

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

11

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY
	Mr	Michael	D	
	NICKNAME	LAST	SUFFIX	Date Received
	Mike	Jones	Jr	1/13/2025 <i>[Signature]</i>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			Date Hand-delivered or Date Postmarked
	PO Box 2475, Desoto, Tx 75123			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Receipt #
	(972)	696-9288		Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Processed
	Ms	Shay		Date Imaged
	NICKNAME	LAST	SUFFIX	
	McKuckles			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
	4131 N Central Expy #900, Dallas, TX 75204			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(214)	983-8302		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year Month Day Year 07 / 01 / 2024 THROUGH 12 / 31 / 2024			
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)	
	Justice of the Peace 4-1			
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM JC/OH
COVER SHEET PG 2**

15 JC/OH NAME Hon. Michael Jones		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,353.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,047.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,001.33
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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


Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Nicole Bizardi this the 13th day of January, 2025, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH**FORM JC/OH
COVER SHEET PG 3****19 FILER NAME**

Hon. Michael Jones

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$3,353.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$2,455.02
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 63.95
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 528.23
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)****SCHEDULE A(J)1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 2
2 FILER NAME Hon. Michael Jones		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ see attached spreadsheet of donors	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code		
8 Contributor's principal occupation		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ Contributor address; City; State; Zip Code	Amount of contribution (\$)
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ Contributor address; City; State; Zip Code	Amount of contribution (\$)
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ Contributor address; City; State; Zip Code	Amount of contribution (\$)
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

Judge Mike Jones Campaign Donations - July 1, 2024 - December 30, 2024					
Date	Name	Amount	Occupation/Job Title	Employer	Full Address
7/5/24	Duane Spencer	\$100.00	Unemployed	Unemployed	405 N Balfour Dr, Cedar Hill, Tx 75104
7/15/24	Michael Lockhart	\$25.00	HVAC	Best Deal AC	311 Gibson st, Mesquite, Tx 75149
7/24/24	Merrill Hudgens	\$260.59	IT Communications	US Navy	1002 Regal rd, Saint Marys, GA 31558
8/1/24	Calvin Williams	\$20.21	Vice President	NA	704 Dry Creek Circle DeSoto, TX 75115
8/14/24	Monte Brown	\$52.37	Real Estate Broker	BSA Realty	1721 W Plano, Suite 123, Plano, Tx 75075
8/14/24	Kieth Stone	\$104.42	Real Estate Agent	Keller Williams	2010 N. Hampton Road Suite 300 Desoto, TX 75115
8/14/24	Beverly Hilton Neal	\$156.48	Unemployed	Unemployed	4123 Plymouth Dr Grand Prairie, TX 75052
8/14/24	Michael Orozco		Constable	Dallas County	5016 Groom Lane Dallas, TX 75227
8/15/24	Prince Carouthers	\$19.11	Safety	N/A	N/A
8/15/24	Deanna Hammond	\$50.00	Constable	Dallas County	1200 E Davis Street, Mesquite, Tx 75149
8/15/24	Junior Ezeonu	\$100.00	Consultant	Consultant	Grand Prairie, Tx
8/15/24	Tartisha Hill	\$50.00	Clerk	Dallas County	N/A
8/15/24	Crystal Chism	\$100.00	Government	Government	Deer Creek, Desoto, Tx 75115
8/15/24	Aicha Davis	\$52.37	State Board of Education	Texas	P.O. Box 4525 Dallas, TX 75209
8/15/24	Valencia Nash	\$100.00	Justice of the Peace	Dallas County	8301 S Polk St Suite 2200, Dallas, TX 75232
8/15/24	Sonja Brown	\$75.00	Admin	Lancaster ISD	422 S Centre Ave, Lancaster, TX 75146
8/15/24	Brittney Green	\$50.00	Police Officer	Desoto	Desoto, Tx 75115
8/15/24	Norma Brooks	\$25.00	Consultant	Business Alliance Group	1617 Park Place Ave Ste 110 Fort Worth, TX, 76110-1300
8/15/24	Greg Jones	\$19.06	Unknown	Unknown	Arlington, Tx
8/15/24	Nichole Harden	\$25.00	Attorney	Dallas Eviction Advocacy Center	2921 Leeshire Dr Dallas, TX 75228
8/15/24	Ramona Ross-Bacon	\$26.34	Unemployed	Unemployed	1002 Molly Ct, Cedar Hill, Tx 75104
8/15/24	Duane Spencer	\$156.48	Unemployed	Unemployed	405 N Balfour Dr, Cedar Hill, Tx 75104
8/15/24	Demontre Jones	\$25.00	Unemployed	Unemployed	1138 Spruce Wood Cir, Desoto, Tx 75115
8/15/24	Jerry Brooks	\$100.00	Attorney	JC Brooks Law	1617 Park Place Ave Ste 110 Fort Worth, TX, 76110-1300
8/15/24	Calvin Williams	\$104.42	VP	NA	704 Dry Creek Circle DeSoto, TX 75115
8/15/24	Jason Wingert	\$50.00	Real Estate	Wingert Real Estate	3839 McKinney Avenue, Dallas, TX 75204 155-524
8/15/24	Adrienne Jones	\$52.45	Admin	N/A	1456 Singing Bird Drive Lancaster, TX 75134
8/15/24	Charles Ventures	\$60.00	Unemployed	unemployed	Red Oak, Tx 75154
8/15/24	Canti Suresh	\$100.00	Business Owner	Self employed	
8/16/24	Yolanda Sweet	\$50.00	Government	Dallas County	605 Flagstaff, Desoto, Tx 75115
8/16/24	Brian Flewean	\$20.00	Self Employed	BF Configuraitons	325 N. St. Paul Ste 3100 Dallas, TX 75201
8/16/24	Zachary Thompson Enterprise	\$50.00	Consultant	Self employed	1041 Hampshire, Cedar Hill, Tx 75104
8/17/24	Channing Beasley	\$19.11	Unemployed	Unemployed	Arlington, Tx
8/18/24	LaKia Ross	\$104.42	Sales	BGSF	4151 Viridian Village Drive Apt 1308 Arlington, TX 76005 United States
8/18/24	Mark Cooks	\$100.00	VP	Frost Bank	
8/19/24	Betty Jones	\$50.00	Retired	Retired	1138 Spruce wood Cir, Desoto, Tx 75115
8/19/24	Breakfast Brothers	\$100.00	Owner	Breakfast Brothers	3704 West Camp Wisdom Road Dallas, TX 75237
8/19/24	Community Missionary Baptist Church	\$500.00	Non Profit	N/A	PO Box 2243, Desoto, Tx 75123
8/20/24	Ben Collins	\$50.00	Manager	City of Dallas	2260 La Escalero Ranch Rd, Waxahachie, tx 75164
9/4/24	Oscar Epps	\$200.00	Pastor	Community Missionary Baptist Church	PO Box 2243, Desoto, Tx 75123
9/28/24	Christina Puga	\$50.00	Commissioner	City of Dallas	PO Box 765246, Dallas, Tx 75236

\$9,353

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Hon. Michael Jones	3 Filer ID (Ethics Commission Filers)
4 Date 12/1/24	5 Payee name RamWeb	
6 Amount (\$) \$50.00	7 Payee address; City; State; Zip Code Gayglen Dr, Dallas, Tx	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Design fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/10/2024	Payee name RamWeb	
Amount (\$) \$405.35	Payee address; City; State; Zip Code Gayglen Dr, Dallas, Tx	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Post Cards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/17/2024	Payee name D Spence - Mail	
Amount (\$) \$1,999.67	Payee address; City; State; Zip Code 3400 Easey St, Dallas, Tx 75247	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Postage
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Contributions/Donations Made By
Candidate/Officeholder/Political CommitteeEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/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 FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 1		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 institution			
6 PAYMENT		(a) Amount Charged \$ 63.95	(b) Date Expenditure Charged 7/18/24-12/18/24	(c) Date(s) Credit Card Issuer Paid 7/18/24-12/18/24	
7 PAYEE		(a) Payee name Constant contact		(b) Payee address; City, State, Zip Code 1601 Trapelo Road, Suite 329 - Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertisiting Expense		(b) Description Email service	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office Sought Office Held	
PAYMENT		(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name		(b) Payee address; City, State, Zip Code	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office Sought Office Held	
PAYMENT		(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name		(b) Payee address; City, State, Zip Code	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office Sought Office Held	

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 CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4	2 FILER NAME Hon. Michael Jones	3 Filer ID (Ethics Commission Filers)
4 Date 7/20/24	5 Payee name RamWeb	
6 Amount (\$) 75.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: City: State: Zip Code Gayglen Dr, Dallas, Tx	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Marketing Design
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date 7/23/24	Payee name RamWeb	
Amount (\$) 134.88 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code Gayglen Dr, Dallas, Tx	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Banner
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date 7/24/24	Payee name Kamala Harris for President	
Amount (\$) 19.11 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code Online	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions	Description Donation
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4		2 FILER NAME Hon. Michael Jones		3 Filer ID (Ethics Commission Filers)	
4 Date 8/5/24		5 Payee name RamWeb			
6 Amount (\$) 43.03 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address: City: State: Zip Code Gaylen Dr, Dallas, Tx			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Marketing Design	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/10/24		Payee name 23rd Senatorial District Tejano Democrats			
Amount (\$) 20.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address: City: State: Zip Code PO Box 226534, Dallas, Tx 75222			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Other		Description Membership	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/1/24		Payee name Donorbox			
Amount (\$) .92 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address: City: State: Zip Code Online			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Officeoverhead		Description	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4	2 FILER NAME Hon. Michael Jones	3 Filer ID (Ethics Commission Filers)
4 Date 9/5/24	5 Payee name Green and Green Company	
6 Amount (\$) 150.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code N/A	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Event Ad
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 10/22/24	Payee name Collin Alred for Senate	
Amount (\$) 25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Online	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions	Description Campaign
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 10/29/24	Payee name Collin Alred for Senate	
Amount (\$) 25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Online	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions	Description Campaign
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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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 CATEGORIES FOR BOX 8(a)

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4	2 FILER NAME Hon. Michael Jones	3 Filer ID (Ethics Commission Filers)
4 Date 11/4/24	5 Payee name Collin Alred for Senate	
6 Amount (\$) 25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code Online	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions	(b) Description Campaign
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date Various	Payee name Stripe	
Amount (\$) 10.29 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Online	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Overhead Office Expense	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED