPOSE OF EXPENDITURE	Giff Award	5 ponson			
	Check if travel outside of Texas: Complete Schedule T.	Check if Austin, TX, officeholder	living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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 **EventExpense** 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. Total pages \$9hedule F1 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) 7 Payee address: Zip Code 8 (a) Category (See Category PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH City; State; Zip Code Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** e Schedule T Check if travel outside of Texas: Comp Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date State; Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** Check if travel outside of Texas: Complete Schedule T. Check if Austin, TX, officeholds na expense Candidate / Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Office held

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 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. 3 Filer ID (Ethics Commission Filers) 1 Topat pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name 7 Payee address; State Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name City; Zip Code State: Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Complete Schedule T. Check if Austin, TX, officeholder Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** ide of Texas. Complete Schedule T. Check if Austin, TX. office older living expense Office sought Office held Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 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. 3 Filer ID (Ethics Commission Filers) pages/Schedule F1: 2 FIRER NAME 5 Payee name Date 7 Payee address: State Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Zip Code State: Amount (\$) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas: Complete Schedule T. Check if Austin, TX, officeholder living Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** Complete Schedule T. Check if Austin, TX, officeholder living Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By.
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense

Loan Repayment/Reimbursement: Office Overhead/Rental Expense Polling Expense: Printing Expense: Solicitation/Fundraising.Expense-Transportation Equipment & Related Expense Travel In District: Travel Out Of District: Other (enter a category por listed above)

Contributions/Donations Made By Candidate/Officeholder/Politica	Travel dat di biotita
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)
15 202V	5 Payer name Jack Boles Belo Mansion Parking
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4.00	2101 Koss Avenue Dallas, IX 25001
8	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	tood Devenox lunch Metrig
	(c) Check if travel outside of Texas. Complete Schedule Ti Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date	Payee name
4/19/2024	La Calle Doce
Amount (\$)	Payee address; City; State; Zip Code
# 53.06	915 W lath Street, Lalles, IX
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF EXPENDITURE	tood Deverage lunch meeting - Stall
	Check if travel outside of Taxas. Complete Schedule T. Check if Austin, TX, officeholds living: expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office holder name Office sought Office held:
Date	Payee name
2 a2 avay	truger
Amount (\$)	Payee address; O City; State; Zip Code
#22109	7505 M. MacHellion Bud Lawr Tx
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF EXPENDITURE	tood beverge jung supplies
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By,
Candidate/Office/lolder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gitt/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising:Expense Transportation Equipment & Related Expense Travel In District: Travel Out Off District: Other (enter a category not listed above)

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wa	ages/Contract Labor Other (enter a category not listed above)
a and source aprioris	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME DIANNO X. JON	3 Filer ID (Ethics Commission Filers)
4 2ath 37 3034	5 Paree name Dalla SUSING	25 Professional Women
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$ 140,00	P.D. BOX 764597, De	allos, TX 15376-4587
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	Dad bounce	Lunalagan
OF EXPENDITURE	Tous Denerge	UNCYCLOV (
	(c) Check if travel outside of Texas. Complete Schedule T:	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date 1	Payee name	< 1. 1
3 2 2024	Our Redeemer Loth	un School
Amount (\$)	Payee address;	City; State; Zip Code
\$135.00	7611 Park Ln, Val	las TX
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	food/Deverage	banquel
	Check if travel outside of Texas: Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
superiore to barrott arei		
Date	Rayee name	
5/9/2024	HMULLCAN Innsof (Count
Amount (\$)	Payee address:	City; State; Zip Code
\$ 50.00	255 Keinekers LN	51 770, Alexandria Vá 30314
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	tood/beverax	medy
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF	1	
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

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 Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense 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. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name 6 Amount (\$) 7 Payee address; Zip Code (b) Description 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas: Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Pavee name Date Zip Code City State Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Amount (\$) Zip Code Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name

Office sought

Office held

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Expense Travel Out Of District

Travel Out Of District

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment		//Wages/Contract Labor Other (enter a category not listed above)		
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1 Total pages Schedule F1:	Diange Jone	3 Filer ID (Ethics Commission Filers)		
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6 Amount (\$)	7 Payee address;	City; State; Zip Code		
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8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	travel out district	CONFCIERCE		
	(c) Check if travel outside of Texas. Complete Schedule T.	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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Amount (\$)	Payee address;	City; State; Zip Code		
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\$ 266.96	2802 Love Field	Dr. Dallos, x 75835		
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

		EXPENDITURE CATE	EGORIES FO	OR BOX 8(a)		
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Complete ONLY if direct expenditure to benefit C/OF		: / Officeholder name:		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		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)		
Credit Card Payment	The instruction Guide explain	ns how to complete this form.			
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4 Date 3 2024	5 Payed namb				
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	(b) Description	9		
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
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PURPOSE OF EXPENDITURE	food/beverage	lunch me	dire			
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12 30 30 QU	Payee name FULL					
# 100,94	Payee address;	estue, Dallos, TX	75002			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	Description Fam Student	£			
	Check if travel outside of Texas. Complete S	Schedule T. Check if Austin, TX, officehold	der living expense			
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Le 34 2124	Payee name Ball Ball P	Taxas				
# 4 90.00	Payee address; Cololado	Street, Hustin D	Z 7 8 701			
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
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EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME City: 7 Payee address State: Zip Code (a) Catego PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. (c) Check if Austin officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Dat Zip Code Payee address; Category **PURPOSE EXPENDITURE** Check if travel outside of Texas. Comple Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Complete ONLY if direct Office sought

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