CAMPAIGN FINANCE REPORT					COV		DRM C	
The C/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (Ethics	Commission Filers)	2 Tot	tal pages file	ed: \ 7	
3 CANDIDATE / OFFICEHOLDER NAME	Ms / MRS / MR FIRST MI MI D					USE ONLY	r	
NAME	NICKNAME Mike	Jones		suffix Jr	Date R	eceived		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	PO Box 247	APT / SUITE #; 5, Desoto, Tx 7512	CITY; STATE; 23	ZIP CODE				
Change of Address								
5 CANDIDATE/ OFFICEHOLDER PHONE	(972) 6	96-9288	EXTENS	SION			or Date Postm	narked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr	Drew		МІ	Receipt Date Pr	ocessed	Amount \$	
NAME	NICKNAME	Wilborn II		SUFFIX	Date In	naged	202	[T]
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / S		<i>f</i> ;		STATE;	ZIP CODE	CTIONS
(Residence or Business)							Ň	_0
8 CAMPAIGN TREASURER PHONE	(972)	228-2420	EXTENS	SION			PR မှာ	
9 REPORT TYPE	January 15	30th day before	election Ru	inoff		15th day afte treasurer ap (Officeholder	er campaign pointment	E
	July 15	8th day before el	CCLIOIT	ceeded Modified porting Limit			(Attach C/OH -	FR)
10 PERIOD COVERED	Month 01	Day Year / 21 / 22	THROUGH	Month 06	Day / 30	Year 22		
11 ELECTION	ELECTION DA	TE		ELECTION TYPE				
T ELECTION	Month Day	Year Primary		Other Description				
	11 / 08 /	✓ 22 ✓ General	Special					
12 OFFICE	OFFICE HELD (if any)		13 OFFICE	SOUGHT (if known	1)			
	Justice of the	e Peace 4-1	Justice	of the Pea	ce 4-1			
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURE S AND OFFICEHOLDERS ARE REQU	S MAY HAVE BEEN MADE	WITHOUT THE CAN	DIDATE'S O	R OFFICEHOLI	DER'S KNOWLE	DGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME						
Additional Pages	GENERAL	COMMITTEE ADDRESS						
	SPECIFIC	COMMITTEE CAMPAIGN TRI	EASURER NAME					
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS					
		GO TO	PAGE 2					***************************************

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Michael Jones 16 Files	ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$3,049.94
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 17,925.35
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$436.03
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
	Please complete either option below:	or Officeholder G-2 PM 3: 32
(1) Affidavit NOTARY STAMP/SEA Sworn to and subscribed	before me by Timethy atakinen this the 2	day of Ava,
20 to to certify to certify the Signature of officer administr	James Timothy G Fewerer	Notarry Title of officer administering oath
	OR	
(2) Unsworn Declarati	ion	
My name is	, and my date of birth is	R
My address is		
Executed in	(street) (city) (state) County, State of , on the day of (month)	(zip code) (country) , 20 (year)
	Signature of Candidate/Office	ceholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

SOBIOTALS - O'O'.		
	20 Filer ID (Ethics Com	mission Filers)
FILER NAME Michael Jones		SUBTOTAL AMOUNT
SCHEDULE SUBTOTALS NAME OF SCHEDULE		\$3,049.94
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	TIONS	\$
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUT	Hone	\$
SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
SCHEDULE E: LOANS	TICAL CONTRIBUTIONS	\$2,955.98
SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL EXPENDITURES POLITICAL EXPENDITURES POLITICAL EXPENDITURE		\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	POLITICAL CONTRIBUTIONS	\$
SCHEDULE F2: UNPAID INVESTMENTS MADE FROM P SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM P		\$10,353.37
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	SONAL FUNDS	\$4,61600
 8. SCHEDULE F4: EXPENDITURES MADE FROM PERS 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERS 	TIONS TO A BUSINESS OF C/O	H \$ 2
9. SCHEDULE G: POLITICAL EXPENDITORIES 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTION.	OLITICAL CONTRIBUTIONS	
10. SCHEDULE H: PAYMENT MADE TO THE SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL EXPENDITURES POLITICAL EXPENDITURES P	CONTRIBUTIONS RETURNED	\$ \(\dot{\dot}\)
12. SCHEDULE K: INTEREST, CREDITS, GAINS, TELL TO FILER		2

SCHEDULE A1

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

ii the reque	ested information is not applica	Die, DO NOT III	clude this page in the	те героги.
Th	e Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:
2 FILER NAM	E			3 Filer ID (Ethics Commission Filers)
Michael Jor	ies			
4 Date 1/20/22	5 Full name of contributor Doris Lewis	out-of-state PAC	C (ID#:	7 Amount of contribution (\$) 50.00
	6 Contributor address;	City;	State; Zip Code	
	3817 Oak Arbor Dr, Dalla	s, Tx 75233		
8 Principal occ	cupation / Job title (See Instructions)		9 Employer (See Inst	ructions)
Date 1/20/22	Full name of contributor Royce West	out-of-state PAC	C (ID#:	Amount of contribution (\$) 100.00
	Contributor address; 1212 Regents Dr,Desot	City;	State; Zip Code	100.00 ECTIONS
Principal occ	upation / Job title (See Instructions)	0,1270110	Employer (See Inst	ructions)
Attorney	,			P
Date 1/25/22	Full name of contributor		C (ID#:	Amount of contribution (%)
	Contributor address; 2777 N Stemmons Fwy	City;	State; Zip Code	
Principal occ	cupation / Job title (See Instructions)		Employer (See Inst	ructions)
Date 1/26/22	Full name of contributor Roderick Franklin	out-of-state PAG	C (ID#:	Amount of contribution (\$) 250
	Contributor address;	City;	State; Zip Code	
	8121 Max Drive, Dallas		1	
	cupation / Job title (See Instructions)		Employer (See Inst	ructions)
N/A			IN/A	
	ATTACH ADDI		OF THIS SCHEDULE A	

SCHEDULE A1

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

Instruction Guide explains how t	to complete this	s form.	1 Total pages Schedule A1:		
			3 Filer ID (Ethics Commission Filers)		
es					
5 Full name of contributor out-of-state PAC (ID#:) Sandy Wyche			7 Amount of contribution (\$) 104.15		
6 Contributor address;	City;				
Bent Creek, Desoto, Tx 75	115				
pation / Job title (See Instructions)		9 Employer (See Instru	uctions)		
Full name of contributor Erin Bryan	out-of-state PAG	C (ID#:	Amount of contribution (\$) 26.27		
Contributor address;	City;	State; Zip Code	DALL LECTION 2022 AUG		
	X	Employer (See Instri			
Principal occupation / Job title (See Instructions) Exec Admin			ice constant		
		Daylor	7		
Full name of contributor Stonewall Democrats		C (ID#:	1		
		State; Zip Code	8 4		
	Tx				
pation / Job title (See Instructions)		Employer (See Instr	uctions)		
Full name of contributor Andre and Jacquline By		C (ID#:	Amount of contribution (\$) 200		
Contributor address;	City;	State; Zip Code			
1730 Richlen Way, Desc	to, Tx 7511	5			
pation / Job title (See Instructions)		Employer (See Instr	uctions)		
		N/A			
		N/A			
	5 Full name of contributor Sandy Wyche 6 Contributor address; Bent Creek, Desoto, Tx 75 spation / Job title (See Instructions) Full name of contributor Erin Bryan Contributor address; 313 Gipbson, Coppell, Tx pation / Job title (See Instructions) Full name of contributor Stonewall Democrats Contributor address; PO Box 192305, Dallas, pation / Job title (See Instructions) Full name of contributor Stonewall Democrats Contributor address; PO Box 192305, Dallas, pation / Job title (See Instructions)	5 Full name of contributor	Solution / Job title (See Instructions) Full name of contributor Gout-of-state PAC (ID#:		

SCHEDULE A1

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

	ested information is not applicable, D C					
TI	ne Instruction Guide explains how to con	mplete this	form.	1 Total pages Schedule A1		
2 FILER NAM	IE			3 Filer ID (Ethics Commiss	ion Filer	rs)
Michael Jor	nes					
4 Date 2/14/22	5 Full name of contributor out Britt Carter	t-of-state PAC	(ID#:)	7 Amount of contribution (\$) 50.00		
	Sign Section (Section Control	ity;	State; Zip Code			
	6653 Fitzgerald, Fort Worth, Tx					
8 Principal oc Unemployed	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)		
Date 2/15/22	Full name of contributor	——————————————————————————————————————			(S) 20%	
	Contributor address; C 1304 Kentshire, Plano, Tx	city;	State; Zip Code		2022 AUG	ELECTIONS
Principal occ	cupation / Job title (See Instructions)		Employer (See Instruc	etions)	2	<u>- 02 </u>
Tax Manag	2.5				-0	
Date 3/9/22		it-of-state PAC	(ID#:)	Amount of contribution (\$).		1-
	Contributor address; Ci	City; State; Zip Code				=1
	1029 Peach, Desoto, Tx 751	15				
Principal occ Retired	cupation / Job title (See Instructions)		Employer (See Instruc	ctions)		
Date 3/10/22	Full name of contributor	it-of-state PAC	(ID#:)	Amount of contribution 100.00	(\$)	
	000000000000000000000000000000000000000	ity;	State; Zip Code			
	PO Box 2121, Cedar Hill, Tx	75104	F - 1 (0 - 1 - 1 - 1	4:>		
	cupation / Job title (See Instructions)		Employer (See Instruction N/A	ctions)		
Attorney						
	ATTACH ADDITIONAL		OF THIS SCHEDULE AS I			

SCHEDULE A1

The	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:
2 FILER NAME Michael Jone			3 Filer ID (Ethics Commission Filers)
4 Date 3/18/22	5 Full name of contributor	e PAC (ID#:)	7 Amount of contribution (\$) 519.52
	6 Contributor address; City; 621 N Hampton, Desoto, tx 75115	State; Zip Code	
9 Principal con		O Employer (See Instru	ations)
	upation / Job title (See Instructions)	9 Employer (See Instru	cuons)
N/A Date		e PAC (ID#:)	Amount of contribution
	Contributor address; City;	State; Zip Code	6-2 PM
Principal occu	pation / Job title (See Instructions)	ctions) $ u $	
Date		e PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	•
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	ctions)
Date	Full name of contributor out-of-stat	e PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	•
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	ctions)
		·	

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 Office Overhead/Rental Expense Transportation Equipment & Related Expense Fees Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling 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) Michael Jones 4 Date 5 Payee name Sheniqua Jones 1/21/22 Zip Code 6 Amount (\$) 7 Payee address; City: State: 912.00 N/A (b) Description 8 (a) Category (See Categories listed at the top of this schedule) Contract Labor PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 2/01/22 Ram Web Enterprises 730 S Amount (\$) City; State: Zip Code Payee address: 351.27 7537 S Gayglen, Dallas, Tx 75217 Category (See Categories listed at the top of this schedule) Description Advertising Expense 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 Complete ONLY if direct expenditure to benefit C/OH Pavee name Date 2/4/22 CW Whitaker Amount (\$) Payee address; City; State; Zip Code 50 Category (See Categories listed at the top of this schedule) Description Advertising Expense **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

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 Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling 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) Michael Jones 4 Date 5 Payee name Home Depot 2/7/22 Zip Code 6 Amount (\$) 7 Payee address; City: State: 42.74 373 E FM 1382, Cedar Hill, Tx (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Advertising Expense **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 Payee name Date 2/7/22 Dallas Democractic party N Amount (\$) City; State: Zip Code Payee address; T 1414 N Washington, Dallas, tx I 50.00 S Category (See Categories listed at the top of this schedule) Description **Event Expense** 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 Complete ONLY if direct expenditure to benefit C/OH Pavee name Date 2/8/22 Ram Web Enterprises Amount (\$) Payee address; City; State: Zip Code 92.42 3527 Gayglen, Dallas, Tx 75217 Category (See Categories listed at the top of this schedule) Description Advertising Expense **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 Complete ONLY if direct expenditure to benefit C/OH

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/Politica Credit Card Payment	Fees Office Ov. Food/Beverage Expense Polling Expense Printing Expense	xpense Vages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related E			
1 Total pages Schedule F1:	2 FILER NAME Michael Jones		3 Filer ID (Ethics	S Commission F	ilers)		
4 Date	5 Payee name						
2/8/22	Ram Web Enterprises						
6 Amount (\$) 107.55	7 Payee address; 3527 Gayglen, Dallas, Tx	City;	State;	Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense						
EXI ENDITORE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	1 eynense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	III, TX, Officerolder living	Office held	E C		
	Payee name			E	##		
Date				3	35		
2/8/22	M&M Advertising			2			
Amount (\$)	Payee address;	City;	State;	Zip Code	10.00		
800.00	1105 S Hampton, Desoto, Tx 75115						
				ç			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description		32	4		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	stin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held			
Date	Payee name						
2/25/22	Black Business Directory						
Amount (\$) 450.00	Payee address;	City;	State;	Zip Code			
	PO Box 830631, Richardson, Tx						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED				

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 Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: Michael Jones 4 4 Date 5 Payee name 4/11/22 Green and Green Co 6 Amount (\$) 7 Payee address; Zip Code City; State: 100 N/A (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Advertising Expense PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH 5 Payee name N Date P Zip Code Amount (\$) Payee address; City; State: 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 sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description

PURPOSE OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Fees Food/Beverage Expense Office Overhead/Rental Expense Consulting Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F4: Michael Jones 4 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 6 Payee name 5 Date Already 07 2/2/22 7 Amount (\$) 8 Payee address; State; Zip Code City; 435.71 n/A TYPE OF Political Non-Political EXPENDITURE (b) Description (a) Category (See Categories listed at the top of this schedule) 10 Advertising expense PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expe (c) Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date 2/4/22 Payee name Black Business Directory Payee address; City; State: Zip Code Amount (\$) 450 PO Box 830631, Richardson, Tx TYPE OF ✓ Political Non-Political EXPENDITURE Category (See Categories listed at the top of this schedule) Description Advertising Expense 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 Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4

If the requested inform	nation is not applicable, DO NOT in	nclude this page in the rep	οοπ.
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	EGORIES FOR BOX 10(a) 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)
1 Total pages Schedule F4:	The Instruction Guide explain Plant Street S	ains how to complete this form.	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGE	D TO A CREDIT CARD	\$
5 Date 2/7/22	6 Payee name Metro News		
7 Amount (\$) 535.38	<pre>8 Payee address; n/A</pre>	City;	State; Zip Code
9 TYPE OF EXPENDITURE	✓ Political	Non-Political	72 AU
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the Advertising expense	his schedule) (b) Description	3-2 PM
i i	(c) Check if travel outside of Texas. Comple	ete Schedule T. Check if At	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held 5
Date 2/8/22	Payee name Mail House		
Amount (\$) 4835.93	Payee address; Stemmons, Dallas	City;	State; Zip Code
TYPE OF EXPENDITURE	✓ Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of a Advertising Expense	this schedule) Description	
	Check if travel outside of Texas. Compl	ete Schedule T. Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
4	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Travel In District Travel Out Of District Polling Expense Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Michael Jones 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date 6 Payee name Green and Green Company 2/8/22 7 Amount (\$) 8 Payee address; City; State; Zip Code 1,000 n/A TYPE OF 730 Political Non-Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description 10 Advertising expense billboard PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name Date 2/11/22 Beyond the Slogan State; Zip Code Amount (\$) Payee address; City; 1,025 Dallas TYPE OF Non-Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description Consulting Expense 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 Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide ex	Salaries/Wa	pense ages/Contract Labor	Travel In District Travel Out Of District Other (enter a catego		ive)
1 Total pages Schedule F4:	2 FILER I	NAME			3 Filer ID (Ethics (Commission F	ilers)
4 TOTAL OF UNITEM		ENDITURES CHARG	EDTOACR	EDIT CARD	\$		10
5 Date 2/11/22	6 Payee mail	name House					
7 Amount (\$) 1,571.35	8 Payee Stemmo	address; ns, Dallas		City;	State;	Zip Gode	ELECTION DEL
9 TYPE OF EXPENDITURE	✓ F	Political	Non-Pol	litical		2	360
10 PURPOSE OF EXPENDITURE	70.00	/ (See Categories listed at the top o ing expense	of this schedule)	(b) Description	·	<u>ب</u>	
	(c)	Check if travel outside of Texas. Com	plete Schedule T.	Check if Aus	stin, TX, officeholder living	g expense	4
Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Officeholder name	01	ffice sought	Office h	eld	
Date 2/28/22	Payee	Beyond the S	logan				
Amount (\$) 500	Payee Dallas	address;		City;	State;	Zip Code	g
TYPE OF EXPENDITURE	✓ F	Political	Non-Po	elitical			
PURPOSE OF EXPENDITURE		y (See Categories listed at the top of	of this schedule)	Description			
		Check if travel outside of Texas. Com	nplete Schedule T.	Check if Au	istin, TX, officeholder livin	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Officeholder name	e Of	ffice sought	Office h	eld	
	ATTAC	H ADDITIONAL COPIE	S OF THIS S	CHEDULE AS NE	EDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Contributions/Donations Made By 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. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Total pages Schedule G: Michael Jones 4 Date 5 Payee name 1/27/22 Mail House 6 Amount (\$) 811.07 7 Payee address; City; State; Zip Code Stemmons **Dallas** Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE Advertising Expense 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 N T Date Payee name 1/25/22 Ram Web Enterprises W Amount (\$1,752.94 Payee address; City; State; Zip Code 7537 Gayglen 10 Dallas Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Expense 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 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Raw Web Enterprises Amount (\$) Payee address: City; State: Zip Code 27.95 7537 Gayglen Reimbursement from Dallas political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF Advertising Expense EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling E Printing E Salaries/	Expense Wages/Contract Labor	Solicitation/Fundraisir Transportation Equipr Travel In District Travel Out Of District Other (enter a categor	nent & Related Exper	nse
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9	Michael .						
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6 Amount (\$) 250 Reimbursement from political contributions	7 Payee ad 1414 N W	^{dress;} /ashington		City; Dallas	State;	Zip Code	
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8 PURPOSE OF EXPENDITURE	9	ng Expense	criedule)	(b) Description			and a
EXI ENDITORE	(c)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living e	xpense	F
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Date	Payee na	me				N	5.1
3/16/22		Beyond the Slogan				_0	
Amount (\$1,595.00	Payee ad	dress;		City;	State;	Zip Çode	
Reimbursement from political contributions intended	N/A			Dallas		12	
PURPOSE OF EXPENDITURE		/ (See Categories listed at the top of this s sulting Expense	chedule)	Description			
		Check if travel outside of Texas. Complete Sc	hedule T.		, TX, officeholder living e	xpense	
Complete ONLY if direct expenditure to benefit C/		date / Officeholder name		Office sought		Office held	
Date	Payee na	me					
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Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
179.04 Reimbursement from political contributions intended	N/A			Dallas			
PURPOSE	Category	(See Categories listed at the top of this so	chedule)	Description			
OF EXPENDITURE	Advertisi	ng Expense					
-		Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin	TX, officeholder living ex	rpense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	late / Officeholder name		Office sought		Office held	
	ATTA	CH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	ED		