

# 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

NICKNAME

FIRST

Thomas

LAST

MI

G.

SUFFIX

## OFFICE USE ONLY

Date Received

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS (NO BOX)

APT / SUITE #

CITY

STATE

ZIP CODE

1527 Bilco St. Dallas TX 75202

Change of Address

5 CANDIDATE /  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 458-3007

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

Mr.

NICKNAME

FIRST

Al

LAST

MI

SUFFIX

Herron

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

4478 S. Marsalis Ave Ste A, Dallas TX 75216

Residence or Business

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 215-8404

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

07 01 2024

THROUGH

Month

Day

Year

12 31 2024

11 ELECTION

ELECTION DATE

Month

Day

Year

☐

Primary

☐

Runoff

☐

Other  
Description

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

Justice of the Peace

13 OFFICE SOUGHT (if known)

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.

COMMITTEE TYPE

COMMITTEE NAME

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

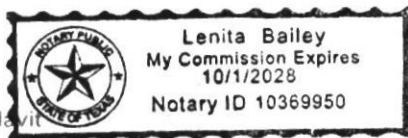
FORM JC/OH  
COVER SHEET PG 2

|                                      |   |  |
|--------------------------------------|---|--|
| 15 JC/OH NAME <u>Thomas G. Jones</u> |   | 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) | \$ <u>0</u>                            |
|                                      | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ <u>2,050.00</u>                     |
| EXPENDITURE TOTALS                   | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE   | \$ <u>0</u>                            |
|                                      | 4. TOTAL POLITICAL EXPENDITURES   | \$ <u>1,100.00</u>                     |
| CONTRIBUTION BALANCE                 | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ <u>3,604.72</u>                     |
| OUTSTANDING LOAN TOTALS              | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ <u>33,800.00</u>                    |

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.

Thomas G. Jones  
Signature of Candidate/Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Thomas G. Jones this the 15<sup>th</sup> day of January, 2025, to certify which, witness my hand and seal of office.

Lenita Bailey Lenita Bailey Notary  
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

Thomas G. Jones

20 Filer ID (Ethics Commission Filers)

| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE   | SUBTOTAL<br>AMOUNT |
|---|--------------------|
| 1 <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                       | \$ 2,000.00        |
| 2 <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                         | \$ 0               |
| 3 <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$ 0               |
| 4 <input checked="" type="checkbox"/> SCHEDULE E: LOANS   | \$ 0               |
| 5 <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS               | \$ 1,100.00        |
| 6 <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  | \$ 0               |
| 7 <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS              | \$ 0               |
| 8 <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                       | \$ 0               |
| 9 <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                         | \$ 0               |
| 10 <input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ 0               |
| 11 <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ 0               |
| 12 <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0               |

# 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 FILER NAME <u>Thomas G. Jones</u>                                       |  | 3 Filer ID (Ethics Commission Filers) _____             |
| 4 Date <u>9/19/24</u>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____<br><u>Hamilton Wingo, LLP</u> | 7 Amount of contribution (\$) <u>1,000<sup>00</sup></u> |
| 6 Contributor address: _____<br><u>325 N. St Paul St Dallas, TX 75201</u> |  |   |
| 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 <u>9/22/24</u>  | Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____<br><u>Tonya Parker</u> | Amount of contribution (\$) <u>100<sup>00</sup></u> |
| Contributor address: _____<br><u>PO Box 225031 Dallas TX 75222</u> |   |   |
| 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 <u>9/23/24</u>   | Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____<br><u>Dale Tillery</u> | Amount of contribution (\$) <u>100<sup>00</sup></u> |
| Contributor address: _____<br><u>4513 Scenic Circle Garland, TX 75043</u> |   |   |
| 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.

# 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 FILER NAME<br><i>Thomas G. Jones</i>   |   | 3 Filer ID (Ethics Commission Filers)        |
| 4 Date<br><i>9-18-24</i>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#<br><i>Judge Monica Purdy</i> | 7 Amount of contribution (\$) <i>100.00</i>  |
| 6 Contributor address: City: State: Zip Code<br><i>5930 Royal Ln, APT B 285 Dallas, TX 75230</i> |   |  |
| 8 Contributor's principal occupation<br><i>Judge</i>   |   | 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<br><i>9-18-24</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#<br><i>Marian Brown</i> | Amount of contribution (\$) <i>250.00</i> |
| Contributor address: City: State: Zip Code<br><i>PO Box 851435 Mesquite TX 75185</i> |   |   |
| 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<br><i>9/19/24</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#<br><i>Eric V. Move</i> | Amount of contribution (\$) <i>500.00</i> |
| Contributor address: City: State: Zip Code<br><i>1410 Royalton Dr Dallas, TX 75230</i> |   |   |
| 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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2   |                                    |
| 2 FILER NAME<br><i>Thomas G. Jones</i>                                      |  | 3 Filer ID (Ethics Commission Filers)   |                                    |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                       |  | \$  |                                    |
| 5 Date  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><i>N/A</i> | 8 Amount of Contribution \$   | 9 In-kind contribution description |
| 7 Contributor address, City, State, Zip Code                                |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                    |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)   |  | 11 Employer (FOR NON-JUDICIAL) (See Instructions)                               |                                    |
| 12 Contributor's principal occupation (FOR JUDICIAL)                        |  | 13 Contributor's job title (FOR JUDICIAL) (See Instructions)                    |                                    |
| 14 Contributor's employer/law firm (FOR JUDICIAL)                           |  | 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) |  |   |                                    |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><i>N/A</i>   | Amount of Contribution \$   | In-kind contribution description   |
| Contributor address, City, State, Zip Code                                  |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                    |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)      |  | Employer (FOR NON-JUDICIAL) (See Instructions)                                  |                                    |
| Contributor's principal occupation (FOR JUDICIAL)                           |  | Contributor's job title (FOR JUDICIAL) (See Instructions)                       |                                    |
| Contributor's employer/law firm (FOR JUDICIAL)                              |  | Law firm of contributor's spouse (if any) (FOR JUDICIAL)                        |                                    |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)    |  |   |                                    |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# PLEDGED CONTRIBUTIONS (JUDICIAL)

## SCHEDULE B(J)

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 B(J):  |                                    |
| 2 FILER NAME<br><div style="font-size: 1.5em; font-family: cursive;">Thomas G. Jones</div> |  | 3 Filer ID (Ethics Commission Filers)   |                                    |
| 4 TOTAL OF UNITEMIZED PLEDGES  |  | \$  |                                    |
| 5 Date   | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><div style="font-size: 1.5em; font-family: cursive;">N/A</div> | 8 Amount of Pledge \$   | 9 In-kind contribution description |
| 7 Pledgor address, City: State: Zip Code   |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                    |
| 10 Pledgor's principal occupation  |  | 11 Pledgor's job title  |                                    |
| 12 Pledgor's employer/law firm   |  | 13 Law firm of pledgor's spouse (if any)  |                                    |
| 14 If pledgor is a child, law firm of parent(s) (if any)                                   |  |   |                                    |

|   |  |   |                                  |
|---|--|---|----------------------------------|
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><div style="font-size: 1.5em; font-family: cursive;">N/A</div> | Amount of Pledge \$   | In-kind contribution description |
| Pledgor address, City: State: Zip Code                |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                  |
| Pledgor's principal occupation                        |  | Pledgor's job title   |                                  |
| Pledgor's employer/law firm                           |  | Law firm of pledgor's spouse (if any)   |                                  |
| If pledgor is a child, law firm of parent(s) (if any) |  |   |                                  |

|   |  |   |                                  |
|---|--|---|----------------------------------|
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><div style="font-size: 1.5em; font-family: cursive;">N/A</div> | Amount of Pledge \$   | In-kind contribution description |
| Pledgor address, City: State: Zip Code                |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                  |
| Pledgor's principal occupation                        |  | Pledgor's job title   |                                  |
| Pledgor's employer/law firm                           |  | Law firm of pledgor's spouse (if any)   |                                  |
| If pledgor 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.



# LOANS (JUDICIAL)

## SCHEDULE E(J)

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 E(J)  |
| 2 FILER NAME <i>Thomas G. Jones</i>   |   | 3 Filer ID (Ethics Commission Filers)  |
| 4 TOTAL OF UNITEMIZED LOANS   |   | \$   |
| 5 Date of loan  | 7 Name of lender <i>N/A</i> <input type="checkbox"/> out-of-state PAC (ID#) | 9 Loan Amount (\$)   |
| 6 Is lender a financial institution?<br><input type="checkbox"/> Y <input type="checkbox"/> N | 8 Lender address: City: State: Zip Code                                     | 10 Interest rate   |
|   |   | 11 Maturity date   |
| 12 Lender's Principal Occupation  |   | 13 Lender's Job Title  |
| 14 Lender's Employer/Law Firm   |   | 15 Law Firm of lender's spouse (if any)  |
| 16 If lender is a child, law firm of parent(s) (if any)                                       |   |  |
| 17 Description of Collateral<br><input type="checkbox"/> none                                 |   | 18 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 19 GUARANTOR INFORMATION<br><input type="checkbox"/> not applicable                           | 20 Name of guarantor <i>N/A</i>   | 22 Amount Guaranteed (\$)  |
|   | 21 Guarantor address: City: State: Zip Code                                 |  |
| 23 Guarantor's Principal Occupation   |   | 24 Guarantor's Job Title   |
| 25 Guarantor's Employer/Law Firm  |   | 26 Law Firm of guarantor's spouse (if any)   |
| 27 If guarantor is a child, law firm of parent(s) (if any)                                    |   |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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                             | 2 FILER NAME<br><b>Thomas G. Jones</b>  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br><b>12/11/2024</b>                           | 5 Payee name<br><b>Tracey Guley</b>   |                                       |
| 6 Amount (\$)<br><b>500.00</b>                        | 7 Payee address:<br><b>8301. S. Polk St Dallas TX 75232</b>   |                                       |
| 8<br><br>PURPOSE<br>OF<br>EXPENDITURE                 | (a) Category (See Categories listed at the top of this schedule)<br><b>Event Expense</b>  |                                       |
|   | (b) Description   |                                       |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <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<br><b>12/12/2024</b>                             | Payee name<br><b>Regina D. Jones</b>  |                                       |
| Amount (\$)<br><b>600.00</b>                          | Payee address:<br><b>1527 Bilco St Dallas TX 75232</b>  |                                       |
| PURPOSE<br>OF<br>EXPENDITURE                          | Category (See Categories listed at the top of this schedule)<br><b>Gift Expense</b>   |                                       |
|   | Description   |                                       |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <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<br><b>N/A</b>  |                                       |
| Amount (\$)   | Payee address: City: State: Zip Code  |                                       |
| PURPOSE<br>OF<br>EXPENDITURE                          | Category (See Categories listed at the top of this schedule)  |                                       |
|   | Description   |                                       |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <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

# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|                           |                                     |                                       |
|---------------------------|-------------------------------------|---------------------------------------|
| 1 Total pages Schedule F2 | 2 FILER NAME <b>Thomas G. Jones</b> | 3 Filer ID (Ethics Commission Filers) |
|---------------------------|-------------------------------------|---------------------------------------|

|   |    |
|---|----|
| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ |
|---|----|

|        |                         |
|--------|-------------------------|
| 5 Date | 6 Payee name <b>N/A</b> |
|--------|-------------------------|

|               |                  |       |        |          |
|---------------|------------------|-------|--------|----------|
| 7 Amount (\$) | 8 Payee address, | City, | State, | Zip Code |
|---------------|------------------|-------|--------|----------|

|                       |   |  |
|-----------------------|---|--|
| 9 TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |  |
|-----------------------|---|--|

|                           |   |   |
|---------------------------|---|---|
| 10 PURPOSE OF EXPENDITURE | (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 |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| 11 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|      |                       |
|------|-----------------------|
| Date | Payee name <b>N/A</b> |
|------|-----------------------|

|             |                |       |        |          |
|-------------|----------------|-------|--------|----------|
| Amount (\$) | Payee address, | City, | State, | Zip Code |
|-------------|----------------|-------|--------|----------|

|                     |   |  |
|---------------------|---|--|
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |  |
|---------------------|---|--|

|                        |   |   |
|------------------------|---|---|
| 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

**PURCHASE OF INVESTMENTS MADE FROM  
POLITICAL CONTRIBUTIONS**

**SCHEDULE F3**

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 F3:            |  |
| 2 FILER NAME<br><i>Thomas G. Jones</i>                    |  | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date  | 5 Name of person from whom investment is purchased<br><i>N/A</i>             |                                       |  |
|   | 6 Address of person from whom investment is purchased, City, State, Zip Code |                                       |  |
|   | 7 Description of investment  |                                       |  |
|   | 8 Amount of investment (\$)  |                                       |  |
| Date  | Name of person from whom investment is purchased<br><i>N/A</i>               |                                       |  |
|   | Address of person from whom investment is purchased, City, State, Zip Code   |                                       |  |
|   | Description of investment  |                                       |  |
|   | Amount of investment (\$)  |                                       |  |

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# 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | 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<br>SCHEDULE F4:  |  | 2 FILER NAME<br><b>Thomas G. Jones</b>   |                              | 3 FILER ID (Ethics Commission Filers)                                     |  |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD                  |  |  |                              | \$  |  |
| 5 CREDIT CARD<br>ISSUER  |  | Name of financial institution<br><b>N/A</b>  |                              |   |  |
| 6 PAYMENT  |  | (a) Amount Charged<br>\$   | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid                                       |  |
| 7 PAYEE  |  | (a) Payee name   |                              | (b) Payee address; City, State, Zip Code                                  |  |
| 8 PURPOSE OF<br>EXPENDITURE  |  | (a) Category (See Categories listed at the top of this schedule)                   |                              | (b) Description   |  |
| <input type="checkbox"/> Political<br><input type="checkbox"/> Non-Political |  | (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<br>expenditure to benefit C/OH                     |  | Candidate / Officeholder name  |                              | Office Sought Office Held   |  |
| PAYMENT  |  | (a) Amount Charged<br>\$   | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid                                       |  |
| PAYEE  |  | (a) Payee name<br><b>N/A</b>   |                              | (b) Payee address; City, State, Zip Code                                  |  |
| PURPOSE OF<br>EXPENDITURE  |  | (a) Category (See Categories listed at the top of this schedule)                   |                              | (b) Description   |  |
| <input type="checkbox"/> Political<br><input type="checkbox"/> Non-Political |  | (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<br>expenditure to benefit C/OH                       |  | Candidate / Officeholder name  |                              | Office Sought Office Held   |  |
| PAYMENT  |  | (a) Amount Charged<br>\$   | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid                                       |  |
| PAYEE  |  | (a) Payee name   |                              | (b) Payee address; City, State, Zip Code                                  |  |
| PURPOSE OF<br>EXPENDITURE  |  | (a) Category (See Categories listed at the top of this schedule)                   |                              | (b) Description   |  |
| <input type="checkbox"/> Political<br><input type="checkbox"/> Non-Political |  | (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<br>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  
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   | 2 FILER NAME <b>Thomas G. Jones</b>  |       | 3 Filer ID (Ethics Commission Filers) |
| 4 Date   | 5 Payee name <b>N/A</b>  |       |                                       |
| 6 Amount (\$)  | 7 Payee address;   | City; | State; Zip Code                       |
| <input type="checkbox"/> Reimbursement from political contributions intended |  |       |                                       |
| 8 PURPOSE OF EXPENDITURE   | (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 |       |                                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH                        | Candidate / Officeholder name Office sought Office held  |       |                                       |
| Date   | Payee name <b>N/A</b>  |       |                                       |
| Amount (\$)  | Payee address;   | City; | State; Zip Code                       |
| <input type="checkbox"/> Reimbursement from political contributions intended |  |       |                                       |
| 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  |       |                                       |
| Date   | Payee name <b>N/A</b>  |       |                                       |
| Amount (\$)  | Payee address;   | City; | State; Zip Code                       |
| <input type="checkbox"/> Reimbursement from political contributions intended |  |       |                                       |
| 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  |       |                                       |

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# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

**SCHEDULE H**

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 H                                     | 2 FILER NAME <b>Thomas G. Jones</b>   |  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date   | 5 Business name <b>N/A</b>  |  |                                       |
| 6 Amount (\$)  | 7 Business address, City, State, Zip Code   |  |                                       |
| 8<br><b>PURPOSE OF EXPENDITURE</b>                           | (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 |  |                                       |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Office sought Office held   |  |                                       |
| Date   | Business name <b>N/A</b>  |  |                                       |
| Amount (\$)  | Business address, City, State, Zip Code   |  |                                       |
| <b>PURPOSE OF EXPENDITURE</b>                                | 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 <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name Office sought Office held   |  |                                       |
| Date   | Business name <b>N/A</b>  |  |                                       |
| Amount (\$)  | Business address, City, State, Zip Code   |  |                                       |
| <b>PURPOSE OF EXPENDITURE</b>                                | 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 <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name Office sought Office held   |  |                                       |

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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 I          | 2 FILER NAME<br><b>Thomas G. Jones</b>                                 |      | 3 Filer ID (Ethics Commission Filers)                                      |          |
| 4 Date                            | 5 Payee name<br><b>N/A</b>   |      |  |          |
| 6 Amount (\$)                     | 7 Payee address;   | City | State  | Zip Code |
| 8<br>PURPOSE<br>OF<br>EXPENDITURE | (a) Category (See instructions for examples of acceptable categories.) |      | (b) Description (See instructions regarding type of information required.) |          |
| Date                              | Payee name<br><b>N/A</b>   |      |  |          |
| Amount (\$)                       | Payee address;   | City | State  | Zip Code |
| PURPOSE<br>OF<br>EXPENDITURE      | Category (See instructions for examples of acceptable categories.)     |      | Description (See instructions regarding type of information required.)     |          |
| Date                              | Payee name<br><b>N/A</b>   |      |  |          |
| Amount (\$)                       | Payee address;   | City | State  | Zip Code |
| PURPOSE<br>OF<br>EXPENDITURE      | Category (See instructions for examples of acceptable categories.)     |      | Description (See instructions regarding type of information required.)     |          |
| Date                              | Payee name<br><b>N/A</b>   |      |  |          |
| Amount (\$)                       | Payee address;   | City | State  | Zip Code |
| PURPOSE<br>OF<br>EXPENDITURE      | Category (See instructions for examples of acceptable categories.)     |      | Description (See instructions regarding type of information required.)     |          |

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# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

**SCHEDULE K**

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 K |
| 2 FILER NAME  | 3 Filer ID (Ethics Commission Filers)                        |                          |
| <div style="font-size: 2em; font-family: cursive;">Thomas G. Jones</div>  |  |                          |
| 4 Date  | 5 Name of person from whom amount is received                | 8 Amount (\$)            |
|   | <div style="font-size: 2em; font-family: cursive;">N/A</div> |                          |
| 6 Address of person from whom amount is received; City: State: Zip Code   |  |                          |
| 7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer |  |                          |
|   |  |                          |
| Date  | Name of person from whom amount is received                  | Amount (\$)              |
|   | <div style="font-size: 2em; font-family: cursive;">N/A</div> |                          |
| Address of person from whom amount is received; City: State: Zip Code   |  |                          |
| Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer   |  |                          |
|   |  |                          |
| Date  | Name of person from whom amount is received                  | Amount (\$)              |
|   | <div style="font-size: 2em; font-family: cursive;">N/A</div> |                          |
| Address of person from whom amount is received; City: State: Zip Code   |  |                          |
| Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer   |  |                          |
|   |  |                          |
| Date  | Name of person from whom amount is received                  | Amount (\$)              |
|   | <div style="font-size: 2em; font-family: cursive;">N/A</div> |                          |
| Address of person from whom amount is received; City: State: Zip Code   |  |                          |
| Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer   |  |                          |
|   |  |                          |

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# OUTSTANDING LOANS

## SCHEDULE L

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 L              |                 |
| 2 FILER NAME<br><b>Thomas G. Jones</b>                    |                                | 3 Filer ID (Ethics Commission Filers) |                 |
| LENDER INFORMATION  | 4 Name of lender<br><b>N/A</b> |                                       |                 |
|   | 5 Lender address;              | City;                                 | State; Zip Code |
| GUARANTOR INFORMATION                                     | 6 Name of guarantor            |                                       |                 |
| <input type="checkbox"/> not applicable                   | 7 Guarantor address;           | City;                                 | State; Zip Code |
| LENDER INFORMATION  | Name of lender<br><b>N/A</b>   |                                       |                 |
|   | Lender address;                | City;                                 | State; Zip Code |
| GUARANTOR INFORMATION                                     | Name of guarantor              |                                       |                 |
| <input type="checkbox"/> not applicable                   | Guarantor address;             | City;                                 | State; Zip Code |
| LENDER INFORMATION  | Name of lender<br><b>N/A</b>   |                                       |                 |
|   | Lender address;                | City;                                 | State; Zip Code |
| GUARANTOR INFORMATION                                     | Name of guarantor              |                                       |                 |
| <input type="checkbox"/> not applicable                   | Guarantor address;             | City;                                 | State; Zip Code |
| LENDER INFORMATION  | Name of lender<br><b>N/A</b>   |                                       |                 |
|   | Lender address;                | City;                                 | State; Zip Code |
| GUARANTOR INFORMATION                                     | Name of guarantor              |                                       |                 |
| <input type="checkbox"/> not applicable                   | Guarantor address;             | City;                                 | State; Zip Code |

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# ASSETS PURCHASED WITH CONTRIBUTIONS

## SCHEDULE M

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

The Instruction Guide explains when and how to complete this form.

1 Total pages Schedule M:

2 FILER NAME

Thomas G. Jones

3 Filer ID (Ethics Commission Filers)

4 Description of Asset

Description of Asset

Description of Asset

N/A

Description of Asset

Description of Asset

Description of Asset

Description of Asset

N/A

Description of Asset

Description of Asset

Description of Asset

Description of Asset

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# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

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 T               |                                      |  |  |                                      |                                     |                                      |                                      |                                      |                                     |                                     |  |  |
| 2 FILER NAME <u>Thomas G. Jones</u>   |  | 3 Filer ID (Ethics Commission Filers)  |                                      |  |  |                                      |                                     |                                      |                                      |                                      |                                     |                                     |  |  |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee<br><u>N/A</u>   |  |  |                                      |  |  |                                      |                                     |                                      |                                      |                                      |                                     |                                     |  |  |
| 5 Contribution / Expenditure reported on:<br><table style="width: 100%;"><tr><td><input type="checkbox"/> Schedule A2</td><td><input type="checkbox"/> Schedule B</td><td><input type="checkbox"/> Schedule B(J)</td><td><input type="checkbox"/> Schedule C2</td><td><input type="checkbox"/> Schedule D</td><td><input type="checkbox"/> Schedule F1</td></tr><tr><td><input type="checkbox"/> Schedule F2</td><td><input type="checkbox"/> Schedule F4</td><td><input type="checkbox"/> Schedule G</td><td><input type="checkbox"/> Schedule H</td><td><input type="checkbox"/> Schedule COH-UC</td><td><input type="checkbox"/> Schedule B-SS</td></tr></table> |  |  | <input type="checkbox"/> Schedule A2 | <input type="checkbox"/> Schedule B      | <input type="checkbox"/> Schedule B(J) | <input type="checkbox"/> Schedule C2 | <input type="checkbox"/> Schedule D | <input type="checkbox"/> Schedule F1 | <input type="checkbox"/> Schedule F2 | <input type="checkbox"/> Schedule F4 | <input type="checkbox"/> Schedule G | <input type="checkbox"/> Schedule H | <input type="checkbox"/> Schedule COH-UC | <input type="checkbox"/> Schedule B-SS |
| <input type="checkbox"/> Schedule A2  | <input type="checkbox"/> Schedule B  | <input type="checkbox"/> Schedule B(J) | <input type="checkbox"/> Schedule C2 | <input type="checkbox"/> Schedule D      | <input type="checkbox"/> Schedule F1   |                                      |                                     |                                      |                                      |                                      |                                     |                                     |  |  |
| <input type="checkbox"/> Schedule F2  | <input type="checkbox"/> Schedule F4   | <input type="checkbox"/> Schedule G    | <input type="checkbox"/> Schedule H  | <input type="checkbox"/> Schedule COH-UC | <input type="checkbox"/> Schedule B-SS |                                      |                                     |                                      |                                      |                                      |                                     |                                     |  |  |
| 6 Dates of travel   | 7 Name of person(s) traveling  |  |                                      |  |  |                                      |                                     |                                      |                                      |                                      |                                     |                                     |  |  |
|   | 8 Departure city or name of departure location                               |  |                                      |  |  |                                      |                                     |                                      |                                      |                                      |                                     |                                     |  |  |
|   | 9 Destination city or name of destination location                           |  |                                      |  |  |                                      |                                     |                                      |                                      |                                      |                                     |                                     |  |  |
| 10 Means of transportation  | 11 Purpose of travel (including name of conference, seminar, or other event) |  |                                      |  |  |                                      |                                     |                                      |                                      |                                      |                                     |                                     |  |  |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee<br><u>N/A</u>   |  |  |                                      |  |  |                                      |                                     |                                      |                                      |                                      |                                     |                                     |  |  |
| Contribution / Expenditure reported on:<br><table style="width: 100%;"><tr><td><input type="checkbox"/> Schedule A2</td><td><input type="checkbox"/> Schedule B</td><td><input type="checkbox"/> Schedule B(J)</td><td><input type="checkbox"/> Schedule C2</td><td><input type="checkbox"/> Schedule D</td><td><input type="checkbox"/> Schedule F1</td></tr><tr><td><input type="checkbox"/> Schedule F2</td><td><input type="checkbox"/> Schedule F4</td><td><input type="checkbox"/> Schedule G</td><td><input type="checkbox"/> Schedule H</td><td><input type="checkbox"/> Schedule COH-UC</td><td><input type="checkbox"/> Schedule B-SS</td></tr></table>   |  |  | <input type="checkbox"/> Schedule A2 | <input type="checkbox"/> Schedule B      | <input type="checkbox"/> Schedule B(J) | <input type="checkbox"/> Schedule C2 | <input type="checkbox"/> Schedule D | <input type="checkbox"/> Schedule F1 | <input type="checkbox"/> Schedule F2 | <input type="checkbox"/> Schedule F4 | <input type="checkbox"/> Schedule G | <input type="checkbox"/> Schedule H | <input type="checkbox"/> Schedule COH-UC | <input type="checkbox"/> Schedule B-SS |
| <input type="checkbox"/> Schedule A2  | <input type="checkbox"/> Schedule B  | <input type="checkbox"/> Schedule B(J) | <input type="checkbox"/> Schedule C2 | <input type="checkbox"/> Schedule D      | <input type="checkbox"/> Schedule F1   |                                      |                                     |                                      |                                      |                                      |                                     |                                     |  |  |
| <input type="checkbox"/> Schedule F2  | <input type="checkbox"/> Schedule F4   | <input type="checkbox"/> Schedule G    | <input type="checkbox"/> Schedule H  | <input type="checkbox"/> Schedule COH-UC | <input type="checkbox"/> Schedule B-SS |                                      |                                     |                                      |                                      |                                      |                                     |                                     |  |  |
| Dates of travel   | Name of person(s) traveling  |  |                                      |  |  |                                      |                                     |                                      |                                      |                                      |                                     |                                     |  |  |
|   | Departure city or name of departure location                                 |  |                                      |  |  |                                      |                                     |                                      |                                      |                                      |                                     |                                     |  |  |
|   | Destination city or name of destination location                             |  |                                      |  |  |                                      |                                     |                                      |                                      |                                      |                                     |                                     |  |  |
| Means of transportation   | Purpose of travel (including name of conference, seminar, or other event)    |  |                                      |  |  |                                      |                                     |                                      |                                      |                                      |                                     |                                     |  |  |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee<br><u>N/A</u>   |  |  |                                      |  |  |                                      |                                     |                                      |                                      |                                      |                                     |                                     |  |  |
| Contribution / Expenditure reported on:<br><table style="width: 100%;"><tr><td><input type="checkbox"/> Schedule A2</td><td><input type="checkbox"/> Schedule B</td><td><input type="checkbox"/> Schedule B(J)</td><td><input type="checkbox"/> Schedule C2</td><td><input type="checkbox"/> Schedule D</td><td><input type="checkbox"/> Schedule F1</td></tr><tr><td><input type="checkbox"/> Schedule F2</td><td><input type="checkbox"/> Schedule F4</td><td><input type="checkbox"/> Schedule G</td><td><input type="checkbox"/> Schedule H</td><td><input type="checkbox"/> Schedule COH-UC</td><td><input type="checkbox"/> Schedule B-SS</td></tr></table>   |  |  | <input type="checkbox"/> Schedule A2 | <input type="checkbox"/> Schedule B      | <input type="checkbox"/> Schedule B(J) | <input type="checkbox"/> Schedule C2 | <input type="checkbox"/> Schedule D | <input type="checkbox"/> Schedule F1 | <input type="checkbox"/> Schedule F2 | <input type="checkbox"/> Schedule F4 | <input type="checkbox"/> Schedule G | <input type="checkbox"/> Schedule H | <input type="checkbox"/> Schedule COH-UC | <input type="checkbox"/> Schedule B-SS |
| <input type="checkbox"/> Schedule A2  | <input type="checkbox"/> Schedule B  | <input type="checkbox"/> Schedule B(J) | <input type="checkbox"/> Schedule C2 | <input type="checkbox"/> Schedule D      | <input type="checkbox"/> Schedule F1   |                                      |                                     |                                      |                                      |                                      |                                     |                                     |  |  |
| <input type="checkbox"/> Schedule F2  | <input type="checkbox"/> Schedule F4   | <input type="checkbox"/> Schedule G    | <input type="checkbox"/> Schedule H  | <input type="checkbox"/> Schedule COH-UC | <input type="checkbox"/> Schedule B-SS |                                      |                                     |                                      |                                      |                                      |                                     |                                     |  |  |
| Dates of travel   | Name of person(s) traveling  |  |                                      |  |  |                                      |                                     |                                      |                                      |                                      |                                     |                                     |  |  |
|   | Departure city or name of departure location                                 |  |                                      |  |  |                                      |                                     |                                      |                                      |                                      |                                     |                                     |  |  |
|   | Destination city or name of destination location                             |  |                                      |  |  |                                      |                                     |                                      |                                      |                                      |                                     |                                     |  |  |
| Means of transportation   | Purpose of travel (including name of conference, seminar, or other event)    |  |                                      |  |  |                                      |                                     |                                      |                                      |                                      |                                     |                                     |  |  |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee<br><u>N/A</u>   |  |  |                                      |  |  |                                      |                                     |                                      |                                      |                                      |                                     |                                     |  |  |
| Contribution / Expenditure reported on:<br><table style="width: 100%;"><tr><td><input type="checkbox"/> Schedule A2</td><td><input type="checkbox"/> Schedule B</td><td><input type="checkbox"/> Schedule B(J)</td><td><input type="checkbox"/> Schedule C2</td><td><input type="checkbox"/> Schedule D</td><td><input type="checkbox"/> Schedule F1</td></tr><tr><td><input type="checkbox"/> Schedule F2</td><td><input type="checkbox"/> Schedule F4</td><td><input type="checkbox"/> Schedule G</td><td><input type="checkbox"/> Schedule H</td><td><input type="checkbox"/> Schedule COH-UC</td><td><input type="checkbox"/> Schedule B-SS</td></tr></table>   |  |  | <input type="checkbox"/> Schedule A2 | <input type="checkbox"/> Schedule B      | <input type="checkbox"/> Schedule B(J) | <input type="checkbox"/> Schedule C2 | <input type="checkbox"/> Schedule D | <input type="checkbox"/> Schedule F1 | <input type="checkbox"/> Schedule F2 | <input type="checkbox"/> Schedule F4 | <input type="checkbox"/> Schedule G | <input type="checkbox"/> Schedule H | <input type="checkbox"/> Schedule COH-UC | <input type="checkbox"/> Schedule B-SS |
| <input type="checkbox"/> Schedule A2  | <input type="checkbox"/> Schedule B  | <input type="checkbox"/> Schedule B(J) | <input type="checkbox"/> Schedule C2 | <input type="checkbox"/> Schedule D      | <input type="checkbox"/> Schedule F1   |                                      |                                     |                                      |                                      |                                      |                                     |                                     |  |  |
| <input type="checkbox"/> Schedule F2  | <input type="checkbox"/> Schedule F4   | <input type="checkbox"/> Schedule G    | <input type="checkbox"/> Schedule H  | <input type="checkbox"/> Schedule COH-UC | <input type="checkbox"/> Schedule B-SS |                                      |                                     |                                      |                                      |                                      |                                     |                                     |  |  |
| Dates of travel   | Name of person(s) traveling  |  |                                      |  |  |                                      |                                     |                                      |                                      |                                      |                                     |                                     |  |  |
|   | Departure city or name of departure location                                 |  |                                      |  |  |                                      |                                     |                                      |                                      |                                      |                                     |                                     |  |  |
|   | Destination city or name of destination location                             |  |                                      |  |  |                                      |                                     |                                      |                                      |                                      |                                     |                                     |  |  |
| Means of transportation   | Purpose of travel (including name of conference, seminar, or other event)    |  |                                      |  |  |                                      |                                     |                                      |                                      |                                      |                                     |                                     |  |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED