### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**OFFICE USE ONLY**

Date Received: COUNTY ELECTIONS 2018 JUL 11 01:34 PM

RECEIVED DALLAS

| 1 Filer ID (Ethics Commission Filer) |
| 2 Total pages filed: |

| 3 CANDIDATE / OFFICEHOLDER NAME |
| MS / MRS / MR | FIRST | MI |
| Mr. | Michael | D |
| NICKNAME | LAST | SUFFIX |
| Mike | Jones | Jr |

| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS |
| ADDRESS | PO BOX | APT / SUITE # | CITY | STATE | ZIP CODE |
| P.O. Box 445, Desoto, Tx 75123 |

| Change of Address |

| 5 CANDIDATE / OFFICEHOLDER PHONE |
| AREA Code | PHONE NUMBER | EXTENSION |
| (214) | 228-2157 |

| 6 CAMPAIGN TREASURER NAME |
| MS / MRS / MR | FIRST | MI |
| Mr. | Michael | D |
| NICKNAME | LAST | SUFFIX |
| Jones | Jr |

| 7 CAMPAIGN TREASURER ADDRESS |
| STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE |
| 1620 Tanglerose Dr, Desoto, Tx 75123 |

| 8 CAMPAIGN TREASURER PHONE |
| AREA Code | PHONE NUMBER | EXTENSION |
| (214) | 228-2157 |

| 9 REPORT TYPE |
| ☒ January 15 | ☐ 30th day before election | ☐ Runoff |
| ☒ July 15 | ☐ 8th day before election | ☐ Exceeded $500 limit |
| ☐ 15th day after campaign treasurer appointment (Officeholder Only) | ☐ Final Report (Attach C/OH - FR) |

| 10 PERIOD COVERED |
| Month | Day | Year |
| 02 | 27 | 2018 |
| THROUGH |
| Month | Day | Year |
| 07 | 11 | 2018 |

| 11 ELECTION |
| ELECTION DATE |
| Month | Day | Year |
| 11 | 06 | 2018 |
| ☒ General | ☐ Other Description |

| ELECTION TYPE |
| ☐ Primary | ☐ Runoff | ☐ Special |
| ☒ Other Description |

| 12 OFFICE |
| OFFICE HELD (if any) |
| Justice of the Peace Precinct 4, Place 1 |

GO TO PAGE 2
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

<table>
<thead>
<tr>
<th>14 C/OH NAME</th>
<th>Michael Jones Jr</th>
</tr>
</thead>
</table>

15 Filer ID (Ethics Commission Filers) | |

16 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.

<table>
<thead>
<tr>
<th>COMMITTEE TYPE</th>
<th>COMMITTEE NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENERAL</td>
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</tr>
<tr>
<td>SPECIFIC</td>
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<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
<th>COMMITTEE CAMPAIGN TREASURER NAME</th>
</tr>
</thead>
</table>

| COMMITTEE CAMPAIGN TREASURER ADDRESS | |

| 17 CONTRIBUTION TOTALS | | 18 AFFIDAVIT |
|-----------------------|------------------|
| 1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | $ 0 |

| 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ 0 |

| 3. TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED | $ 0 |

| 4. TOTAL POLITICAL EXPENDITURES | $ 210.48 |

| 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 0 |

| 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ 0 |

18 AFFIDAVIT

TANDI SMITH
Notary Public
STATE OF TEXAS
My Comm. Exp. June 21, 2019

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

Michael Jones Jr

Sworn to and subscribed before me, by the said Michael Jones Jr, this the 11th day of July, 2018, to certify which, witness my hand and seal of office.

Tandi Smith
Notary

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

Forms provided by Texas Ethics Commission www.ethics.state.tx.us

Revised 9/8/2015
<table>
<thead>
<tr>
<th></th>
<th>SCHEDULE SUBTOTALS</th>
<th>NAME OF SCHEDULE</th>
<th>SUBTOTAL AMOUNT</th>
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<tbody>
<tr>
<td>1.</td>
<td>SCHEDULE A1:</td>
<td>MONETARY POLITICAL CONTRIBUTIONS</td>
<td>$</td>
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<tr>
<td>2.</td>
<td>SCHEDULE A2:</td>
<td>NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS</td>
<td>$</td>
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<td>3.</td>
<td>SCHEDULE B:</td>
<td>PLEDGED CONTRIBUTIONS</td>
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<td>4.</td>
<td>SCHEDULE E:</td>
<td>LOANS</td>
<td>$</td>
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<td>5.</td>
<td>SCHEDULE F1:</td>
<td>POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS</td>
<td>$ 210.48</td>
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<tr>
<td>6.</td>
<td>SCHEDULE F2:</td>
<td>UNPAID INCURRED OBLIGATIONS</td>
<td>$</td>
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<td>7.</td>
<td>SCHEDULE F3:</td>
<td>PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS</td>
<td>$</td>
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<tr>
<td>8.</td>
<td>SCHEDULE F4:</td>
<td>EXPENDITURES MADE BY CREDIT CARD</td>
<td>$</td>
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<tr>
<td>9.</td>
<td>SCHEDULE G:</td>
<td>POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS</td>
<td>$</td>
</tr>
<tr>
<td>10.</td>
<td>SCHEDULE H:</td>
<td>PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH</td>
<td>$</td>
</tr>
<tr>
<td>11.</td>
<td>SCHEDULE I:</td>
<td>NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS</td>
<td>$</td>
</tr>
<tr>
<td>12.</td>
<td>SCHEDULE K:</td>
<td>INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER</td>
<td>$</td>
</tr>
</tbody>
</table>
## Political Expenditures Made From Political Contributions

### Schedule F1

**Expenditure Categories for Box 8(a)**

- Advertising Expense
- Account/Banking
- Consulting Expense
- Contributions/Donations Made By Candidate/Officeholder/Political Committee
- Credit Card/Payment
- Event Expense
- Fees
- Food/Beverage Expense
- Gifts/Awards/Memorial Expenses
- Legal Services
- Loan Repayment/Reimbursement
- Office Overhead/Rental Expense
- Political 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.

<p>| | | |</p>
<table>
<thead>
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<td>6</td>
<td>Amount ($)</td>
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<td>$210.48</td>
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<tr>
<td>8</td>
<td>PURPOSE OF EXPENDITURE</td>
<td>(a) Category (See Categories listed at the top of this schedule)</td>
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<tr>
<td></td>
<td>Advertisement Expense</td>
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<td></td>
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<tr>
<td>9</td>
<td>Complete ONLY if direct expenditure to benefit C/OH</td>
<td>Candidate / Officeholder name</td>
</tr>
<tr>
<td></td>
<td>Date</td>
<td>Payee name</td>
</tr>
<tr>
<td></td>
<td>Amount ($)</td>
<td>Payee address; City; State; Zip Code</td>
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<tr>
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<td>PURPOSE OF EXPENDITURE</td>
<td>Category (See Categories listed at the top of this schedule)</td>
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<td>Amount ($)</td>
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**Attach additional copies of this schedule as needed**

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015