CAMPAIG	IN FINAN	ICEHOLDER CE REPORT			COVER	FORM C/OH SHEET PG 1
The C/OH Instruction	Guide explains hor	v to complete this form.	1 Filer ID (Ethic	Commission Filers)	2 Total pag	ges filed
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR Mr	FRS1 Michael		MI D		FICE USE ONLY
	NICKNAME Mike	LAST Jones	******************	SUFFIX Jr	Date Received	j
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BO, PO Box 2475, Desoit		CITY STATE	ZIP CODE		2022 OCTI JUNI COUN DALLA
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 696-9288	EXTEN	SION	Date Hand-del	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr	F IFIST Drew		MI	Receipt #	· 2至一
NAME	NICKNAME	LAST Wilborn II		SUFFIX	Date Processe Date Imaged	a-< ∞
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS 7550 S Hampton Di	(NO PO BOX PLEASE) APT / SI	JITE# QIT	Υ,	STAT	E ZIP CONF
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 972 ) 22	PHONE NUMBER 8-2420	FXTENS	SION		
9 REPORT TYPE	January 15	x 30th day before al		unoff	treasi	day after campaign irar appointment sholder Only)
10 PERIOD	July 15	@ 8th day before elements		ceeded Modified porting Limit		Report (Attach C/OH - ( R)
COVERED	07	/ 01 / 2072	THROUGH	Month 10	09	Year 2022
11 ELECTION	FLEGTION DA Month Day 11 08	Year Primary 2022 × General	Runoff Special	Other Description		
12 OFFICE	OFFICE HELD (if any) Justice of the Peace 4-		10 20 200	SOUGHT (if known)		
4 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTIC THE CANDIDATE / OFFIC CONSENT CANDIDATES	CE OF POLITICAL CONTRIBUTIONS A CEHOLDER THESE EXPENDITURES S AND OFFICEHOLDERS ARE REQUIR	CCEPTED OR POLITICAL MAY HAVE BEEN MADE ED TO REPORT THIS INF	EXPENDITURES MA WITHOUT THE CAND	DE BY POLITICAL DATE'S OR OFFICE	COMMITTEES TO SUPPORT
30MM1 (EE(U)	COMMITTEE TYPE	COMMITTEE NAME				oco Societa entitores
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREA				
		William Finals TRE	TOURER MUDICESS			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

	ichael Jones	6 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,072.62
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 12,824.80
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ 353.49
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	Places complete either entire below	
(1) Affidavit	TAHJANAE RANDLE Notary Public, State of Texas Comm. Expires 01-17-2026	
(1) Affidavit	TAHJANAE RANDLE	
Sworn to and subscribed	TAHJANAE RANDLE Notary Public, State of Texas Comm. Expires 01-17-2026 Notary ID 133537289	
NOTARY STAMP 7 SEAS	TAHJANAE RANDLE Notary Public, State of Texas Comm. Expires 01-17-2026 Notary ID 133537289  before me by Michael Jones this the	11 day of October.
NOTARY STAMP 7 SEAS	TAHJANAE RANDLE Notary Public, State of Texas Comm. Expires 01-17-2026 Notary ID 133537289  before me by Michael Jones this the which, witness my hand and seal of office.  A lahjanar Vancile ring oath.  Printed name of officer administering oath	
NOTARY STAMP SCAN	TAHJANAE RANDLE Notary Public, State of Texas Comm. Expires 01-17-2026 Notary ID 133537289  before me by Michael Jones this the which, witness my hand and seal of office.  Inhiganar Vandla ring oath.  Printed name of officer administering oath  OR	11 day of October.  Notan Publi
NOTARY STAME OF SECTION NOTARY STAME OF SUBSTRACT OF SUBS	TAHJANAE RANDLE Notary Public, State of Texas Comm. Expires 01-17-2026 Notary ID 133537289  before me by Michael Jones this the which, witness my hand and seal of office.  Ahjanar Panella ring oath.  Printed name of officer administering oath  OR	I day of October.  Noton Publi  Title of officer administering oath
NOTARY STATE OF SWORN to and subscribed 20 22 to certificate administer administer (2) Unsworn Declaration	TAHJANAE RANDLE Notary Public, State of Texas Comm. Expires 01-17-2026 Notary ID 133537289  before me by Michael Jones this the which, witness my hand and seal of office.  Inhiganar Panelle ring oath.  Printed name of officer administering oath  OR.  and my date of birth is	I day of October.  Noton Publi  Title of officer administering oath
NOTARY STAME OF SECTION NOTARY STAME OF SUBSTRACT OF SUBS	TAHJANAE RANDLE Notary Public, State of Texas Comm. Expires 01-17-2026 Notary ID 133537289  before me by Michael Johns this the	I day of October.  Notey Public  Title of officer administering call
NOTARY STATE OF SWORN to and subscribed 20 22 to certificate administer administer (2) Unsworn Declaration	TAHJANAE RANDLE Notary Public, State of Texas Comm. Expires 01-17-2026 Notary ID 133537289  before me by Michael Jones. this the which, witness my hand and seal of office.  Tahjanar Panells ring oath. Printed name of officer administering oath  OR.  (street) (city) (state)	I day of October.  Noton Publi  Title of officer administering oath

### SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19	Micha	ael Jones	20 Filer ID (Ethics Con	nmission Filers)
21		JLE SUBTOTALS F SCHEDULE		SUBTO TAL AMOUNT
1.	[x]	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 6,072.62
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		S
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		S
4.		SCHEDULE E: LOANS		\$
5.	[x]	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS	\$ 5,481.90
6		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8	[x]	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 1,296.41
9.	x	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$ 6,046.49
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TONS RETURNED	\$

#### SCHEDULE A1

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

	Instruction Guide explains how	to complete th	is form.	1 Total pages Schedule A1
2 FILER NAME	Michael Jones			3 Filer ID (Ethics Commission Filers
4 Date 8/10/22	5 Full name of contributor Tongree Flemming	out-of-state P	AC (ID#)	7 Amount of contribution (\$)
		City;	State; Zip Code	50.00
Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
			<del></del>	
Date	Junior Ezeanou	out-of-slate P	AC (ID#)	Amount of contribution (\$)
8/10/22	Contributor address.	City	State, Zip Code	100.00
	5332 West Cove Wa	ay, Grand	Prairie, Tx 75052	
	nation / Job title (See Instructions)		Employer (See Instruc	lions)
Politic	cal Strategist		Self-employ	ed .
Date	Full name of contributor	aut-of-state Pr	AC (ID#)	Amount of contribution (\$)
	Merrill Hudgens			
3/16/22	Contributor address;	City:	State; Zip Code	104.15
		0	GA 31558	
	1002 Regal Road,	St Marys,	0,1000	
Principal occup	1002 Regal Road,	St Marys,	Employer (See Instruc	tions)
Principal occup		St Marys,		tions)
			Employer (See Instruc	Amount of contribution (\$)
Date	pation / Job title (See Instructions)  Full name of contributor		Employer (See Instruc Navy	
IT	Palion / Job title (See Instructions) Full name of contributor Roderick Franklin	☐ aut-of-state Pr	Employer (See Instruction Navy  AC (ID#	Amount of contribution (\$)
Date 3/23/22 Principal occup	Pation / Job title (See Instructions)  Full name of contributor  Roderick Franklin  Contributor address;	☐ aut-of-state Pr	Employer (See Instruction Navy  AC (ID#	Amount of contribution (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

#### SCHEDULE A1

	Michael Jones  Full name of contributor			2 51 12 15
S 5807000				3 Filer ID (Ethics Commission Filers
8/24/22	Terry Barker	Out-of-state P		7 Amount of contribution (\$)
(	6 Contributor address;	City;	State; Zip Code	519.52
Principal occupa	ation / Job title (See Instructions)		9 Employer (See Instruction N/A	ons)
Date Full name of contributor State  Joe Putnam		Out-of-state P	AC (ID#)	Amount of contribution (§)
8/24/22	Contributor address: 1505 Phillip Ct, Irving	City:	State; Zip Code	500.00
Principal occupat	ion / Job title (See Instructions)		Employer (See Instruction Self-employe	
Date	Full name of contributor Tim Maiden	Out-of-state P	AC (ID#:)	Amount of contribution (\$)
/24/22	Contributor address: 1519 S GeenStone	ску: , Duncan	State: Zip Code	150.00
Principal occupat	tion / Job title (See Instructions)	000	Employer (See Instructi	ons)
N/A		**	N/A	
Date	Full name of contributor  Duane Spencer	Out-of-state P	AC (ID#)	Amount of contribution (\$)
/24/22	Contributor address;	City;	State; Zip Code	250
	405 N Balfour, Ced	ar Hill, T	(75104	
Principal occupat	tion / Job title (See Instructions)		Employer (See Instructi	

#### SCHEDULE A1

	Instruction Guide explains how to complete thi	is form.	1 Total pages Schedule A1
2 FILER NAME	Michael Jones		3 Filer ID (Ethics Commission Filers)
4 Date 8/24/22	Nicole Taylor Campaign	State; Zip Code	7 Amount of contribution (\$)
	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#)	Amount of contribution (\$)
8/24/22	Contributor address: City:	State: Zip Code	25.00
	pation / Job title (See Instructions) Engineer	Employer (See Instruct	
Date	Full name of contributor	C ((D#)	Amount of contribution (\$)
3/24/22	Contributor address; City; PO Box 608, Desoto, Tx 751	State, Zip Code	104.15
Principal occu Self-empl	pation / Job title (See Instructions)  Oyed	Employer (See Instruc	tions)
Date	Full name of contributor	C (/D#)	Amount of contribution (\$)
3/24/22	Contributor address; City; 605 Flagstaff, Desoto, Tx 75	State; Zip Code	25.00
	pation / Job title (See Instructions)	Employer (See Instruction Dallas Count	

#### SCHEDULE A1

	Instruction Guide explains how to complete the	his form.	1 Total pages Schedule A1:
' FILER NAME	Michael Jones		3 Filer ID (Ethics Commission Filers)
8/25/22	5 Full name of contributor	1	7 Amount of contribution (\$)
0120122	6 Contributor address; City; PO Box 192496, Dallas	State; Zip Code	25.00
	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Ma	nager	Linebarger	
Date	Full name of contributor Chassiti Mckissic	PAC (ID#)	Amount of contribution (\$)
8/24/22	Contributor address: City:	State; Zip Code	100.00
	1410 Whitaker Way, Glenn H	eights, Tx 75154	
Principal occup	eation / Job title (See Instructions) ator	Employer (See Instruction Rocket School	
Date	Full name of contributor	PAC (ID#)	Amount of contribution (\$)
/24/22	Contributor address: City: 5016 Groom, Dallas, Tx 752	State; Zip Code	52.23
Principal occup Constable	pation / Job title (See Instructions)	Employer (See Instruct Dallas County	ions)
Date	Full name of contributor	PAC (ID#)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	100.00
/24/22	1010 0000000	ster, Tx 75146	
/24/22	1218 Canyon Oaks, Lancas		
Preverpal occur	IZTO Canyon Oaks, Lancas  pation / Job title (See Instructions)  I Agent	Employer (See Instruction	ions)

#### SCHEDULE A1

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

1110	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
FILER NAME	Michael Jones		3 Filer ID (Ethics Commission Filers
1 Date	5 Full name of contributor Out-of-state PA  Kurt Johnson		7 Amount of contribution (\$)
8/24/22	6 Contributor address; City, 4303 Stephen St, Grand	State: Zip Code	250.00
	pation / Job title (See Instructions)  1ployed	9 Employer (See Instruct	3
Date	Full name of contributor out-of-state PA	C (ID#)	Amount of contribution (5)
8/24/22	Contributor address; City: 8065 W Camp Wisdom, #2305	State: Zip Code	259.92
	pation / Job title (See Instructions) cilmember	Employer (See Instruct	
Date	Full name of contributor	C (ID#)	Amount of contribution (\$)
/24/22	Contributor address: City: 5016 Groom, Dallas, Tx 7522	State; Zip Code	100.00
Principal occup self-emplo	pation / Job title (See Instructions)  Oyed	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAR Nicole Raphiel	C (10#)	Amount of contribution (\$)
/24/22	Contributor address: City: PO Box 1435, Desoto, Tx 75	State; Zip Code	50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

#### SCHEDULE A1

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

	Instruction Guide explains how	to complete th	nis form.	1 Total pages Schedule A1
2 FILER NAME	Michael Jones			3 Filer ID (Ethics Commission Filers
4 Date 8/24/22	5 Full name of contributor     out-of-state PAC (ID#)   Chalamine Armstong		7 Amount of contribution (\$)	
0124122	6 Contributor address; N/A	City,	State; Zip Code	25.00
	upation / Job title (See Instructions)		9 Employer (See Instruct	
	ortgage Lender	:-::	Kiss Wealt	h Now
Date	Full name of contributor Portia Jones	Out-of-state P	PAC (ID#	Amount of contribution (\$)
8/24/22	Contributor address;	Спу	State; Zip Gode	100.00
	1748 Gentry St, Lar	caster, T	x 75134	
	Loation / Job title (See Instructions) Untant		Employer (See Instruct	P140-V48-V47-E-17
Date	Full name of contributor Rhapsody Moore	Out-of-state P	PAC (ID# )	Amount of contribution (\$)
3/25/22	Contributor address:	City;	State; Zip Code	26.27
The second secon	2043 Samantha La	ine, Hear	tland, Ix	
Owner	pation / Job title (See Instructions)		Employer (See Instruct	REPARAMENT.
OWNER	T		Rnapsody's Ta	asties and Kosher Bac
Date	Full name of contributor  Kamilah Alford	Out-of-state P	PAC (ID#)	Amount of contribution (\$)
3/25/22	Contributor address;	City;	State; Zip Code	52.23
	2113 Wilderness,	Grand Pra	airie, Tx	
			Employer (See Jestweet	ione
Principal occup	Dation / Job title (See Instructions)		Employer (See Instruct	10118)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

#### SCHEDULE A1

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

	Instruction Guide explains how to complete the	is form.	1 Total pages Schedule A1
2 FILER NAME	Michael Jones		3 Filer ID (Ethics Commission Filers
4 Date 8/25/22	Chad McCurdy	AC (ID#)	7 Amount of contribution (\$)
OI En OI En En	6 Contributor address City: 1201 Hideaway Ct, Ced	State; Zip Code ar Hill, Tx	104.15
	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Pre	esident	CCAA Inve	
Date	Jewel Pointer	AC (ID#)	Amount of contribution (\$)
8/27/22	Contributor address; City;	State; Zip Code	50.00
	111 Garden Grove, Red Oak,	Tx 75154	
Principal occup Zonin	g Inspector	Employer (See Instruct City of Dalla	
Date	Full name of contributor	G (ID#)	Amount of contribution (\$)
3/27/22	Contributor address; City: 111 Garden Grove, Red Oak	State; Zip Code	50.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	inna)
Deputy Ma		City of Dallas	ions)
Date	Full name of contributor	C (ID#)	Amount of contribution (\$)
3/30/22	Contributor address; City; 1041 Hampshire, Cedar Hill,	State: Zip Code	50.00
	ation / Job title (See Instructions)	Employer (See Instruction	

Forms provided by Texas Ethics Commission

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Revised 8/17/2020

#### SCHEDULE A1

	e Instruction Guide explains how to complete this f	orm. 1 Total pages Schedule A1
PILER NAM	Michael Jones	3 Filer ID (Ethics Commission Filers
Date 09/01/1	5 Full name of contributor	
09/01/2	Contributor address, City: 3818 Esters Road, Irving,	State; Zip Code 25.00
	upation / Job title (See Instructions) 9	Employer (See Instructions)
D	etention Officer	Dallas county
Date	Full name of contributor	D# Amount of contribution (5)
9/8/22	Contributor address; City:	
	5728 LBJ Frwy, Dallas, Tx 75240	
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions) N/A
Date	Full name of contributor	O# Amount of contribution (\$)
/16/22	Contributor address; City; 2777 N Stemmons, suite 1000	State; Zip Code 1,000 , Dallas,tx
Principal occ	2777 N Stemmons, suite 1000	
/16/22 Principal occ Law Firm Date	2777 N Stemmons, suite 1000	, Dallas,tx  Employer (See Instructions)
Principal occ Law Firm	2777 N Stemmons, suite 1000  upation / Job title (See Instructions)  Full name of contributor	, Dallas,tx  Employer (See Instructions)
Principal occ Law Firm	2777 N Stemmons, suite 1000  upation / Job title (See Instructions)  Full name of contributor  Ngozi Nwosu	, Dallas,tx  Employer (See Instructions)  D#
Principal occ Law Firm Date /30/22	2777 N Stemmons, suite 1000  upation / Job title (See Instructions)  Full name of contributor	, Dallas,tx  Employer (See Instructions)  D#

#### SCHEDULE A1

Date 5 F  O9/30/22  Principal occupation N/A  Date F	Halls Chicken  Contributor address; City,  1105 W Camp Wisden  1 Job title (See Instructions)	f-state PAC (ID#)  State; Zip Code	
Date 5 F	Full name of contributor Halls Chicken  Contributor address; City, 4105 W Camp Wisden  1 Job title (See Instructions)	State; Zip Code OM, Dallas, Tx  9 Employer (See Instruc	7 Amount of contribution (\$) 500.00
Principal occupation N/A Date	Halls Chicken  Contributor address; City,  1105 W Camp Wisden  1 Job title (See Instructions)	State; Zip Code OM, Dallas, Tx  9 Employer (See Instruc	500.00
Principal occupation N/A Date	Contributor address; City, 1105 W Camp Wisde  1 Job title (See Instructions)  Full name of contributor	State; Zip Code Om, Dallas, Tx  9 Employer (See Instruc	ctions)
N/A Date F	Full name of contributor	N/A	
		I-state PAC (ID#)	
			Amount of contribution (\$)
Tr.	Contributor address: City:	State; Zip Code	
Principal occupation	/ Job title (See Instructions)	Employer (See Instruc	tions)
Date F	full name of contributor sut-of	f-state PAC (ID#)	Amount of contribution (\$)
	Contributor address; City.	State; Zip Code	
Principal occupation	/ Job title (See Instructions)	Employer (See Instruc	tions)
Date F	ull name of contributor aut-of-	-state PAC (ID#)	Amount of contribution (\$)
	Contributor address; City.	State; Zip Code	
Principal occupation	/ Job title (See Instructions)	Employer (See Instruc	tions)

Forms provided by Texas Ethics Commission

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Revised 8/17/2020

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

		F-9- 11-11-1	
	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	~
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Soft/Awards/Memorials Expense Legal Services The Instruction Guide explains	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Rolated Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Michael Jones		3 Filer ID (Ethics Commission Filers)
4 Date 8/13/22	5 Payee name Ram Web Ente	rprises	
6 Amount (\$)	7 Payee address.	City:	State; Zip Code
40.00	7537 Gayglen Dr, Dalla	s Tx	
8	(a) Category (See Categories listed at the top of this so	thedule) (b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Design Fe	ee
19-19-19-19-19-19-19-19-19-19-19-19-19-1	(c) Check if travel outside of Texas. Complete Sch	edule T Check if Aus	tin TX officeholder living expense
<ol> <li>Complete <u>ONLY</u> if direct expenditure to benefit C/OF</li> </ol>	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/10/22	RawWeb Enterpr	ises	
Amount (\$)	Payee address;	City;	State; Zip Code
212.35	7537 Gayglen Dr, Dall	las, Tx 75217	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch Advertising Expense	Description Push car	ds
	Check if travel outside of Texas. Complete Schi	sdule T Check if Ausi	in TX officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	19 ( )	
8/13/22	Dallas County Democ	ratic Party	
Amount (\$)	Payee address;	City;	State; Zip Code
100	1414 N Washington, Da	allas, Tx	
A COORDER HE REPORTED A CONTROLLED	Category (See Categories listed at the top of this sch	edule) Description	
PURPOSE OF EXPENDITURE	Event Expense	Event T	icket
	Check if travel outside of Texas. Complete Sche	dule T Check if Aust	in, TX afficeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	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 Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Travel In District 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. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Michael Jones 4 Date 5 Payee name Sheniqua Jones 8/26/22 6 Amount (S) 7 Payee address. City; State: Zip Code N/A 612.00 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Contract Labor EXPENDITURE Check if travel outside of Texas Complete Schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 8/26/22 RawWeb Enterprises Amount (\$) Payee address. City: State; Zip Code 409.61 7537 Gayglen Dr, Dallas, Tx 75217 Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Expense Push cards OF EXPENDITURE Check if travel outside of Texas, Complete Schedule 1 Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date 8/31/22 Constable Orozco Campaign Amount (S) Payee address: City; State: Zip Code

50

PURPOSE

EXPENDITURE

Complete ONLY if direct

expenditure to benefit G/OH

8

Description

Office sought

Donation

Constable

Check if Austin, TX. officeholder living expense

5016 Groom Lane, Dallas, Tx

Category (See Categories listed at the top of this schedule)

Check if travel outside of Texas Complete Schedule T

Candidate / Officeholder name

Constable Orozco

Donation

Office held

Constable

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	•	
Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credi Card Payment	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling Ex  Giff/Awards/Memonals Expense Printing E	eyment/Reimbursement erhead/Rental Expense xpense xpense Wages/Contract Labor	Travel In District Travel Out Of Distr	ipment & Related Expense
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Michael Jones		3 Filer ID (Ethi	cs Commission Filers
4 Dale 8/31/22	5 Payee name Elite News	4		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
250.00	PO Box 380017, Dunanville,	Tx 75183		da ministrativo de la constanta de la constant
8	(a) Category (See Categories listed at the (op of this schedule)	(b) Description		OCT 11 '22 PM3:
PURPOSE OF EXPENDITURE	Advertising Expense	Marketing		
	(c) Check if traval outside of Texas. Complete Schedule T	Check if Austin	n, TX, afficeholder live	ng expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
9/1/22	Donor Box			
Amount (\$)	Payee address:	City;	State;	Zip Code
.75	N/A			
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	***************************************	
EXPENDITURE	Check the selection of Transition of Transit			
Complete ONLY if direct	Check if travel outside at Texas Complete Schedule T.  Candidate / Officeholder name	Office sought	n, TX, officeholder livi	Office held
expenditure to benefit C/OF		200g		Omes ried
Oate 9/1/22	Payee name  Ram Web Enterprises			
Amount (\$)	Payee address,	City;	State;	Zip Code
50	7537 Gayglen Dr, Dallas, T	x 75217		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Design	Fee	
	Check if travel outside of Texas. Complete Schedule T	Check if Austin	n, TX, officeholder livi	ng expense
Complete ONLY 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 Accounting/Banking Consulting Expense Contributions/Donations Made By Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Food/Beverage Expense Transportation Equipment & Related Expense Polling Expense Printing Expense Travel In District Travel Out Of District Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Credit Card Payment Other (enter a category not listed above) 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 9/2/22 6 Amount (\$) 7 Payee address: City; State: Zip Code N/A 828 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Contract Labor OF Canvass EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 9/9/22 Sheniuqa Jones Amount (\$) Payee address; City: State: Zip Code 1,044 N/A Category (See Categories listed at the top of this schedule) Description **PURPOSE** Contract Labor OF Canvass EXPENDITURE Check if travel outside of Texas Complete Schedule T Check if Austin TX officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 9/12/22 Sheniqua Jones Amount (\$) Payee address; City; State: Zip Code N/A 250 Category (See Categories listed at the top of this schedule) Description PURPOSE Contract Labor Canvass EXPENDITURE Check if travel outside of Texas Complete Schedule T Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

	formation is not applicable, DO NOT inc		eport.	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politil Candi Card Payment	By Gift/Awards/Memorials Expense	oan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District	ipment & Related Expens
1 Tolal pages Schedule F1	<sup>2</sup> FILER NAME Michael Jones		3 Filer ID (Ethi	cs Commission Filers)
4 Date 9/20/22	5 Payee name Sheniqua Jones	8		
6 Amount (\$) 1,032	7 Payee address,	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch  Contract Labor	Canvass		
Complete ONLY if direct	(c) Check if travel outside of Texas. Complete Scher	dule T Check if Aust	in, TX, officeholder livin	ig expense
expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date 9/30/22	Payee name Sheniuqa Jones			
Amount (\$) 360	Payee address:	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Description  Canvass		
	Check if travel outside of Texas Complete Sched	lule T Check if Austi	n TX officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/10/22	Ram Web Enterprises			
Amount (\$)	Payee address;	City:	State;	Zip Code
243.19	7537 Gayglen Dr, Dallas	s, Tx		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Description Push Ca	ards	
	Check if travel outside of Texas Complete Schedu	ule T Check if Austin	. TX. officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

Complete DNIX   Format   Complete DNIX   For		<b>EXPENDITURE CATEG</b>	ORIES FOR BOX 10(a)		
1 lotal pages Schedule F4: 2 FILER NAME Michael Jones 3 Filer ID (Ethics Commissions Helps) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 8/21/22 6 Payes name Dallas County Democratic Party 7 Amount (S) 8 Payes address; City: State: Zip Code 250 14.14 Washington, Dallas, Tx 9 TYPE OF EXPENDITURE X Political Non-Political 10 (a) Category (See Categories listed at the top of this schedule) (b) Description  EVENT Ticket (c) Check fraved outsoor of Tenas Complete Schedule T Check if Austin, TX, officeholder Jump axpense  Payer name Candidate / Officeholder name Office sought Office held  Payer name Thibideaux Restaurant  Amount (S) Payee address: City: State: Zip Code  278.4.1 515 N Cedar Ridge, Duncanville, Tx  TYPE OF EXPENDITURE X Political Non-Political  Category (See Categories listed at the top of this schedule) Description  Event Expense Food  Category (See Categories listed at the top of this schedule) Description  FURPOSE FOR EXPENDITURE X Political Non-Political  Category (See Categories listed at the top of this schedule) Description  Event Expense Food  Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Description  Event Expense Food	Accounting/Banking Consulting Expense Contributions/Donations Made (	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Poiling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equi Travel In District Travel Out Of Distri	pment & Related Expen
Society   State   September	1 Total pages Schedule F4:	2 FILED NAME	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics	Commission Eders)
Dallas County Democratic Party  Dallas County Democratic Party  Amount (s)  8  Payee address;	4 TOTAL OF UNITEN	IIZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$	
250  1414 Washington, Dallas, Tx  PTYPE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  (b) Description  Event Ticket  (c)		6 Payee name Dallas County	Democratic Party		· · · · · · · · · · · · · · · · · · ·
TYPE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  (b) Description  Event Expense  Event Ticket  (c) Check if ravel outside of Texas Complete Schedule T			30.0	State;	Zip Code
EVENT EXPENDITURE  EVENT Expense  Event Ticket    Concentrate   Concentr	I A P E OF		1		
Candidate / Officeholder name	PURPOSE OF			cket	
Thibideaux Restaurant  Amount (\$) Payee address; City: State; Zip Code  278.41 515 N Cedar Ridge, Duncanville, Tx  TYPE OF EXPENDITURE	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name			
278.41  515 N Cedar Ridge, Duncanville, Tx  TYPE OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Food  Check if travel outside of Texas Complete Schedule T  Check if Austin, TX officeholder living expense  Candidate / Officeholder name	Date 8/24/22		staurant		
PURPOSE OF EXPENDITURE    Category (See Categories listed at the top of this schedule)   Description				State;	Zip Code
PURPOSE OF EXPENDITURE  Event Expense  Check if travel outside of Texas Complete Schedule T  Check if Austin, TX officeholder living expense  Candidate / Officeholder name		X Political	Non-Political		
Candidate / Officeholder name	OF				
Candidate / Officeholder name Office sought Office held		Check if travel outside of Texas Complete Sc	hedule T Check if Au	stin, TX, officeholder livin	g expense
expenditure to benefit C/OH	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office h	eld

# EXPENDITURES MADE BY CREDIT CARD

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 Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Candidate/Officeholder/Politic	Printing Ex	/ages/Contract Labor	Travel In District Travel Out Of Distri Other (enter a categ	ct gory not listed above)
1 Fotal pages Schedule F4:	<sup>2</sup> FILER NAME Michael Jones		3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED TO A CR	REDIT CARD	\$	
5 Date 9/23/22	6 Payee name Sheniqua Jones		1	
7 Amount (\$) 768	8 Payee address; 1414 Washington, Dallas, Tx	City;	State;	Zip Code
9 TYPE OF EXPENDITURE	X Political Non-Po	olitical		
10 PURPOSE OF EXPENDITURE	(a) Category (See Calegories listed at the top of this schedule)  Other	(b) Description  Contract	labor	
11 Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name O Payee name	Check if Au	ustin, TX, afficeholder livir Office f	
Amount (\$)	Payee address;	City;	State;	Zip Code
TYPE OF EXPENDITURE	Political Non-Po	olitical		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas Complete Schedule T	Check If A	ustin TX officeholder livir	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name O	ffice sought	Office i	neld
			78.75.45	
A PORT OF THE PROPERTY OF THE	ATTACH ADDITIONAL COPIES OF THIS SA	CUEDIII =		

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE CATEGORIE	S FOR BOY 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Gradi Cara Payment	Event Expense	Repayment/Reimbursement Overhead/Rental Expense g Expense g Expense as/Wages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of District Other (enter a categ	oment & Related Expens st
1 Total pages Schedule G.	<sup>2</sup> FILER NAME Michael Jones	to complete this form,	3 Filer ID (Ethic	s Commission Filers)
4 Date 8/7/22	5 Payee name Print Place			
6 Amount (\$) 949.35	7 Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended	1130 E Ave H, Arlington, T	× 76011		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Advertising Expense	door hang	er	
	(c) Check if travel outside of Texas Complete Schedule T	Check if Austin	TX officeholder living	expenso
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 9/20/22	Payee name Maihouse			
Amount (\$)	Payee address;	City:	Citat	
2,501.14 Reimbursement from political contributions intended	2276 Vantage, Dallas, Tx		State;	Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE	Advertising Expense	Mail		
	Check if travel outside of Texas Complete Schedule T	Check if Austin,	TX, officeholder living e	expense
Camplete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
9/29/22	Payee name Beyond the Slogan			
Amount (\$)	Payee address;	City;	Chata	
2,500 Reimbursement from political contributions intended	N/A	Oity,	State;	Zip Code
BUBBBBB	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Expense	Description		
	Check if travel outside of Texas Complete Schedule T	Check if Austin	TX officeholder living e:	Ynonsa
				hanse

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGOR	RIES FOR BOYAL	
Event Expense Loa Fees Offi Food/Beverage Expense Political Committee Legal Services Sale	an Repayment/Reimbursement ice Overhead/Rental Expense fing Expense ating Expense aries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expensionable in District Travel in District Travel Out of District Other (enter a category not listed above)
	w to complete this form.	
Michael Jones		3 Filer ID (Ethics Commission Filers)
5 Payee name Sheniqua Jones		
7 Payee address; N/A	City;	State; Zip Code
(a) Category (See Categories listed at the Land Tibe		
Other	Contract I	abor
(c) Check if travel outside of Texas. Complete Schedule T	Chack if Austin	TV 46-1-11
Candidate / Officeholder name	Office sought	Office held
Payee name		
Payee address;	City	
	City,	State; Zip Code
Category (See Categories listed at the top of this schedule)	Description	
Check if travel outside of Texas, Complete Schedule T		
Candidate / Officeholder name	Office sought	TX, officeholder living expense Office hold
)H		Since Haid
Payee name		
Payee address:	Cibe	
	July.	State; Zip Code
Category (See Categories listed at the top of this schedule)	Description	
Check if travel outside of Texas Complete Scheriula T	[] CPLEAR	
Candidate / Officeholder name	Office sought	TX officeholder living expense
	Event Expense Fees Fees Fees Gift/Awards/Memorals Expense Gift/Awards/Memorals Expense Fees Fees Fees Food/Beverage Fxpense Gift/Awards/Memorals Expense Poly Regal Services  The Instruction Guide explains ho  2 FILER NAME Michael Jones  5 Payee name Sheniqua Jones  7 Payee address; N/A  (a) Category (See Categories listed at the top of this schedule Total Candidate / Officeholder name  Payee name  Payee address;  Category (See Categories listed at the top of this schedule Total Candidate / Officeholder name)  Payee address;  Category (See Categories listed at the top of this schedule Total Candidate / Officeholder name)  Check if travelouiside of lexas Complete Schedule Total Candidate / Officeholder name  Payee name  Payee address;  Category (See Categories listed at the top of this schedule)  Check if travelouiside of lexas Complete Schedule Total Candidate / Officeholder name  Category (See Categories listed at the top of this schedule)  Check if travelouiside of Texas Complete Schedule Total Category (See Categories listed at the top of this schedule)  Check if travelouiside of Texas Complete Schedule Total Category (See Categories listed at the top of this schedule)	Fees Froed/Beverage Fxpense Grit/wards/Marmonals Expense Contract I  2 FILER NAME Michael Jones  5 Payee name  Sheniqua Jones  7 Payee address;  City:  N/A  (a) Category (See Categories listed at the top of this schedule)  Candidate / Officeholder name  Payee address;  City:  Category (See Categories listed at the top of this schedule)  Payee address;  City:  Category (See Categories listed at the top of this schedule)  Payee address;  City:  Category (See Categories listed at the top of this schedule)  Payee address;  City:  Category (See Categories listed at the top of this schedule)  Payee address;  City:  Category (See Categories listed at the top of this schedule)  Payee address;  City:  Category (See Categories listed at the top of this schedule)  Payee address:  City:  Category (See Categories listed at the top of this schedule)  Payee address:  City:  Category (See Categories listed at the top of this schedule)  Payee address:  City:  Category (See Categories listed at the top of this schedule)  Payee address:  City:  Category (See Categories listed at the top of this schedule)  Description  Check if travel outside of Texas Complete Schedule T  Check if Austin  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)