#### JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH **CAMPAIGN FINANCE REPORT** COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The JC/OH Instruction Guide explains how to complete this form. 9 MS / MRS / MR 3 CANDIDATE / MI OFFICE USE ONLY **OFFICEHOLDER** Mr Michael D NAME NICKNAME SUFFIX Jr Mike Jones ADDRESS / PO BOX 4 CANDIDATE / ZIP CODE JUL 11'25 AM 10:58 **OFFICEHOLDER** PO Box 2475, Desoto, Tx 75123 MAILING **ADDRESS** Change of Address PHONE NUMBER CANDIDATE/ AREA CODE EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** 696-9288 (972) PHONE Receipt # Amount \$ 6 CAMPAIGN MS / MRS / MR MI Shay TREASURER Ms Date Processed NAME NICKNAME SUFFIX Date Imaged McNuckles STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CAMPAIGN STATE ZIP CODE **TREASURER** ADDRESS 4131 N Central Expy #900, Dallas, Tx 75204 (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN **TREASURER** (214) 983-8302 PHONE 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Year Month Year COVERED 01 2025 01 06 30 2025 THROUGH ELECTION TYPE 11 ELECTION FLECTION DATE Primary Runoff Month Day Year General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Justice of the Peace 4-1 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

JUDICIAL C CAMPAIGN	FORM JC/OH COVER SHEET PG 2		
15 JC/OH NAME Ho	16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITI PLEDGES, LOANS, OR GUA CONTRIBUTIONS MADE EL		\$ O
	2. TOTAL POLITICAL CONTI (OTHER THAN PLEDGES, LC	RIBUTIONS DANS, OR GUARANTEES OF LOANS	\$ O
EXPENDITURE TOTALS	\$ <sub>0</sub>		
	4. TOTAL POLITICAL EXPEN	NDITURES	\$ 2,804.01
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIB OF REPORTING PERIOD	UTIONS MAINTAINED AS OF THE LA	\$ 283.62
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	OF ALL OUTSTANDING LOANS AS (	DF THE \$ 0
	Please com	plete either option belo	w:
	Please com	uplete either option belo	w:
(1) Affidavit  NOTARY STAMP/SEAL  Sworn to and subscribed	Nicole Bizardi My Commission Expire 2/15/2026 Notary ID 133590871  before me by	_	a 11th day of July.
20 25 to certify	which, witness my hand and seal of office	. \_`	C) = (\)
Signature of officer administe	ring oath Printed name of	officer administering oath	Title of officer administering oath
	7,11100110101	OR	
(2) Unsworn Declaration	on		
My name is		, and my date of birth	s
My address is			
	(street)	1.0	(state) (zip code) (country)
Executed in	County, State of	on the day of(mon	. 20 (year)
		Signature of Cano	didate/Officeholder (Declarant)

### SUBTOTALS - JC/OH

## FORM JC/OH COVER SHEET PG 3

19	) FILER NAME	20	Filer ID (Ethics Cor	nmission Filers)		
Hon. Michael Jones						
21	1 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL		
1.	\$					
2.	\$					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS			\$		
4.	SCHEDULE E: LOANS			\$		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	AL CONT	RIBUTIONS	\$1,717.78		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL PROPERTY.	FICAL CO	NTRIBUTIONS	\$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$76.74		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONA	AL FUNDS	3	\$ 1,009.49		
10.	\$					
11.	\$					
12.	\$					

# 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 B Candidate/Officeholder/Politica Credit Card Payment	Fees ( Food/Beverage Expense ( Gift/Awards/Memorials Expense (	oan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor how to complete this form.	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 F1:	2 FILER NAME Hon. Michael Jones		3 Filer ID (Ethics Commission Filers)						
4 Date 3/2025	Payee name Dallas County Democratic Party								
6 Amount (\$) 125.00	7 Payee address: 1414 N. Washington Ave, Dallas, T	7 Payee address: City; State; Zip Code 1414 N. Washington Ave, Dallas, Tx 75204							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Event Expense	(b) Description Fish Fry							
	(c) Check if travel outside of Texas Complete Sche	edule T Check if Austi	n, TX, officeholder living expense						
9 Complete ONLY if direct expenditure to benefit C/Oh	Office held								
Date	Payee name								
3/16/25	Raw Web								
Amount (\$)	Payee address;	State; Zip Code							
75.00	Gayglen Dr, Dallas, Tx								
	Category (See Categories listed at the top of this sche	edule) Description							
PURPOSE OF EXPENDITURE	Advertisting Expense	Flyer Desig	n						
	Check if travel outside of Texas Complete Sche	dule T. Check if Austin, TX officeholder living expense							
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held						
Date	Payee name								
4/5/25	Texas Democratic Party								
Amount (\$) 1115.00	Payee address;	City:	State; Zip Code						
	314 Highland Blvd, Austin, TX, 787	'52, USA							
000-pag windowspecial-and	Category (See Categories listed at the top of this sche Office expense	Manager of the second							
PURPOSE OF EXPENDITURE	Office expense	VAN Access							
	Check if travel outside of Texas Complete Sche	duleT Check if Austin	n, TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED									

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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.

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EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	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 F1:	2 FILER NAME HOT MICHAEL TOU	3 Filer ID (Ethics Commission Filers)						
4 Date 4/22/25	5 Payee name Fiverr							
6 Amount (\$) 137.04	7 Payee address. City. State: Zip Code Online							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisting Expense  (b) Description Website							
	(c) Check if travel outside of Texas Complete Sched	dule T Check if Austi	stin, TX, officeholder living expense					
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held					
Date	Payee name							
4/24/25	NPO Web Hosting							
Amount (\$)	Payee address.	City:	State; Zip Code					
191.75	Online							
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche- Advertisting Expense	Description Website						
EXPENDITURE	Check if travel outside of Texas Complete Scheo	ustin TX officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held					
Date	Payee name							
5/2/25	NPO Web Hosting							
Amount (\$) 73.99	Payee address: Online	City:	State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scher Advertisting Expense	Description Website						
	Check if travel outside of Texas. Complete Sched	fule 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					

### EXPENDITURES MADE BY CREDIT CARD

### SCHEDULE F4

If the requested inform	nation is not applicab	e DO NOT in	clude this	nago in the	o roport	SCHE	DULE <b>F4</b>		
ii tile requested illioiti	lation is not applicab	e, DO NOT III	ciude tilis	page in the	e report.	JUL 11'2	5 aw 11:00		
	EXPE	ENDITURE CAT	EGORIES	FOR BOX 10	0(a)	JUL II Z	21112		
Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Office Overhead/Rental Expense Polling Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Legal Services Labor					xpense 1	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.  USE A NEW PAGE FO						ACH CREDIT CARD	ISSUER		
1 TOTAL PAGES SCHEDULE F4: 2 FILER NAME Hon. Michael Jones					;	3 FILER ID (Ethics	Commission Filers)		
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD						\$			
5 CREDIT CARD ISSUER	Name of financial instituti	on							
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	ire Charged	(c) Date(s) Cred	dit Card Issue	r Paid			
	\$ 76.74	1/2025-6/20	)25	1/2025-	6/2025				
7 PAYEE	(a) Payee name		(b) Payee add	dress;	City	, State,	Zip Code		
	Constant contac	t	1601 Tra	apelo Roa	ad, Suite	329 - Waltha	am, MA 0245		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories list	ted at the top of this sched	dule)	(b) Description	1				
Political	Advertisting Expense Em			Email service					
Non-Political	(C) Check if travel outside of Texas. Complete Schedule T. Check if Aus			Check if Austin,	TX, officeholder living e	expense			
9 Complete ONLY if direct	Candidate / Officeholder n	ame	Offi	ce Sought		Office Held			
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ire Charged	(c) Date(s) Cred	dit Card Issuei	r Paid			
	\$								
PAYEE	(a) Payee name		(b) Payee add	dress;	City	, State,	Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See Categories list	ted at the top of this sched	dule)	(b) Description	ĭ				
Political		000 B000 1000 W 10	20 20 2015 202			CLAS SEE S N. S. 16000			
Non-Political	,, 🗀	ide of Texas. Complete			Check if Austin,	, TX, officeholder living	expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder n	ame	Offi	ce Sought		Office Held			
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ire Charged	(c) Date(s) Cred	dit Card Issuer	r Paid			
	\$								
PAYEE	(a) Payee name		(b) Payee add	dress;	City	, State,	Zip Code		
PURPOSE OF EXPENDITURE  Political	(a) Category (See Categories listed at the top of this schedule) (b)			(b) Description					
Non-Political	(C) Check if travel outside of Texas. Complete Schedule T. Check if			Check if Austi	in, TX, officeholder livin	g expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder n	ame	Offi	ce Sought		Office Held			
	ATTACH ADDIT	IONAL COPIES	S OF THIS	SCHEDULE	AS NEED	ED			

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## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

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

		EXPENDITURE CATEGO	ORIES	OR BO	OX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Fees	Office Over Polling Exp Printing Ex Salaries/W	rhead/Rei bense pense lages/Con	imbursement intal Expense intract Labor this form.	Solicitation/Fundr Transportation Ec Travel In District Travel Out Of Dis Other (enter a cat	quipme strict	nt & Related Expense	
1 Total pages Schedule G:	2 FILER NA	ME				3 Filer ID (Ett	nics C	ommission Filers)	
3	Hon. Mich	ael Jones							
4 Date	5 Payee nar	me							
1/3/2025	Al Green	& Co							
6 Amount (\$) 150 Reimbursement from political contributions intended	7 Payee ad Dallas, Tx				City.	State	B;	Zip Code	
8 PURPOSE	2 2 2 2 2	(See Categories listed at the top of this school	nedule)	(b) Des	scription				
OF EXPENDITURE	Advertis	sting Expense		MLK	Luncheor	n Ad			
EXPERIENCE	(c)	Check if travel outside of Texas Complete Scheo	edule T		Check if Austir	n. TX. officeholder livii	ng exp	ense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	late / Officeholder name		Office s				ffice held	
Date	Payee nar	me							
3/16/25	Ama	zon							
Amount (\$)  17.88  Reimbursement from political contributions intended	Payee ad Online	dress.			City;	State	э:	Zip Code	
PURPOSE		(See Categories listed at the top of this sch			scription				
OF EXPENDITURE	Officeoverhead Supplies								
	Check if travel outside of Texas Complete Schedule T Check if Austin				n. TX. officeholder livi	ng exp	ense		
Complete ONLY if direct expenditure to benefit C/		late / Officeholder name		Office s	ought		0	ffice held	
Date	Payee nar	ne							
4/1/25	Raw Wel	0							
Amount (\$)  142.38  Reimbursement from political contributions intended	Gayglen [	<sup>dress.</sup> Dr, Dallas, Tx			City;	State:		Zip Code	
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this scho			scription Cards				
		Check if travel outside of Texas Complete Scher	edule T		Check if Austir	n, TX, officeholder livi	ng expe	ense	
Complete ONLY if direct expenditure to benefit C/OH		late / Officeholder name	1	Office s	ought		0	ffice held	
	ATTA	CH ADDITIONAL COPIES OF	THIS SC	HEDU	LE AS NEED	DED			

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

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	EXPENDITURE CATEGO	RIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees         Of           Food/Beverage Expense         Programmer           By         Gift/Awards/Memorials Expense         Programmer	oan Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense inting Expense alaries/Wages/Contract Labor ow to complete this form.	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 G:	2 FILER NAME Hon. Michael Jones	3 Filer ID (Ethics Commission Filers)					
4 Date	5 Payee name						
4/13/25	Democracy Toolbox						
6 Amount (\$) 300 Reimbursement from political contributions intended	7 Payee address: Post Office Box 6250 McKinney TX 75071	State: Zip Code					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedul	(b) Description					
OF EXPENDITURE	Advertisting Expense						
	(c) Check if travel outside of Texas Complete Scheduli	eT Check if Austin	TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
4/23/25	Des Inc						
Amount (\$)  25.00  Reimbursement from political contributions intended	Payee address: P. O. Box 226601 Dallas, TX 75222-6601	State: Zip Code					
PURPOSE	Category (See Categories listed at the top of this sched	ule) Description					
OF EXPENDITURE	Other						
EXPERIENCE	Check if travel outside of Texas Complete Schedul	n. TX. officeholder living expense					
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
4/30/25	Embroidered Stich by Stich						
Amount (\$)  180 .00  Reimbursement from political contributions intended	Payee address: Ravenel St, Glenn Heights, Tx 7515	City:	State: Zip Code				
PUPPOSE	Category (See Categories listed at the top of this schedu	Description					
PURPOSE OF EXPENDITURE	Advertisting Expense						
271 2112110112	Check if travel outside of Texas Complete Schedul	eT Check if Austin	n, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEED	DED				

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G JUL 11'25 AM11:00

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 Candidate/Officeholder/Politi Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Git/Awards/Memonals Expense Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains		Travel In Dis Travel Out C	Expense int & Related Expense mot listed above)			
1 Total pages Schedule G	2 FILER NA					3 Filer ID	(Ethics C	ommission Filers)
. )	Hon. Michael Jones							
4 Date 5/7/25	5 Payee nar							
2								
6 Amount (\$)  77.23  Reimbursement from political contributions intended	211 E. Ple	7 Payee address: City: State: Zip Code 211 E. Pleasant Run Rd. DeSoto, TX 75115						
8 PURPOSE	3.25	(See Categories listed at the top of this sci	hedule)	(b) De	escription			
OF EXPENDITURE	Event	xpense		Regi	stration			
	(c)	Check if travel outside of Texas Complete Scho	edule T		Check if Austin	. TX, officeholde	r living expe	ense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	late / Officeholder name		Office	sought		0	ffice held
Date	Payee nar	ne						
6/2/25	Amazon							
Amount (\$)	Payee ad	dress;			City;	5	State:	Zip Code
Reimbursement from political contributions intended	Online							
PURPOSE OF		(See Categories listed at the top of this sc	hedule)		escription			
EXPENDITURE	Advertis	sting Expense		Pens	<u> </u>			
		Check if travel outside of Texas Complete Sch	edule T		Check if Austin	TX, officeholde	ir living expe	ense
Complete ONLY if direct expenditure to benefit C/0		late / Officeholder name		Office	sought		0	ffice held
Date	Payee nar	ne						
5 6/18/2025	Dallas Co	ounty Democratic Party	<i>y</i>					
Amount (\$)  25.00  Reimbursement from political contributions intended	Payee add	dress. Vashington Ave, Dallas, <sup>1</sup>	Tx 7520	04	City.	Sta	te:	Zip Code
DUDDCC-	Category	(See Categories listed at the top of this sci	hedule)	De	escription			
PURPOSE OF EXPENDITURE	Event Ex	pense		Ticke	et			
		Check if travel outside of Texas Complete Scho	edule T		Check if Austin	, TX, officeholde	r living expe	ense
Complete ONLY if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office	sought		0	ffice held
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