

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	FIRST <i>Thomas</i>	MI <i>G</i>			
	NICKNAME	LAST <i>Jones</i>	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	
	<i>1527 Bilco St., Dallas, TX 75232</i>					
<input type="checkbox"/> Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	<i>(214)</i>	<i>458 - 3007</i>				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>A</i>	MI			
	NICKNAME	LAST <i>Herron</i>	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE):		APT / SUITE #:	CITY:	STATE: ZIP CODE	
	<i>4478 S. Marsalis Ave, Ste. A, Dallas, TX</i>				<i>75216</i>	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	<i>(214)</i>	<i>215 - 8404</i>				
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 <i>7</i>	Day <i>1</i>	Year <i>2025</i>	Month <i>12</i>	Day <i>31</i>	Year <i>2025</i>
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month <i>3</i>	Day <i>13</i>	Year <i>2024</i>	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
12 OFFICE	OFFICE HELD (if any) <i>Justice of the Peace</i>			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 <input type="checkbox"/> GENERAL <input type="checkbox"/> 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

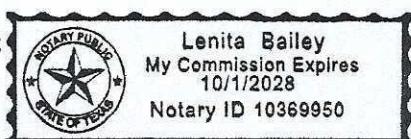
15 JC/OH NAME	Thomas G. Jones		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>26,710.00</u>	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>	
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>19,741.65</u>	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>50,489.36</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 14th day of January,

2026, to certify which, witness my hand and seal of office.

Lenita Bailey
Signature of officer administering oath

Lenita Bailey
Printed name of officer administering oath

Notary
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 NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
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.

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A(J)1:
2 FILER NAME <i>Thomas G. Jones</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>7/8/25</i>	5 Full name of contributor <i>Christopher S. Hamilton</i> 6 Contributor address; City; State; Zip Code <i>4001 W. Lawther Dr Dallas, Tx 75214</i>		7 Amount of contribution (\$) <i>\$5,000.00</i>
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 <i>7/8/25</i>	Full name of contributor <i>Hamilton Wingo, LLP</i> Contributor address; City; State; Zip Code <i>325 N. St. Paul St Ste 3600 Dallas, Tx 75201</i>		Amount of contribution (\$) <i>\$5,000.00</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 <i>8/15/25</i>	Full name of contributor <i>Pauline Medrano</i> Contributor address; City; State; Zip Code <i>2346 Douglas Ave Dallas, Tx 75219</i>		Amount of contribution (\$) <i>\$50.00</i>
Contributor's principal occupation <i>Dallas County Treasurer</i>		Contributor's job title <i>Dallas County Treasurer</i>	
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)			
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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 <i>Thomas G. Jones</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/22/25</i>	5 Full name of contributor <i>Lena Johnson</i>	6 Contributor address; City; State; Zip Code <i>1309 Bluffview Dr Desoto TX 75115</i>
7 Amount of contribution (\$) <i>\$500.00</i>		
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 <i>9/2/25</i>		Full name of contributor <i>MR. MC Cheri</i>
Contributor address; City; State; Zip Code		Amount of contribution (\$) <i>\$410.00</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 <i>9/18/25</i>		Full name of contributor <i>Topletz Properties Partnership</i>
Contributor address; City; State; Zip Code <i>7509 Inwood Rd Ste 301 Dallas, TX 75209</i>		Amount of contribution (\$) <i>\$100.00</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.

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 <i>Thomas G. Jones</i>		3 Filer ID (Ethics Commission Filers)																
4 Date <i>10/6/25</i>	5 Full name of contributor <i>Jeffrey D. mason</i>	6 Contributor address; City; State; Zip Code <i>517 Palo Duro Cir DeSoto, TX 75115</i>																
7 Amount of contribution (\$) <i>\$200.00</i>																		
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)																		
<table border="1"> <tr> <td>Date <i>11/11/25</i></td> <td>Full name of contributor <i>Rev. Oscar D. Epps Sr.</i></td> <td>□ out-of-state PAC ID#: Contributor address; City; State; Zip Code <i>115 W. Belthine Rd DeSoto, TX 75115</i></td> <td>Amount of contribution (\$) <i>\$500.00</i></td> </tr> <tr> <td colspan="2">Contributor's principal occupation <i>Pastor</i></td> <td colspan="2">Contributor's job title <i>Pastor</i></td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td colspan="2">Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> <td></td> </tr> </table>			Date <i>11/11/25</i>	Full name of contributor <i>Rev. Oscar D. Epps Sr.</i>	□ out-of-state PAC ID#: Contributor address; City; State; Zip Code <i>115 W. Belthine Rd DeSoto, TX 75115</i>	Amount of contribution (\$) <i>\$500.00</i>	Contributor's principal occupation <i>Pastor</i>		Contributor's job title <i>Pastor</i>		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 <i>11/11/25</i>	Full name of contributor <i>Rev. Oscar D. Epps Sr.</i>	□ out-of-state PAC ID#: Contributor address; City; State; Zip Code <i>115 W. Belthine Rd DeSoto, TX 75115</i>	Amount of contribution (\$) <i>\$500.00</i>															
Contributor's principal occupation <i>Pastor</i>		Contributor's job title <i>Pastor</i>																
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)																		
<table border="1"> <tr> <td>Date <i>12/8/25</i></td> <td>Full name of contributor <i>Dorothy N. Mason</i></td> <td>□ out-of-state PAC ID#: Contributor address; City; State; Zip Code <i>713 Belmont Dr Athens, Tx 75751</i></td> <td>Amount of contribution (\$) <i>\$200.00</i></td> </tr> <tr> <td colspan="2">Contributor's principal occupation</td> <td colspan="2">Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td colspan="2">Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> <td></td> </tr> </table>			Date <i>12/8/25</i>	Full name of contributor <i>Dorothy N. Mason</i>	□ out-of-state PAC ID#: Contributor address; City; State; Zip Code <i>713 Belmont Dr Athens, Tx 75751</i>	Amount of contribution (\$) <i>\$200.00</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 <i>12/8/25</i>	Full name of contributor <i>Dorothy N. Mason</i>	□ out-of-state PAC ID#: Contributor address; City; State; Zip Code <i>713 Belmont Dr Athens, Tx 75751</i>	Amount of contribution (\$) <i>\$200.00</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

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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 <i>Thomas G. Jones</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/13/25</i>	5 Full name of contributor <i>Senator Royce West</i>	6 Contributor address; City: State: Zip Code <i>320 S. R.L. Thornton Ste 220 Dallas, TX 75203</i>
7 Amount of contribution (\$) <i>\$1,000.00</i>		
8 Contributor's principal occupation <i>US Senator</i>	9 Contributor's job title <i>US Senator</i>	
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#:		
11/13/25 Commissioner John Wiley Price Contributor address; City; State; Zip Code <i>411 Elm St #2 Dallas, TX 75202</i>		
Amount of contribution (\$) <i>\$3,000.00</i>		
Contributor's principal occupation <i>Dallas County Commissioner</i>		
Contributor's job title <i>Dallas County Commissioner</i>		
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#:		
11/13/25 Judge Eric Maye Contributor address; City; State; Zip Code <i>6420 Royalton Dr Dallas, TX 75230</i>		
Amount of contribution (\$) <i>\$500.00</i>		
Contributor's principal occupation <i>Dallas County Dist. Judge</i>		
Contributor's job title <i>Dallas County Dist. Judge</i>		
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)		

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**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1:
2 FILER NAME <i>Thomas G. Jones</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>11/13/25</i>	5 Full name of contributor <i>Jeffrey Mason</i>	<input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$) <i>\$200.00</i>
6 Contributor address: <i>517 Palo Duro Circle DFW, TX 75115</i>		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 <i>11/13/25</i>		Full name of contributor <i>Judge Monica Purdy</i>	<input type="checkbox"/> out-of-state PAC ID#:
Contributor address: <i>5930 Royal Ln PMB #285 Dallas, TX 75230</i>		City: _____ State: _____ Zip Code _____	Amount of contribution (\$) <i>\$100.00</i>
Contributor's principal occupation <i>Dallas County Dist. Judge</i>		Contributor's job title <i>Dallas County Dist. Judge</i>	
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 <i>11/13/25</i>		Full name of contributor <i>Dale Tillery</i>	<input type="checkbox"/> out-of-state PAC ID#:
Contributor address: <i>4513 Scenic Circle Garland, TX 75043</i>		City: _____ State: _____ Zip Code _____	Amount of contribution (\$) <i>\$100.00</i>
Contributor's principal occupation <i>Dallas County Dist. Judge</i>		Contributor's job title <i>Dallas County Dist. Judge</i>	
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

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MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1:
2 FILER NAME <i>Thomas G. Jones</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>11/13/25</i>	5 Full name of contributor <i>Judge Tonya Parker</i>	<input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; <i>P.O. Box 225031 Dallas, TX 75222</i>		City: _____ State: _____ Zip Code _____	
8 Contributor's principal occupation <i>Dallas County Dist. Judge</i>		9 Contributor's job title <i>Dallas County Dist Judge</i>	
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 <i>11/13/25</i>	Full name of contributor <i>P. J. Brown</i>	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <i>\$300.00</i>
Contributor address; <i>P. O. Box 851635 Mesquite, TX 75185</i>		City: _____ State: _____ Zip Code _____	
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 <i>11/13/25</i>	Full name of contributor <i>Dorothy Mason</i>	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <i>\$250.00</i>
Contributor address; <i>713 Belmont Dr Athens, TX 75751</i>		City: _____ State: _____ Zip Code _____	
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)			

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MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1:
2 FILER NAME: <i>Thomas G. Jones</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>11/13/25</i>	5 Full name of contributor <i>Helen Giddings</i>	<input type="checkbox"/> out-of-state PAC ID#: _____	7 Amount of contribution (\$) <i>\$500.00</i>
6 Contributor address; <i>400 S. Zang Blvd Ste 108</i>	City; <i>Dallas, TX</i>	State; <i>TX</i>	Zip Code <i>75208</i>
8 Contributor's principal occupation <i>Former Politician</i>	9 Contributor's job title <i>Former Politician</i>		
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 <i>11/13/25</i>	Full name of contributor <i>Al Herron</i>	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$) <i>\$200.00</i>
Contributor address; <i>4478 S. Marsalis Ave Ste A</i>	City; <i>Dallas, TX</i>	State; <i>TX</i>	Zip Code <i>75216</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 <i>11/13/25</i>	Full name of contributor <i>Stan Mays</i>	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; <i></i>	City; <i></i>	State; <i></i>	Zip Code <i></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)			

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**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>11/13/25</i> <i>Otis Clayborne</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code <i>P.O. Box 271088 Dallas, TX 75227</i>		9 Contributor's job title
8 Contributor's principal occupation		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#: _____ <i>11/13/25</i> <i>Michael & Jacqueline Osborne</i>	Amount of contribution (\$) <i>\$200.00</i>
Contributor address; City; State; Zip Code <i>628 Spicewood Dr</i> <i>Desoto, TX 75115</i>		Contributor's job title
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#: _____ <i>11/13/25</i> <i>Walt Williams</i>	Amount of contribution (\$) <i>\$200.00</i>
Contributor address; City; State; Zip Code		Contributor's job title
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)		

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MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Thomas G. Jones</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/13/25</i>	5 Full name of contributor <i>Marian Brown</i>	6 Contributor address; City; State; Zip Code <i>P.O. Box 854635 Mesquite TX 75185</i>
7 Amount of contribution (\$) <i>\$500.00</i>		
8 Contributor's principal occupation <i>Dallas County Sheriff</i>		9 Contributor's job title <i>Dallas County Sheriff</i>
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 <i>11/13/25</i>	Full name of contributor <i>Ruth Shields</i>	□ out-of-state PAC ID#: Contributor address; City; State; Zip Code <i>1311 Bow Creek Dr. Duncanville, TX 75116</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 <i>11/13/25</i>	Full name of contributor <i>Joseph Kemp</i>	□ out-of-state PAC ID#: Contributor address; City; State; Zip Code <i>1624 Promontory Dr (Cedar Hill, TX 75104)</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.

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 <i>Thomas G. Jones</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/13/25</i>	5 Full name of contributor <i>Christopher + Anne Hamilton</i>	6 Contributor address: City: State: Zip Code <i>4001 W. Lawther Dr Dallas, TX 75214</i>
7 Amount of contribution (\$) <i>\$5,000.00</i>		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 <i>11/13/25</i>		Full name of contributor <i>Marsha Jones</i>
Contributor address: City: State: Zip Code <i>6420 Fall River Dr The Colony, TX 75254</i>		Amount of contribution (\$) <i>\$100.00</i>
Contributor's principal occupation <i>Dallas County Clerk</i>		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 <i>11/13/25</i>		Full name of contributor <i>Verita Bailey</i>
Contributor address: City: State: Zip Code <i>729 Oak Park Dr Dallas, TX 75232</i>		Amount of contribution (\$) <i>\$100.00</i>
Contributor's principal occupation <i>Dallas County Clerk</i>		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 Thomas G. Jones			3 Filer ID (Ethics Commission Filers)
4 Date 11/13/25	5 Full name of contributor Shaketha Gray	<input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$) \$100.00
6 Contributor address; 110 Crystal Creek Dr Red Oak, Tx 75154	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 11/11/25	Full name of contributor Dorothy Weir	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) \$50.00
Contributor address; 217 Wedgewood Ln Cedar Hill, TX 75104	City; State; Zip Code		
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 11/13/25	Full name of contributor Carl R. Shields	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) \$150.00
Contributor address; 1311 Bas Creek Dr Duncanville, Tx 75116	City; State; Zip Code		
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 <i>Thomas G. Jones</i>		3 Filer ID (Ethics Commission Filers)																				
4 Date <i>11/26/25</i>	5 Full name of contributor <i>Gene A. Warren</i>	6 Contributor address; City; State; Zip Code <i>7425 Woodshri Dr Dallas Tx 75232</i>																				
7 Amount of contribution (\$) <i>\$ 300.00</i>																						
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)																						
<table border="1"> <tr> <td>Date</td> <td>Full name of contributor</td> <td><input type="checkbox"/> out-of-state PAC ID#: _____</td> <td>Amount of contribution (\$)</td> </tr> <tr> <td></td> <td>Contributor address;.....</td> <td>City;.....</td> <td>State; Zip Code</td> </tr> <tr> <td colspan="2">Contributor's principal occupation</td> <td colspan="2">Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td colspan="2">Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> <td></td> </tr> </table>			Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)		Contributor address;.....	City;.....	State; Zip Code	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#: _____	Amount of contribution (\$)																			
	Contributor address;.....	City;.....	State; Zip Code																			
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)																						
<table border="1"> <tr> <td>Date</td> <td>Full name of contributor</td> <td><input type="checkbox"/> out-of-state PAC ID#: _____</td> <td>Amount of contribution (\$)</td> </tr> <tr> <td></td> <td>Contributor address;.....</td> <td>City;.....</td> <td>State; Zip Code</td> </tr> <tr> <td colspan="2">Contributor's principal occupation</td> <td colspan="2">Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td colspan="2">Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> <td></td> </tr> </table>			Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)		Contributor address;.....	City;.....	State; Zip Code	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#: _____	Amount of contribution (\$)																			
	Contributor address;.....	City;.....	State; Zip Code																			
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 <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#: <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#: <i>N/a</i>) Contributor address; City; State; Zip Code		Amount of Contribution \$ In-kind contribution description <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 <i>Thomas G. Jones</i>		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#: <i>N/2</i>	8 Amount of Pledge \$ 9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.															
7 Pledgor address; City; State; Zip Code																	
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)																	
<table border="1"> <tr> <td>Date</td> <td>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <i>N/2</i></td> <td>Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</td> </tr> <tr> <td colspan="2">Pledgor address; City; State; Zip Code</td> <td></td> </tr> <tr> <td colspan="2">Pledgor's principal occupation</td> <td>Pledgor's job title</td> </tr> <tr> <td colspan="2">Pledgor's employer/law firm</td> <td>Law firm of pledgor's spouse (if any)</td> </tr> <tr> <td colspan="3">If pledgor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <i>N/2</i>	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	Pledgor address; City; State; Zip Code			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#: <i>N/2</i>	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.															
Pledgor address; City; State; Zip Code																	
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)																	
<table border="1"> <tr> <td>Date</td> <td>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <i>N/2</i></td> <td>Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</td> </tr> <tr> <td colspan="2">Pledgor address; City; State; Zip Code</td> <td></td> </tr> <tr> <td colspan="2">Pledgor's principal occupation</td> <td>Pledgor's job title</td> </tr> <tr> <td colspan="2">Pledgor's employer/law firm</td> <td>Law firm of pledgor's spouse (if any)</td> </tr> <tr> <td colspan="3">If pledgor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <i>N/2</i>	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	Pledgor address; City; State; Zip Code			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#: <i>N/2</i>	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.															
Pledgor address; City; State; Zip Code																	
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>	8 out-of-state PAC (ID#: <input type="checkbox"/>
6 Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	9 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 <input type="checkbox"/> none		18 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
19 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	20 Name of guarantor <i>N/a</i>	
	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.

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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 <i>Thomas G. Jones</i>	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$	
5 Date	6 Payee name <i>N/a</i>		
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 <i>N/a</i>		
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

Thomas G. Jones

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

N/a

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

N/a

Address of person from whom investment is purchased;

City;

State;

Zip Code

Description of investment

Amount of investment (\$)

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	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 SCHEDULE F4:	2 FILER NAME <i>Thomas G. Jones</i>		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$
5 CREDIT CARD ISSUER	Name of financial institution <i>N/a</i>		
6 PAYMENT	(a) Amount Charged \$	(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 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
9 Complete <u>ONLY</u> 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 <i>N/a</i>	(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 <u>ONLY</u> 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 <i>N/a</i>	(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 <u>ONLY</u> 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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 G:	2 FILER NAME <i>Thomas G. Jones</i>	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name <i>n/a</i>		
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 Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Payee name <i>n/a</i>		
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		
Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Payee name <i>n/a</i>		
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		
Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 H:	2 FILER NAME <i>Thomas G. Jones</i>	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Business name <i>N/2</i>		
6 Amount (\$)	7 Business address;	City; State; Zip Code	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Business name <i>N/2</i>		
Amount (\$)	Business 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Business name <i>N/2</i>		
Amount (\$)	Business 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 <i>Thomas G. Jones</i>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received <i>N/a</i>	8 Amount (\$)
	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 <i>N/a</i>	Amount (\$)
	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 <i>N/a</i>	Amount (\$)
	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 <i>N/a</i>	Amount (\$)
	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	Thomas G. Jones		3 Filer ID (Ethics Commission Filers)
LENDER INFORMATION	4 Name of lender 5 Lender address; City; State; Zip Code		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	6 Name of guarantor 7 Guarantor address; City; State; Zip Code		
LENDER INFORMATION	Name of lender <i>N/a</i> Lender address; City; State; Zip Code		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code		
LENDER INFORMATION	Name of lender <i>N/a</i> Lender address; City; State; Zip Code		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code		
LENDER INFORMATION	Name of lender <i>N/a</i> Lender address; City; State; Zip Code		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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

N/a

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

N/a

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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	<i>Thomas G. Jones</i>	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	<i>NB</i>	
5 Contribution / Expenditure reported on:	<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 <i>NB</i>		
Contribution / Expenditure reported on:		
<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 <i>NB</i>		
Contribution / Expenditure reported on:		
<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		

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	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address:	City: _____ State: _____ Zip Code: _____	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>printing expense</i>	(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	Payee name		
8/1/25	<i>Daphne Fain</i>		
Amount (\$)	Payee address:	City: _____ State: _____ Zip Code: _____	
\$3,000.00	<i>217 N. I-35E, Desoto, TX 75115</i>		
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>printing expense</i>	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	Payee name		
8/2/25	<i>Terri Hodge</i>		
Amount (\$)	Payee address:	City: _____ State: _____ Zip Code: _____	
\$250.00	<i>7106 Abrams Rd., Dallas, TX 75231</i>		
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>polling expense</i>	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	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>polling expense</i>	(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 <i>8/4/25</i>	Payee name <i>Elite News</i>		
Amount (\$) <i>\$450.00</i>	Payee address; <i>3155 Lancaster Rd, Dallas, TX 75216</i>	City; State; Zip Code	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising expense</i>	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 <i>8/8/25</i>	Payee name <i>Winsor BarBee</i>		
Amount (\$) <i>\$200.00</i>	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 <u>ONLY</u> 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
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	3 Filer ID (Ethics Commission Filers)
4 Date 8/11/25	5 Payee name Judge Valencia Nash	
6 Amount (\$) \$170.00	7 Payee address 8301 S. Polk St., Ste 2200, Dallas, TX	City: State: Zip Code 75232, TX
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expense	(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 8/18/25	Payee name C. C. P.	
Amount (\$) \$388.00	Payee address; 5801 Marvin D. Love Fwy, Dallas, TX	City: State: Zip Code 75237
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) printing 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 8/18/25	Payee name Nethel Jackson	
Amount (\$) \$73.00	Payee address; 2851 Toluca Dr., Dallas, TX	City: State: Zip Code 75347
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) polling 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	

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**POLITICAL EXPENDITURES MADE FROM
POLITICAL CONTRIBUTIONS**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address:	City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>polling expense</i>	(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 <i>8/21/25</i>	Payee name <i>Terri Hodge</i>		
Amount (\$) <i>\$100.00</i>	Payee address: <i>7106 Abrams Rd., Dallas, TX 75231</i>	City:	State: Zip Code
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>polling expense</i>	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 <i>8/27/25</i>	Payee name <i>C. C. P.</i>		
Amount (\$) <i>\$340.00</i>	Payee address: <i>5801 Marvin D. Love Fwy, Dallas, TX 75237</i>	City:	State: Zip Code
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>printing expense</i>	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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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	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	advertising expenses		
	(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 9/19/25	Payee name Nethel Jackson		
Amount (\$) \$147.00	Payee address; 2851 Tolosa Dr., Dallas, TX 75367	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	polling expense		
	<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 9/26/25	Payee name S. C. F. G. B. C.		
Amount (\$) \$100.00	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 <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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME: <i>Thomas G. Jones</i>		3 Filer ID (Ethics Commission Filers)	
4 Date: <i>9/19/25</i>	5 Payee name: <i>Amaya Harris</i>			
6 Amount (\$): <i>\$ 500.00</i>	7 Payee address:	City:	State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>advertising expense</i>		(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: <i>10/9/25</i>	Payee name: <i>Elite News</i>			
Amount (\$): <i>\$ 400.00</i>	Payee address:	City:	State:	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising expense</i>		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: <i>10/13/25</i>	Payee name: <i>Nethele Jackson</i>			
Amount (\$): <i>\$ 100.00</i>	Payee address:	City:	State:	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>polling expense</i>		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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**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	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
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 10/19/25	Payee name Beyond the Slogan		
Amount (\$) \$ 700.00	Payee address; 4416 Briarwood Ave #110, Midland, TX 79707	City; State; Zip Code	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)	Description
		Consulting expense	
		<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 10/26/25	Payee name Terri Hodge		
Amount (\$) \$ 388.00	Payee address; 7106 Abrams Rd., Dallas, TX 75231	City; State; Zip Code	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)	Description
		Polling expense	
		<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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
10/27/25	Thomas G. Jones		
4 Date	5 Payee name		
\$110.00	7 Payee address:	City: State: Zip Code	
	8301 S. Polk St, Ste 2200, Dallas, TX 75232		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	event expense		
	(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
10/26/25	Payee name	MSC AS LLC	
\$300.00	Payee address:	City: State: Zip Code	217 N. I-35 E, Desoto, TX 75115
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	printing expense		
	<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
10/27/25	Payee name	Bishop Campbell	
\$160.00	Payee address:	City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	event expense		
	<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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name	6 Amount (\$)	
11/12/25	C.C. P. Printing	\$145.00	
7 Payee address:	City:	State:	Zip Code
5801 Marvin D. Lane Fwy, Ste 101 Dallas, TX 75237			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) printing expense	(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		
11/26/25	Phillip James		
Amount (\$)	Payee address:	City:	State: Zip Code
100.00			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) contribution	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		
11/18/25	Dallas County Democratic Party		
Amount (\$)	Payee address:	City:	State: Zip Code
\$1,000.00			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) donation 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address:	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>	(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 11/22/25	Payee name D. F. W. Inc		
Amount (\$) \$ 534.00	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other</i>	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 11/22/25	Payee name Devon Gray		
Amount (\$) \$ 400.00	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>	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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address:	City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) polling expense	(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 11/13/25	Payee name C. C. P.		
Amount (\$) 137.48	Payee address: 5361 Marvin D. Love Fwy, Ste 101	City: Dallas, TX	State: Zip Code 75237
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) printing 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 11/13/25	Payee name Johnson Price		
Amount (\$) \$350.00	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

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**POLITICAL EXPENDITURES MADE FROM
POLITICAL CONTRIBUTIONS**

SCHEDULE F1

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

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	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>event expense</i>	(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	Payee name	<i>N/2</i>	
Amount (\$)	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	<i>N/2</i>	
Amount (\$)	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 <u>ONLY</u> 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 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	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City: _____ State: _____ Zip Code: _____		
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 11/21/25	Payee name Jeff Dalton		
Amount (\$) \$1,000.00	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 12/1/25	Payee name C. C. P.		
Amount (\$) \$358.00	Payee address; 5801 Marvin D. Love Fwy, Ste 101 Dallas, TX 75237		
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 <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 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	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) polling expense	(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		
12/3/25	Sweet Georgia Brown		
Amount (\$)	Payee address;	City; State; Zip Code	
# 626.00	2840 E. Ledbetter Dr., Dallas, TX	75214	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) event 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		
12/5/25	Nethel Jackson		
Amount (\$)	Payee address;	City; State; Zip Code	
# 250.00	2851 Toluca Dr., Dallas, TX	75347	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) polling 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
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address:	City:	State:	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	advertising expense	

(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
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Date	Payee name
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Amount (\$)	Payee 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
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Date	Payee name
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Amount (\$)	Payee address:	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	advertising expense	

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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) polling expense	(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 12/23/25	Payee name U. S. Post Office		
Amount (\$) \$250.00	Payee address; 2851 Toluca Dr., Dallas, TX 75367	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	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 12/23/25	Payee name U. S. Post Office		
Amount (\$) \$156.00	Payee address; 5521 S. Hampton Rd., Dallas, TX 75232	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	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 12/24/25	Payee name C. C. P.		
Amount (\$) \$75.00	Payee address; 5801 Marvin D. Lue Fwy, Ste 101 Dallas, TX 75237	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) printing 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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