

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 | FIRST | MI | OFFICE USE ONLY | |
| | NICKNAME | LAST | SUFFIX | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 600 Commerce Street Suite 575 Dallas, Tx 75252 | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | Date Received 2025 JAN 15 AM 9:57 BY JUDGE COUNTY CLERK DALLAS COUNTY | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | MI | Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged | |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3883 Turtle Creek Blvd, Unit 518 Dallas, Tx 75219 | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | |
| 9 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year 07 / 01 / 2024 THROUGH 12 / 31 / 2024 | | | | |
| 11 ELECTION | ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 11 / 8 / 2022 <input type="checkbox"/> General <input type="checkbox"/> Special | | | | |
| 12 OFFICE | OFFICE HELD (if any) OFFICE SOUGHT (if known) Judge County Court at Law | | | | |
| 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. | | | | |
| <input type="checkbox"/> Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | | |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | | | |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | | |
| | | 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 <u>Dianne K. Jones</u> | | 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>5788.65</u> |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <u>31,559.68</u> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ |

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

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 600 Commerce Street, Suite 575 Tx 75252 Dallas.
(street) (city) (state) (zip code) (country)
Executed in Dallas County, State of Texas, on the 10th day of January, 2025.
(month) (year)
Dianne K. Jones
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19 FILER NAME

DIANNE K. JONES

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1. ☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$

2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$

3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4. ☐ SCHEDULE E: LOANS

\$

5. ☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$ 5788.65

6. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$

7. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

\$

8. ☐ 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

\$

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: 3 of 16 | 2 FILER NAME: DRianne K. JONES | 3 Filer ID (Ethics Commission Filers) |
| 4 Date: 7/23 | 5 Payee name: WALMART SUPER STORE | |
| 6 Amount (\$): \$40.77 | 7 Payee address: 1635 MARKET Place Irving, Tx 75063 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) food/beverage | (b) Description July |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | | |
| Office sought | | |
| Office held | | |
| | | |
| Date: 8/5 | Payee name: Pappadue | |
| Amount (\$): 33.77 | Payee address: 3520 Oak Lawn Avenue Dallas, Tx | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) food/beverage | Description meeting |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | | |
| Office sought | | |
| Office held | | |
| | | |
| Date: 8/5 | Payee name: Links Incorporated | |
| Amount (\$): \$150 | Payee address: P.O. Box 29 3893 Lewisville, Tx 75029 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) EVENT | Description campaign |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | | |
| Office sought | | |
| Office held | | |
| | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------------|---------------------------------|---------------------------------------|
| 1 Total Pages Schedule F1: 2 of 16 | 2 FILER NAME DIANNE K. JONES | 3 Filer ID (Ethics Commission Filers) |
|---------------------------------------|---------------------------------|---------------------------------------|

| | |
|---------------|--------------------------|
| 4 Date 8/9 | 5 Payee name CL FENIX |
|---------------|--------------------------|

| | | | | |
|--------------------------|---|---------------------|--------------|-------------------|
| 6 Amount (\$) \$66.62 | 7 Payee address; 1601 McKinney Ave, Dallas, Tx 75202 | City; Dallas, Tx | State; Tx | Zip Code 75202 |
|--------------------------|---|---------------------|--------------|-------------------|

| | | |
|--|---|--------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) food/beverage | (b) Description staff |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|--------------|--|
| Date 8/12 | Payee name Texas Center for the Judiciary |
|--------------|--|

| | | | | |
|------------------------|--|---------------------|--------------|-------------------|
| Amount (\$) \$35.00 | Payee address; 1210 San Antonio St, Suite 800 Austin, Tx 78701 | City; Austin, Tx | State; Tx | Zip Code 78701 |
|------------------------|--|---------------------|--------------|-------------------|

| | | |
|---------------------------------------|---|--------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Education | Description CIE |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|--------------|---------------------------------------|
| Date 8/12 | Payee name Dallas County Democrats |
|--------------|---------------------------------------|

| | | | | |
|------------------------|---|---------------------|--------------|-------------------|
| Amount (\$) \$15.00 | Payee address; 1414 N Washington Ave, Dallas, Tx 75204 | City; Dallas, Tx | State; Tx | Zip Code 75204 |
|------------------------|---|---------------------|--------------|-------------------|

| | | |
|---------------------------------------|---|-------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description Campaign |
| | <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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|---|---|---------------------------------------|--|
| 1 Total pages Schedule F1: 5 of 16 | | 2 FILER NAME DIANNE K. JONES | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 8/12 | | 5 Payee name AFL-CIO | | | |
| 6 Amount (\$) \$40.00 | | 7 Payee address; City; State; Zip Code 1408 N Washington, Dallas, Tx 75204 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event | | (b) Description Campaign | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date 8/19 | | Payee name Park Place | | | |
| Amount (\$) \$13.00 | | Payee address; City; State; Zip Code 1914 N. Laman Street, Dallas, Tx | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | | Description PARKING | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date 8/19 | | Payee name Walmart Super Store | | | |
| Amount (\$) \$34.31 | | 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 JURRY | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|---|---|---------------------------------|---------------------------------------|--|
| 1 Total pages Schedule F1: 1 of 16 | | 2 FILER NAME DIANNE K. JONES | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 7/3 | | 5 Payee name Texas Center For The Judiciary | | | |
| 6 Amount (\$) \$85.00 | | 7 Payee address; City; State; Zip Code 1210 San Antonio St Suite 800, Austin, Tx 78701 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) FEES | | (b) Description Registration | | |
| | (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 7/5 | | Payee name Ready Refresh water | | | |
| Amount (\$) \$4.10 | | Payee address; City; State; Zip Code 4718 Mountain Creek Pkwy, Dallas, Tx 75236 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) food / beverage | | Description Jury | | |
| | <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 7/5 | | Payee name OWNERS Box Omni | | | |
| Amount (\$) \$75.87 | | Payee address; City; State; Zip Code 555 S Lamar St, Dallas, Tx 75202 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) food / beverage | | Description meeting | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | | | | |
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|---|---|---------------------------------------|--|
| 1 Total pages Schedule F1: 2 of 16 | | 2 FILER NAME DIANNE K. JONES | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 7/10 | | 5 Payee name Ready Refresh / Water | | | |
| 6 Amount (\$) \$37.77 | | 7 Payee address; 4718 Mountain Creek Pkwy Dallas, TX 75236 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage | | (b) Description July | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date 7/22 | | Payee name TEXAS CENTER FOR THE JUDICIARY | | | |
| Amount (\$) \$35.00 | | Payee address; 1210 San Antonio St. Suite 800 Austin, TX 78701 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Education | | Description CE | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date 9/16 | | Payee name Ready Refresh / Water | | | |
| Amount (\$) \$37.77 | | Payee address; 4718 Mountain Creek Pkwy Dallas, TX 75236 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage | | Description July | | |
| | <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 | | | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---------------------------------------|
| 1 Total pages Schedule F1: 6 of 16 | 2 FILER NAME Dianne K. JONES | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 8/26 | 5 Payee name Ready Refresh | |
| 6 Amount (\$) \$31.07 | 7 Payee address; City; State; Zip Code 4718 Mountain Creek Pkwy, Dallas, TX 75236 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage | (b) Description June |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name Office sought Office held | | |
| | | |
| Date 8/28 | Payee name Pappadeaux Seafood | |
| Amount (\$) \$119.86 | Payee address; City; State; Zip Code 3520 Oak Lawn, 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 | | |
| | | |
| Date 8/28 | Payee name Bath & Body Works | |
| Amount (\$) \$31.22 | Payee address; City; State; Zip Code 7645 N. MacArthur Blvd Park Irving, TX 75063 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Gifts | 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 | 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: 7 of 16 | 2 FILER NAME DIANNE K JONES | 3 Filer ID (Ethics Commission Filers) |
|--|---------------------------------------|---------------------------------------|

| | |
|-----------------------|--|
| 4 Date 8/28 | 5 Payee name Pastor Oscar Epps |
|-----------------------|--|

| | |
|----------------------------------|---|
| 6 Amount (\$) \$100.00 | 7 Payee address; City; State; Zip Code 115 W Beltline Road, Dexto Texas 75115 |
|----------------------------------|---|

| | | |
|------------------------------------|---|--------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift | (b) Description Gift |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|---------------------|---|
| Date 8/29 | Payee name J. L. TURNER Legal Association |
|---------------------|---|

| | |
|---------------------------------|---|
| Amount (\$) \$ 250.00 | 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) Event | Description Campaign |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|---------------------|---|
| Date 8/29 | Payee name Dallas County Democratic Party |
|---------------------|---|

| | |
|---------------------------------|---|
| Amount (\$) \$1000.00 | Payee address; City; State; Zip Code 1414 N. Washington Ave, Dallas, Tx 75204 |
|---------------------------------|---|

| | | |
|-------------------------------|---|--------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description Campaign |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---------------------------------------|
| 1 Total pages Schedule F1: 8 of 16 | 2 FILER NAME DIANNE K. JONES | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 9/3 | 5 Payee name Southern Methodist University | |
| 6 Amount (\$) \$20.00 | 7 Payee address; City: State: Zip Code 3315 Daniel Ave, Dallas, Tx 75205 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event | (b) Description campaign |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | |
| | | |
| Date 9/4 | Payee name Dallas County Democratic | |
| Amount (\$) \$15.00 | Payee address; City: State: Zip Code 1414 N Washington Ave, Dallas, Tx 75204 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event | Description campaign |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | |
| | | |
| Date 9/19 | Payee name Southwest Airlines | |
| Amount (\$) \$135.00 | Payee address; City: State: Zip Code 2702 Lowe Field Dr, Dallas, Tx 75235 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Travel out of District | Description CE |
| | <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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|---|--------------------------------------|---------------------------------------|--|
| 1 Total Pages Schedule F1: 9 of 16 | | 2 FILER NAME Dianne K. Jones | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 9/17 | | 5 Payee name American INN of Courts | | | |
| 6 Amount (\$) \$ 225.00 | | 7 Payee address: 255 REINEKERS LN, Suite 770, Alexandria VA | | City: State: Zip Code 22314 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) fees | | (b) Description Membership | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date 9/18 | | Payee name Democratic Monthly | | | |
| Amount (\$) \$ 250.00 | | Payee address: 4100 Spring Valley Rd, Suite 178, Dallas, Tx 75244 | | City: State: Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | | Description ad | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date 9/26 | | Payee name Lyft | | | |
| Amount (\$) \$ 33.00 | | Payee address: 105 Berry St, San Francisco, Ca 94107 | | City: State: Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) travel out of district | | Description conference | | |
| | <input checked="" 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---------------------------------------|
| 1 Total Pages Schedule F1: 10 of 16 | 2 FILER NAME Shianne K. Jones | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 9/30 | 5 Payee name Lyft | |
| 6 Amount (\$) \$7.00 | 7 Payee address; City; State; Zip Code 185 Benny St, San Francisco, CA 94107 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel out of District | (b) Description conference |
| | (c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 9/30 | Payee name Moto | |
| Amount (\$) \$82.85 | Payee address; City; State; Zip Code 1120 McGavock St, Nashville, TN | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) travel out of District | Description conference |
| | <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 9/30 | Payee name Grand Hyatt Nashville | |
| Amount (\$) \$38.40 | Payee address; City; State; Zip Code 1000 Broadway, Nashville, TN 37203 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) travel out of District | Description conference |
| | <input checked="" 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 | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 11 of 16 | 2 FILER NAME Dianne K. JONES | 3 Filer ID (Ethics Commission Filers) |
|--|---------------------------------|---------------------------------------|

| | |
|----------------|-----------------------------------|
| 4 Date 9/26 | 5 Payee name Rippy Bar & Grill |
|----------------|-----------------------------------|

| | | | | |
|------------------------|---|--------------------|--------------|--------------------|
| 6 Amount (\$) 32.90 | 7 Payee address: 429 Broadway, Nashville, TN 37203 | City: Nashville | State: TN | Zip Code: 37203 |
|------------------------|---|--------------------|--------------|--------------------|

| | | |
|---------------------------------------|--|-------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) travel out of District | (b) Description conference |
| | (c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|--------------|-------------------------------------|
| Date 9/30 | Payee name Grand Hyatt Nashville |
|--------------|-------------------------------------|

| | | | | |
|--------------------------|--|--------------------|--------------|--------------------|
| Amount (\$) \$1499.56 | Payee address: 1000 Broadway, Nashville, TN 37203 | City: Nashville | State: TN | Zip Code: 37203 |
|--------------------------|--|--------------------|--------------|--------------------|

| | | |
|------------------------------|--|---------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) travel out of District | Description conference |
| | <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|--------------|------------------------------------|
| Date 9/27 | Payee name Union Stations Hotel |
|--------------|------------------------------------|

| | | | | |
|----------------------|---|--------------------|--------------|-----------|
| Amount (\$) 84.44 | Payee address: 1001 Broadway Nashville, TX | City: Nashville | State: TX | Zip Code: |
|----------------------|---|--------------------|--------------|-----------|

| | | |
|------------------------------|--|---------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage | Description conference |
| | <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---------------------------------------|
| 1 Total Pages Schedule F1: 12 of 16 | 2 FILER NAME DIANNE K. JONES | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 9/30 | 5 Payee name Nashville Airport | |
| 6 Amount (\$) \$22.59 | 7 Payee address; City; State; Zip Code 140 BNA Fmk Dr. Nashville, Tx | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) travel out of district | |
| | (b) Description conference | |
| | (c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name Office sought Office held | | |
| | | |
| Date 9/30 | Payee name The Parking Spot | |
| Amount (\$) \$81.51 | Payee address; City; State; Zip Code 6900 Cedar Springs, Dallas, TX | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Parking-travel | |
| | Description Parking | |
| | <input checked="" 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 10/2 | Payee name Act Blue Liz Ginsburg Campaign | |
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code 4502 West Lovers Lane, Dallas, TX | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contributions | |
| | Description campaign | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name Office sought Office held | | |
| | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---------------------------------------|
| 1 Total pages Schedule F1: 13 of 16 | 2 FILER NAME Dianne K. Jones | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/2 | 5 Payee name John Wiley Price Campaign | |
| 6 Amount (\$) \$100.00 | 7 Payee address; City; State; Zip Code 217 N1-35E Desoto, TX 75115 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Campaign Contributions | |
| | (b) Description Campaign | |
| | (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 10/15 | Payee name Texas Center for the Judiciary | |
| Amount (\$) \$35.00 | Payee address; City; State; Zip Code 1210 San Antonio St, Suite 800, Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Education Fees | |
| | 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 | | |
| Date 10/22 | Payee name Sams Club | |
| Amount (\$) \$51.49 | Payee address; City; State; Zip Code 1213 Market Place Blvd, Irving Texas | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage | |
| | Description Trunk | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name Office sought Office held | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: 14 of 16 | 2 FILER NAME: Dianne K. JONES | 3 Filer ID (Ethics Commission Filers) |
| 4 Date: 10/28 | 5 Payee name: Ready Refresh Water | |
| 6 Amount (\$): \$46.20 | 7 Payee address: 4718 Mountain Creek Pkwy, Dallas, TX 75236 City: Dallas, State: TX, Zip Code: 75236 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule): food/beverage | (b) Description: June |
| | <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: 11/4 | Payee name: Pappadeaux | |
| Amount (\$): \$49.24 | Payee address: 18349 Dallas Parkway, Dallas Tx City: Dallas, State: TX, Zip Code: 75236 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule): food/beverage | Description: meeting |
| | <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: 11/07 | Payee name: Ants District Mansion | |
| Amount (\$): \$23.01 | Payee address: 2101 Ross Ave, Dallas, Tx 75201 City: Dallas, State: TX, Zip Code: 75201 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule): event | Description: CE |
| | <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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|--|---|---------------------------------------|--|
| 1 Total pages, Schedule F1: 15 of 16 | | 2 FILER NAME Dianne K. JONES | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 11/17 | | 5 Payee name Ollie's | | | |
| 6 Amount (\$) \$16.23 | | 7 Payee address; City; State; Zip Code 2412 S Stemmons Fwy, Lewisville, TX | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) office supplies | | (b) Description office supplies | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date 11/14 | | Payee name JACK BOLES BELO MANSION | | | |
| Amount (\$) \$5.00 | | Payee address; City; State; Zip Code 8150 BROOKRIVER DR, DALLAS, TX 75247 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) FEES | | Description Parking | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date 11/25 | | Payee name Baker's Ribs | | | |
| Amount (\$) \$240.00 | | Payee address; City; State; Zip Code 601 N. Haskell Ave, Dallas, TX | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage | | Description Clenk + Court Appreciation | | |
| | <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 | | | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|---|---|---------------------------------------|--|
| 1 Total pages Schedule F1: 16 of 16 | | 2 FILER NAME: Dianne K. Jones | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date: 11/25 | | 5 Payee name: American Inns of Court | | | |
| 6 Amount (\$): \$100.00 | | 7 Payee address: 255 REINEKERS LN St 770, Alexandria, VA 22314 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule): Food/Beverage | | (b) Description: meeting | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date: 12/5 | | Payee name: Ready Refresh Water | | | |
| Amount (\$): \$4.10 | | Payee address: 4718 Mountain Creek Pkwy, Dallas, TX 75236 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule): Food/Beverage | | Description: Juicy | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date: 12/5 | | Payee name: Dallas Bar Association | | | |
| Amount (\$): \$255.00 | | Payee address: 2101 Ross Avenue, Dallas, TX 75201 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule): fees | | Description: dues | | |
| | <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 | | | | | |

**IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES
FOR TRAVEL OUTSIDE OF TEXAS**

SCHEDULE T

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 T: |
| 2 FILER NAME DIANNE K. JONES | | 3 Filer ID (Ethics Commission Filers) |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee N/A | | |
| 5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input checked="" type="checkbox"/> Schedule F1</div></div> <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div> | | |
| 6 Dates of travel 9/24 9/30 | 7 Name of person(s) traveling DIANNE K. JONES | |
| | 8 Departure city or name of departure location Dallas Texas | |
| | 9 Destination city or name of destination location Nashville Tennessee | |
| 10 Means of transportation Air | 11 Purpose of travel (including name of conference, seminar, or other event) Education Academy of Truck Accident Symposium | |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input checked="" type="checkbox"/> Schedule F1</div></div> <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div> | | |
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| Dates of travel | Name of person(s) traveling | |
| | Departure city or name of departure location | |
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| Means of transportation | Purpose of travel (including name of conference, seminar, or other event) | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |