

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

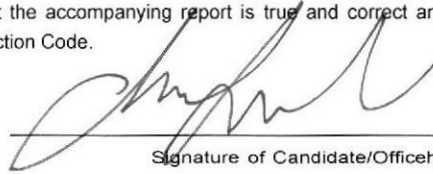
FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. FIRST Michael MI NICKNAME Mike LAST SUFFIX	OFFICE USE ONLY Date Received OCT 5 '26 AM 1:52 Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE PO Box 2475, Desoto, Tx 75123		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 696-9288		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms FIRST Shay MI NICKNAME LAST McKuckles SUFFIX	Receipt # Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	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	☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only) ☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 7 / 1 / 2026 THROUGH 10 / 04 / 2026		
11 ELECTION	ELECTION DATE Month Day Year 11 / 03 / 2026 ELECTION TYPE ☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special		
12 OFFICE	OFFICE HELD (if any) Justice of the Peace, Precint 4-1	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S) ☐ Additional Pages	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.		
	COMMITTEE TYPE ☐ GENERAL ☐ SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

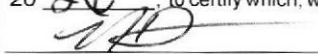
GO TO PAGE 2

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT****FORM JC/OH
COVER SHEET PG 2****15 JC/OH NAME**
Michael Jones Jr**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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,287.54
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 442.80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,534.69
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 Michael Jones Jr this the 5th day of October,20 21, to certify which, witness my hand and seal of office.Nicole BizardiDenk

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

Michael Jones Jr

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	☒	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,137.54
2.	☒	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 150.00
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	☐	SCHEDULE E: LOANS	\$
5.	☒	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 92.28
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	☒	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 266.86
9.	☒	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 83.66
10.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	☐	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 Michael Jones Jr		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC ID#: _____ See attached	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 ☐ 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 ☐ 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.		

SCHEDULE A(J)1 - MONETARY POLITICAL CONTRIBUTIONS
HON. MICHAEL JONES

Date	Name	Amount	Occupation/Job Title	Employer	Full Address
8/13/26	Lydia Miller	\$50.00	Mediator	Move Forward Medation	2923 W Ledbetter, Dallas, Tx 7233
9/29/26	Junior Ezeonu	\$100.00	Consultant	Self	PO Box 541326, Grand Prairie, Tx 75054
9/21/26	Bridget Lopex	\$750.00	Partner	Linebarger Goggan Blair & Simpson	4326 Meadowdale Lane, Dallas, Tx 75229
9/30/26	Robertetta Jones	\$50.00	Retired	N/A	N/A
9/30/26	Linebarger Goggan & Sampson	\$2,000.00	Law Firm	Linebarger Goggan Blair & Simpson	PO Box 17428, Dallas, Tx 78760
9/30/26	Charlondra Thompson	\$104.70	Unemployed	Unemployed	909 Marisa Ct, Desoto, Tx 75115
9/30/26	Andrew Tylor	\$25.00	Manager	Linebarger Goggan Blair & Simpson	2825 Oak Lawn Ave, Dallas, Tx 75219
9/30/26	Mike Weston	\$1,000.00	Attorney	Weston Legal	177 West Gray Street, Houston, Tx 77019
9/30/26	Damarcuas Offord	\$100.00	Gov Relations	Dart	418 Laurel Lane, Glenn Heights, Tx 75154
9/30/26	Karen Bishop	\$26.41	Manager	Linebarger Goggan Blair & Simpson	2660 E Overton, Dallas, Tx 75216
9/30/26	Karen Bishop	\$26.41	Manager	Linebarger Goggan Blair & Simpson	2660 E Overton, Dallas, Tx 75216
9/30/26	Jacquelyne Robinson	\$100.00	Patient Adocate	Advance Dailas Hospital	919 Aspen Ct, Desoto, tx 75115
9/30/26	Stephen Jones	\$250.00	Attorney	Linebarger Goggan Blair & Simpson	7715 Oak garden Trail, Dallas, Tx 75232
9/30/26	Sherrel Kinghton	\$200.00	Attorney	Linebarger Goggan Blair & Simpson	1104 Creeksonte, Carrollton, Tx 75010
9/30/26	Shelia Williams	\$100.00	N/A	N/A	1028 Westlake, desoto, Tx 75115
9/30/26	Renita Griggs	\$150.00	N/A	Linebarger Goggan Blair & Simpson	PO Box 17428, Dallas, Tx 78760
10/1/26	Jacqueline Gross	\$52.51	Sales	Ernest Health	2630 Villa Di Lago, Dr, Grand Prairie, Tx 75054
10/1/26	Lydia Miller	\$52.51	Mediator	Move Forward Medation	2923 W Ledbetter, Dallas, Tx 7233

\$5,138

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1

Michael Jones Jr

3 Filer ID (Ethics Commission Filers)

\$

9/30/26

Linebarger Goggan Blair & Sampson

PO Box 17428, Dallas , Tx 78760

\$150

Food and beverages for campaign fundraiser

☐ Check if travel outside of Texas. Complete Schedule T.

11 Employer (FOR NON-JUDICIAL)(See Instructions)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Contributor address; City; State; Zip Code

Amount of
Contribution \$

In-kind contribution description

☐ Check if travel outside of Texas. Complete Schedule T.

Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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 Michael Jones Jr	3 Filer ID (Ethics Commission Filers)
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4 Date 7/26/10/26	5 Payee name Stripe
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6 Amount (\$) 92.28	7 Payee address; 354 Oyster Point Blvd, South San Francisco, CA 94080 ☐ Check if individual's residence address	City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Fees
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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
------	------------

Amount (\$)	Payee address; ☐ Check if individual's residence address	City; State; Zip Code
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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 Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; ☐ Check if individual's residence address	City; State; Zip Code
-------------	--	-----------------------------

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 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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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 Committee

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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 1

2 FILER NAME
Michael J. J. S.

3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 CREDIT CARD
ISSUER

Name of financial institution

American Express

6 PAYMENT

(a) Amount Charged

\$ 38.37

(b) Date Expenditure Charged

7/26/9/26

(c) Date(s) Credit Card Issuer Paid

7 PAYEE

(a) Payee name

Constant Contact

(b) Payee address;

City,

State,

Zip Code

1601 Trapelo Road, Waltham, MA 02451-7333

☐ Check if individual's residence address.

8 PURPOSE OF
EXPENDITURE



Political



Non-Political

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

Office overhead

(b) Description

Email

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ 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

\$ 228.49

(b) Date Expenditure Charged

9/25/26

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

RamWeb Enterprises

(b) Payee address;

City,

State,

Zip Code

PO Box 171752, Dallas, tx 75217

☐ Check if individual's residence address.

PURPOSE OF
EXPENDITURE



Political



Non-Political

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

Advertisement Expense

(b) Description

Signage

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ 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

☐ Check if individual's residence address.

PURPOSE OF
EXPENDITURE



Political



Non-Political

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

(b) Description

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ 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